144840

BOOK 224 PAGE 861

FILED FOR RECORD
SKAMANIA COUNTY WASH
BY Janet Skaar

JUN 3 1 23 PM '02
P Lowry
AUDITOR

J. MICHAEL GARVISON

RETURN ADDRESS:
Janet Skaar
PO Box 51
Carson, WA 98610

Please Print or Type Information.

Document Title(s) or transactions contained therein:
1. Death Certificate
2.
3.
4.

GRANTOR(S) (Last name, first, then first name and initials)
1. Lee, Raymond Harold
2.
3.
4.
☐ Additional Names on Page _____ of Document.

GRANTEE(S) (Last name, first, then first name and initials)
1. Public, The
2.
3.
4.
☐ Additional Names on Page _____ of Document.

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

☐ Complete Legal on Page _____ of Document.

REFERENCE NUMBER(S) Of Document assigned or released:

☐ Additional Numbers on Page _____ of Document.

REAL ESTATE EXCISE TAX
22279
MAY 3 1 2002
PAID Exempt
SKAMANIA COUNTY TREASURER

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER
3-8-21-2-1600 5-31-02
☐ 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.

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CERTIFICATION OF VITAL RECORD

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0792
I.D. TAG NO.

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

136

Local File Number:

State File Number

DECEDENT

1. DECEDENT'S NAME: First Raymond; Middle Harold; Last LEE
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 15, 1996
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-Last Birthday (Years): 48
5b. Under 1 Year: Mos. Days
5c. Under 1 Day: Hours Mins
6. BIRTHPLACE (City and State or Foreign Country): Vancouver, WA
7. DATE OF BIRTH (Month, Day, Year): May 7, 1948
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.): Heavy Equipment Oper.
10b. KIND OF BUSINESS/INDUSTRY: Road Construction
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Barbara E. Lee
13a. RESIDENCE - STATE: Washington
13b. COUNTY: Skamania
13c. CITY, TOWN OR LOCATION: Stevenson
13d. STREET AND NUMBER: 2811 Berge Road
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/AmInd
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary-Secondary (0-12): 8; College (1-4 or 5+)

PARENTS

17. FATHER - NAME first middle last: Harold A. Lee
18. MOTHER - NAME first middle maiden: Marie P. Boyd
19. INFORMANT - NAME and relationship to deceased: Ron Lee, son

DISPOSITION

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

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: R. Dunicks
21b. LICENSE NUMBER (Of Licensee): 1482
22. NAME, ADDRESS AND ZIP OF FACILITY: GARDNER FUNERAL HOME, INC. POB 380 White Salmon, WA 98672
23. DATE FILED (Month, Day, Year): JUN 21 1996
24. REGISTRAR'S SIGNATURE
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☒ YES ☐ NO ☐ NA
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ NA

CERTIFIER

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)
30. DATE SIGNED (Month, Day, Year)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

[redacted]

31a. TIME OF DEATH: 2:16A M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): June 15, 1996 2:16A 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): June 17, 1996
COUNTY: STATE OF OREGON

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): KAREN GUNSON, M. D., DEPUTY MEDICAL EXAMINER, 301 N. E. KNOTT, PORTLAND, OREGON 97212
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) CRUSHING PELVIC INJURY WITH EXSANGUINATION — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(b) — 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

CAUSE OF DEATH

40. MANNER OF DEATH: ☐ Natural ☒ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year): June 14, 1996
41b. TIME OF INJURY: 6:00P M
41c. INJURY AT WORK? ☐ Yes ☒ No
41d. DESCRIBE HOW INJURY OCCURRED: Operator of caterpillar tractor which went over embankment and rolled
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify): Private residence
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State): 1252 Berge Road, Home Valley, WA

RESERVED FOR REGISTRAR'S USE: 96-1751

ORIGINAL-VITAL STATISTICS COPY

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

45-2 Rev 2/96

DATE ISSUED: JUN 21 1996

GARY L. OXMAN, M.D.
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

STATE OF OREGON 1859

MULTNOMAH COUNTY OREGON 1854

MIDWEST BANK NOTE COMPANY — ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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