141431

BOOK 211 PAGE 269

RETURN ADDRESS:

Susan H. Poole
2730 S. W. Fairmont
Corvallis, OR 97330

FILED FOR RECORD
SKAMANIA CO. WASH
BY Fenner Barnhisel Willis et al
JUN 19 4 27 PM '01
Q Lowry
AUDITOR
GARY M. OLSON

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Certified Death Certificate of Irene Esther Hufford.
2.
3.
4.

GRANTOR(S) (Last name, first, then first name and initials)

1. Susan H. Poole, Trustee of the Irene B. Hufford Living
2. Trust dated October 6, 1993.
3.
4.

☐ Additional Names on Page _____ of Document.

GRANTEE(S) (Last name, first, then first name and initials)

1. Susan H. Poole and Robert R. Poole, Trustees of the
2. Susan H. Poole Living Trust Dated August 1, 1996.
3.
4.

☐ Additional Names on Page _____ of Document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section Township, Range, Quarter/Quarter)

SE 1/4 SE 1/4 of Sec. 26 T2N R6E

☐ Complete Legal on Page _____ of Document.

REFERENCE NUMBER(S) Of Document assigned or released:

Tax Account No. 02-06-26-4-0-2300-00

☐ Additional Numbers on Page _____ of Document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

☐ Property Tax parcel ID is not yet assigned.
☐ Additional Parcel Numbers on Page _____ of Document.

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

CERTIFICATION OF VITAL RECORD

BOOK 211 PAGE 270

TYPE OR PRINT IN PERMANENT BLACK INK

334721
I.D. TAG NO.

5PD

02263
Local File Number

OREGON DEPARTMENT OF HUMAN SERVICES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-
State File Number

1 DECEDENT'S NAME: First: Irene	Middle: Esther	Last: HUFFORD	2 SEX: Female	3 DATE OF DEATH: November 21, 2000	
[redacted]	4a. AGE-Last Birthday (Years): 89	4b. Under 1 Year: Mos. / Days	4c. Under 1 Day: Hours / Mins.	6 BIRTHPLACE (City and State or Foreign Country): Portland, OR	7 DATE OF BIRTH: October 21, 1911

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

8b. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)

1	8c. FACILITY NAME (If not institution, give street and number): 1355 Boone Rd SE	8d. CITY, TOWN, OR LOCATION OF DEATH: Salem
2	8e. COUNTY OF DEATH: Marion	
3	9a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker	9b. KIND OF BUSINESS/INDUSTRY: Own Home
4	10. MARITAL STATUS (Never Married, Married, Widowed, Divorced): Widowed	12. SPOUSE (If Married, Widowed or Divorced): Samsoa G. Hufford
5	13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Marion
	13c. CITY, TOWN OR LOCATION: Salem	13d. STREET AND NUMBER: 1355 Boone Rd. SE
6	13e. INSIDE CITY LIMITS? ☐ Yes ☐ No	13f. ZIP CODE: 97306
	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:	15. RACE - American Indian, Black, White, etc. (Specify): White
	16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12	College (1-4 or 5+):
	17. FATHER - NAME: First: Nels / Middle: John / Last: Benson	18. MOTHER - Maiden: First: Johanna / Middle: - / Last: Johnson
	19. INFORMANT - NAME and relationship to deceased: Susan Poole-Daughter	
7	20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from state ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery or other place): Finley Sunset-Hills Memorial Park
	20c. LOCATION - City or Town, State: Portland, OR	
8	21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Ken Gilbert	21b. OREGON LICENSE NO. (Of Licensee): 3723
	22. NAME, ADDRESS AND ZIP OF FACILITY: Finley Sunset-Hills 6801 SW Sunset Hwy. Portland, OR 97225	
9	23. DATE FILED: DEC 11 2000	24. REGISTRAR'S SIGNATURE: Susan G. Peg
	RESERVED FOR REGISTRAR'S USE	

TO BE COMPLETED BY CERTIFYING PHYSICIAN		ONLY COMPLETED BY MEDICAL EXAMINER
10	27. TIME OF DEATH: 2-25 A ☐ M ☐	31a. TIME OF DEATH: A ☐ M ☐
	28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☐ No	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour):
11	29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): [signature]	32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
12	30. DATE SIGNED (Month, Day, Year): 12/1/00	33. DATE SIGNED (Month, Day, Year) / COUNTY
13	34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): Carmen Chebak MD 5125 Skyline Rd S. Salem, OR 97306	
14	35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest. — Interval between onset and death

PART I
(a) Advanced dementia
DUE TO, OR AS A CONSEQUENCE OF:
(b)
DUE TO, OR AS A CONSEQUENCE OF:
(c)

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I

37. Did tobacco use contribute to this death? ☐ Yes ☐ Probably ☒ No ☐ Unknown	38. AUTOPSY ☐ Yes ☒ No	39. If YES, were findings considered in determining cause of death? ☐ Yes ☐ No	
40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined ☐ Legal Intervention	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M	41c. INJURY AT WORK? ☐ Yes ☐ No
	41d. DESCRIBE HOW INJURY OCCURRED		
RESERVED FOR REGISTRAR'S USE	41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

CAUSE OF DEATH INSTRUCTIONS: ALSO SEE BACK OF GREEN AND PINK COPY

ORIGINAL-VITAL STATISTICS COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MARION COUNTY REGISTRAR.

DATE ISSUED: DEC 11 2000

Joseph P. Fowler
JOSEPH P. FOWLER
COUNTY REGISTRAR
MARION COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

STATE OF OREGON 1859

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE