

144581

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FILED TO RECORD
SKAMANA COUNTY WASH
BY Pamela Pugh

MAY 7 9 46 AM '02

Lawry
AUDITOR

J. MICHAEL GARVISON

Return Address:

Pamela Pugh
121 Meadow Crest Rd
Carson, WA 98610

2 2237
REAL ESTATE EXCISE TAX
Exempt

MAY - 7 2002

PAID *Exempt*
By deposit

Document Title(s) or transactions contained herein
SKAMANA COUNTY TREASURER

Death Certificate

GRANTOR(S) (Last name, first name, middle initial)
Pugh, Ronald Wayne

Additional names on page _____ of document.

GRANTEE(S) (Last name, first name, middle initial)
Pugh, Pamela Denise

Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)
Lot 1 Rich Meadows Subdivision, Book B Page 106

Complete legal on page 2 of document.

REFERENCE NUMBER(S) of Documents assigned or released:
5/7/02

Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER
04-07-26-3-0-1500-00 *5/7/02*

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

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TYPE OR PRINT IN PERMANENT BLACK INK

333192

1D TAG NO

02042

Local File Number

OREGON DEPARTMENT OF HUMAN SERVICES

HEALTH DIVISION

CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

136

State File Number

11-201-10

1 DECEASED'S NAME: **First: Ronald, Middle: Wayne, Last: PUGH**

2 SEX: **Male**

3 DATE OF DEATH (Month, Day, Year): **November 01, 2001**

4 SOCIAL SECURITY NUMBER: [REDACTED]

5a AGE Last Birthday (Years): **52**

5b Under 1 Year: **Days**

5c Under 1 Day: **Hours**

5d Under 1 Hour: **Mins**

6 BIRTHPLACE (City and State or Foreign Country): **San Antonio, TX**

7 DATE OF BIRTH (Month, Day, Year): **August 07, 1949**

8 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes No

9a PLACE OF DEATH (Check only one): Hospital Patient ER/Outpatient DCU Other

9b Nursing Home Decedent's Home Other (Specify)

10 FACILITY NAME (if not institution, give street and number): **Kaiser Sunnyside Hospital**

11 CITY, TOWN, OR LOCATION OF DEATH: **Clackamas**

12 COUNTY OF DEATH: **Clackamas**

13a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use "retired"):

13b KIND OF BUSINESS/INDUSTRY: **Physicians Assistant Health Care**

11 MARITAL STATUS: **Married**

12 SPOUSE (If Married, Widowed, Divorced, Separated): **Pamela D.**

13a RESIDENCE - STATE: **Washington**

13b COUNTY: **Skamania**

13c CITY, TOWN, OR LOCATION: **Carson**

13d STREET AND NUMBER: **121 Meadow Crest Road**

13e INSIDE CITY LIMITS? Yes No

13f ZIP CODE: **98610**

14 WAS DECEASED OF HISPANIC ORIGIN? (Specify race or ethnicity. If yes, specify Cuban, Mexican, Puerto Rican, etc.) No Yes

15 RACE: **American Indian, Black, White, etc. (Specify): Black**

16 DECEASED'S EDUCATION (Specify only highest grade completed): **Elementary/Secondary (9-12) College (1, 2, or 3+): 2**

17 FATHER'S NAME: **John W. Pugh**

18 MOTHER'S NAME: **Ethel M. Hooks**

19 INFORMANT - NAME and relationship to decedent: **Pamela Pugh, 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): **Willanette National Cemetery**

20c LOCATION - City or Town, State: **Portland, Oregon**

21a SIGNATURE OF DECEASED OR FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [Signature]

21b OREGON LICENSE NO. (If Licensee): **3606**

21c NAME, ADDRESS AND ZIP OF FACILITY: **Lincoln Memorial Park & Funeral Home, 11801 SE Mt. Scott Blvd., Portland, OR 97266**

22 DATE FILED (Month, Day, Year): **NOV 9 2001**

23 REGISTRAR'S SIGNATURE: [Signature]

10 TO BE COMPLETED BY CERTIFYING PHYSICIAN

11 27 TIME OF DEATH: **15:45**

12 28 WAS MEDICAL EXAMINER NOTIFIED? Yes No

13 29 To the best of your knowledge, death occurred at the time, date, place, and cause stated above and is permanent. (Signature): [Signature]

14 30 DATE SIGNED (Month, Day, Year): **11/5/01**

15 31 NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print): **Stephen Chandler, M.D., 3600 N Interstate Ave., Portland, OR 97227**

16 32 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

17 33 NAME OF CAUSE: **Liver Cancer**

18 34 DUE TO OR AS A CONSEQUENCE OF

19 35 OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in PART 1

20 36 Did tobacco use contribute to the death? Yes Probably Unknown

21 37 AUTOPSY: Yes No N/A

22 38 YES were findings considered a determining cause of death?

23 40 MANNER OF DEATH: Natural Pending investigation Accident Undetermined Suicide Homicide Legal intervention Other

24 41a DATE OF INJURY (Month, Day, Year)

25 41b TIME OF INJURY

26 41c INJURY AT WORK? Yes No

27 41d DESCRIBE HOW INJURY OCCURRED

28 41e PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)

29 41f LOCATION (street and number or Rural Route Number, City or Town, State)

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 CLACKAMAS COUNTY REGISTRAR.

DATE ISSUED: NOV 9 -2001

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

MARINA T. STANSELL COUNTY REGISTRAR CLACKAMAS COUNTY, OREGON



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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142636

FILED FOR RECORD
SKAMIA CO. WASH
BY Pamela Pugh

OCT 18 2 15 PM '01
AMROSEN
AUDITOR
GARY H. OLSON

AFTER RECORDING RETURN TO:
RONALD W. AND PAMELA D. PUGH
121 Meadow Crest Road
Cascadia, WA 98924

STATUTORY WARRANTY DEED

The Grantors, RONALD W. PUGH and PAMELA D. PUGH, husband and wife, for and in consideration of One Dollar and other valuable consideration in hand paid, convey and warrant to RONALD W. PUGH AND PAMELA D. PUGH, AS JOINT OWNERS WITH THE RIGHT OF SURVIVORSHIP, NOT AS TENANTS IN COMMON AND NOT AS COMMUNITY PROPERTY, the following-described real estate, situated in the County of Skamania, State of Washington:

Lot 1, RICH MEADOWS SUBDIVISION, according to the plat thereof, recorded in Book "19" of Plats, Page 186, records of Skamania County, Washington.

SUBJECT TO covenants, conditions, restrictions, reservations, easements, and agreements of record, if any.

Assessor's Property Tax Parcel Number: 4-7-20-3-0-1500

Dated this 9th day of October, 2001.

Gary H. Martin, Skamania County Assessor
Date 10/18/01 Parcel # 2407263015000
2110

REAL ESTATE EXCISE TAX

OCT 18 2001

STATE OF WASHINGTON

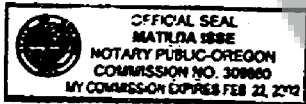
PAID

County of Multnomah

SKAMANIA COUNTY TREASURER

I certify that I know or have satisfactory evidence that Ronald D. Pugh and Pamela D. Pugh are the persons who appeared before me, and said persons acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the purposes mentioned in this instrument.

DATED October 9th, 2001.



Notary Public in and for the State of Washington
Residing at
My appointment expires:

By me
Pamela D. Pugh
4
4
4
4
4

Ronald D. Pugh

Pamela D. Pugh

Matilda Bisse
Notary Public in and for the State of Washington
Residing at
My appointment expires: