144586

BOOK 223 PAGE 943

FILED FOR RECORD
SKAMANIA CO. WASH
By Larry Birkenfeld
MAY 7 2 54 PM '02
J. Garvison
AUDITOR
J. MICHAEL GARVISON

Return Address:
Donald L. Birkenfeld
P.O Box 922
Stevenson, Wa 98648

Document Title(s) or transactions contained herein:
Death Certificate

GRANTOR(S) (Last name, first name, middle initial)
EVA M. Birkenfeld, deceased

[ ] Additional names on page ____ of document.

GRANTEE(S) (Last name, first name, middle initial)
Donald L. Birkenfeld

[ ] Additional names on page ____ of document.

REAL ESTATE EXCISE TAX
22238
MAY - 7 2002
PAID Exempt
Deborah Porter
SKAMANIA COUNTY TREASURER

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)
All of Lot 7; the westerly 10 feet of Lot 6; and the easterly 10 feet of Lot 8; Block Seven of RIVERVIEW ADDITION TO THE TOWN OF STEVENSON according to the Official Plat thereof on file and of record in the Office of the Auditor of Skamania Co, Washington.

[ ] Complete legal on page ____ of document.

REFERENCE NUMBER(S) of Documents assigned or released:
Community Property Agreement, Recorded book 73 Page 908

[ ] Additional numbers on page ____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER
03-07-36-4-4-2700-00 JR 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

BOOK 223 PAGE 944

(3) TYPE OR PRINT IN PERMANENT BLACK INK

333506
ID TAG NO

004244
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	Middle	Last	2 SEX	3 DATE OF DEATH (Month, Day, Year)	
Eva	Mae	BIRKENFELD	F	Aug. 8, 2001	
4 SOCIAL SECURITY NUMBER	5a AGE-Last Birthday (Years)	5b Under 1 Year: Mos. / Days	5c Under 1 Day: Hours / Mins	6 BIRTHPLACE (City and State or Foreign Country)	7 DATE OF BIRTH (Month, Day, Year)
[redacted]	70			Ottawa Co. OK	Nov. 21, 1930

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)	9c CITY, TOWN, OR LOCATION OF DEATH	9d COUNTY OF DEATH
Providence Medical Center	Portland	Multnomah

10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	10b KIND OF BUSINESS/INDUSTRY	11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	12 SPOUSE (If Married, Widowed, Divorced)
Homemaker	Own Home	Married	Donald Birkenfelo

13a RESIDENCE - STATE	13b COUNTY	13c CITY, TOWN OR LOCATION	13d STREET AND NUMBER	
Washington	Skamania	stevenson	96 Columbia	
13e INSIDE CITY LIMITS? ☐ Yes ☐ No	13f ZIP CODE	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)	16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)
	98648		Native Am./ White	12

17 FATHER - NAME first middle last	18 MOTHER - NAME first middle maiden	19 INFORMANT - NAME and relationship to deceased
Ora - Lane	Lucy - Charloe	Donald Birkenfeld/spouse

20a METHOD OF DISPOSITION ☐ Mausoleum ☐ Burial ☐ Cremation ☒ Removal from State ☐ Donation ☐ Other (Specify)	20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c LOCATION - City or Town, State
	Mt. View Cemetery	Hood River, Oregon

21a SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b OREGON LICENSE NO. (If Licensed)	22 NAME, ADDRESS AND ZIP OF FACILITY
Mary R Powell	0080	Gardner Funeral Home PO3 390 White Salmon, WA 98672

23 DATE FILED (Month, Day, Year)	24 REGISTRAR'S SIGNATURE
AUG 27 2001	Judy Meskam

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH	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)
5:55 P M		Ranae Ratkovec MD
30 DATE SIGNED (Month, Day, Year)		
8/20/01		

34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)
Ranae Ratkovec, M.D. 507 NE 47th Ave. Portland, OR 97213

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 modes of dying, e.g. Cardiac or Respiratory Arrest

PART I (a) Acute myocardial infarction		Interval between onset and death: 12 d
DUE TO, OR AS A CONSEQUENCE OF: (b) coronary artery disease	Decumen	Interval between onset and death: 7/15/01
DUE TO, OR AS A CONSEQUENCE OF: (c) Diabetes Mellitus		Interval between onset and death: 15-20 yrs

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

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	
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

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

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.

AUG 2 8 2001

DATE ISSUED: _____

Lila Wickham RNMS
LILA WICKHAM, RNMS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

STATE OF OREGON 1859

MULTNOMAH COUNTY OREGON 1854

MIDWEST BANK NOTE COMPANY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE