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FILED FOR RECORD
SEATTLE TITLE
BY SKAMANIA CO. TITLE
MAY 13 3 01 PM '03
J. MICHAEL HANNON
AUDITOR

AFTER RECORDING MAIL TO:

Name Tamara Quinton

Address 3965 Lutz Lane

City/State The Dalles, OR 97058

SCTC 256603

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

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

First American Title Insurance Company

(this space for title company use only)

Grantor(s): (Last name first, then first name and initials)
1. Woodrow Lane Miller
2.
3.
4.
5. ☐ Additional names on page _____ of document

REAL ESTATE EXCISE TAX
22998
MAY 13 2003
PAID Exempt
SKAMANIA COUNTY TREASURER

Grantee(s): (Last name first, then first name and initials)
1. Hazel A. Miller
2.
3.
4.
5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)
All of that portion of the East Half of the Northeast Quarter of Section 15, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, lying Southeasterly of the County Road No. 1106 designated as the Washougal River Road.

Gary H. Martin, Skamania County Assessor
Date 5-13-03 Parcel #02-05-15-1-0-0702-00

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 02-05-15-1-0-0702-00

WA-1

NOTE: *The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.*

CERTIFICATION OF VITAL RECORD

048 — Local File Number

CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

DECEDENT

1. DECEDENT'S NAME: Woodrow Lane MILLER — Male — DATE OF DEATH: March 13, 1998
2. SOCIAL SECURITY NUMBER: 542-10-3694 — 3a. AGE-Last Birthday (Years): 83 — 3b. Under 1 Year (Months) — 3c. Under 1 Day (Hours) — 4. BIRTHPLACE (City and State or Foreign Country): Warren, Oregon — DATE OF BIRTH: Sept 13, 1914
5. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No
6. PLACE OF DEATH: ☐ HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ OTHER ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
6b. FACILITY NAME (If not hospital, give street and number): 2120 West 8th St.
6c. CITY, TOWN, OR LOCATION OF DEATH: The Dalles
6d. COUNTY OF DEATH: Wasco
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, even if not now retired): Auto dealership owner
10b. KIND OF BUSINESS/INDUSTRY: General Motors
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed, or Divorced): Hazel Annabel LaChine
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Wasco
13c. CITY, TOWN OR LOCATION: The Dalles
13d. STREET AND NUMBER: 2120 West 8th St.
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97058
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12) — College (1-4 or 5+)

PARENTS

17. FATHER - NAME: First, Middle, Last: Caleb A. Miller
18. MOTHER - NAME: First, Middle, Maiden: Harriet Lane
19. INFORMANT - NAME and relationship to decedent: Hazel A. Miller, wife

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): Win-quatt Crematory
20c. LOCATION - City or Town, State: The Dalles, OR

REGISTRAR

21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21c. OREGON LICENSE NO. (Of Licensee): CO-3621
22. NAME, ADDRESS AND ZIP OF FACILITY: Spencer, Libby & Powell, 1100 Kelly Ave The Dalles, OR 97058
23. DATE FILED (Month, Day, Year): March 13, 1998
24. REGISTRAR'S SIGNATURE: Charlene Edmiston Pass
RESERVED FOR REGISTRAR'S USE

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 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)
31a. TIME OF DEATH: 0720 hrs
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): 3/13/98
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): Pete A Peruzzo MD
33. DATE SIGNED (Month, Day, Year): 3/10/98 — COUNTY
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Dr. Peter A Peruzzo, M.D. — 1730 East 12th, The Dalles, OR 97058
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

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

36. PART I
(a) Gunshot wound to head — 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 ☐ Unknown ☐ No
38. AUTOPSY ☐ Yes
39. Was decedent pregnant in the last year? ☐ Yes ☐ No
40. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year): 3-5-98
41b. TIME OF INJURY: AM
41c. INJURY AT WORK? ☐ Yes ☐ No
41d. DESCRIBE HOW INJURY OCCURRED: Self inflicted gunshot to head
42. PLACE OF INJURY (Home, farm, street, factory, office, etc.) (Specify): home
43. LOCATION (Street and Number or Rural Route Number, City or Town, State): 2120 W 8th St The Dalles OR 97058

RESERVED FOR REGISTRAR'S USE

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RECORDER'S NOTE: PORTIONS OF ORIGINAL VITAL STATISTICS COPY THIS DOCUMENT POOR QUALITY FOR FILMING

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DATE ISSUED March 13, 1998

Carla Chamberlain
CARLA CHAMBERLAIN
COUNTY REGISTRAR
WASCO COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE