143643

BOOK 220 PAGE 103

FILED FOR RECORD
SKAMANIA COUNTY, WASH
BY Mary E. Woolums

FEB 4 4 04 PM '02
Glowry
AUDITOR

J. MICHAEL GARVISON

Return Address:

Mary E Woolums
101 Lake Shore Dr
Skamania, WA 98648

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Death Certificate 1-26-2002
2.
3.
4.

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

1. [redacted] Woolums, Charles Russell
2.
3.
4.

[ ] Additional Names on page _____ of document.

REAL ESTATE EXCISE TAX
22035
FEB - 5 2002
PAID
SKAMANIA COUNTY TREASURER

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

1. Woolums, Mary E.
2.
3.
4.

[ ] Additional Names on page _____ of document.

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

Lot 7+8 Block 4 Woodard MARINA ESTATES IN TOWNSHIP 2N RANGE 6E SECTION 34. IN THE NE1/2 - SE1/4

[ ] Complete legal on page _____ of document.

REFERENCE NUMBER(S) Of Documents assigned or released:

Vol 68 Pg 810 5/2/75

[ ] Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

02-06-34-14-1300-00

[ ] Property Tax Parcel ID is not yet assigned.
[ ] Additional parcel #'s 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 220 PAGE 104

TYPE OR PRINT IN PERMANENT BLACK INK

353022
I.D. TAG NO.

000265
LOCAL FILE NO.

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

136
State File Number

1. DECEDENT'S NAME: First: Charles	Middle: Russell	Last: WOOLUMS	2. SEX: M	3. DATE OF DEATH (Month, Day, Year): January 15, 2002	
4. SOCIAL SECURITY NUMBER: [redacted]	5a. AGE (Last Birthday) (Years): 80	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Los Angeles, CA	7. DATE OF BIRTH (Month, Day, Year): July 21, 1921

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

9a. PLACE OF DEATH (Check only one): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA | OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number): Emanuel Hospital

9c. CITY, TOWN, OR LOCATION OF DEATH: Portland

9d. COUNTY OF DEATH: Multnomah

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Commander

10b. KIND OF BUSINESS/INDUSTRY: U. S. Navy

11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married

12. SPOUSE (If Married, Widowed, or Divorced): Mary E. Woolums

13a. RESIDENCE - STATE: WA

13b. COUNTY: Skamania

13c. CITY, TOWN OR LOCATION: Skamania

13d. STREET AND NUMBER: 101 Lakeshore Dr.

13e. INSIDE CITY LIMITS? ☐ Yes ☒ No

13f. ZIP CODE: 98648

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): 6 | College (1 to 4 or 5+):

17. FATHER - NAME first middle last: Edward Crawford Woolums

18. MOTHER - NAME first middle maiden: Helen Loy

19. INFORMANT - NAME and mailing address: Mary E. Woolums - Wife

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Portland Cremation Center

20c. LOCATION - City or Town, State: Portland, OR

21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Randall W. Jones

21b. OREGON LICENSE NO. OF LICENSEE: 1006

22. NAME AND ADDRESS OF FACILITY: Memorial Gardens Mortuary, 1101 NE 112th Ave., Vancouver, Washington 98684

23. DATE FILED (Month, Day, Year): JAN 23 2002

24. REGISTRAR (Signature): Judy Mecham

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1602 M

28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No

29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)

30. DATE SIGNED (Month, Day, Year): 1-16-02

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M

31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M

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)

33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Andrew Michaels MD 301 N. Graham, Portland, OR 97227

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.

PART I
(a) ORGAN FAILURE (ISCHEMIC BOWEL, KIDNEYS, LIVER) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) AORTIC ANEURYSM — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

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 the death? ☐ Yes ☐ Probably ☐ No ☐ Unknown

38. AUTOPSY ☐ Yes ☒ No

39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ 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

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 ON REVERSE SIDE OF GREEN AND PINK COPY

RESERVED FOR REGISTRAR'S USE

Gary H. Martin, Skamania County Assessor

Date 2-4-02 Parcel # 02 06 34 14 13 0010

ORIGINAL-VITAL STATISTICS COPY

45-2-Rev (3/00)

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

JAN 2 6 2002

DATE ISSUED: _____

Lila Wickham RNMS

LILA WICKHAM, RNMS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT EMBOSSED STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE