149890

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SKAMANIA CO. TITLE

Amoser

**AFTER RECORDING MAIL TO:**

Name Virginia Hillman

Address 21100 NE Sandy Blvd SP #2

City/State Fairview, OR 97024

SKP 26143

**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

**Grantor(s):** (Last name first, then first name and initials)
1. Hillman, Ralph Edward
2.
3.
4.
5. ☐ Additional names on page _____ of document

**Grantee(s):** (Last name first, then first name and initials)
1. Hillman, Virginia M.
2.
3.
4.
5. ☐ Additional names on page _____ of document

First American Title Insurance Company

(this space for title company use only)

REAL ESTATE EXCISE TAX
EXEMPT
AUG 19 2003
PAID exempt
Cg deputy
SKAMANIA COUNTY TREASURER

**Abbreviated Legal Description as follows:** (i.e. lot/block/plat or section/township/range/quarter/quarter)
Lot 3 of the Swift Creek Estates, according to the recorded Plat thereof, recorded in Book 'B' of Plats, Page 72 in the County of Skamania, State of Washington.

☐ Complete legal description is on page _____ of document

**Assessor's Property Tax Parcel / Account Number(s):** 07-06-35-2-2-0103-00

Gary R. Martin, Skamania County Assessor
Date 8/19/03 by 7-6-35-2-2-103
Parcel # _____

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

## DEPARTMENT OF HUMAN SERVICES
### HEALTH SERVICES, CENTER FOR HEALTH STATISTICS

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

381658 — Local File Number
136 — State File Number

| | | | | | |
|---|---|---|---|---|---|
| 1. DECEDENT'S NAME: First: Ralph | Middle: Edward | Last: HILLMAN | 2. SEX: Male | 3. DATE OF DEATH: January 23, 2003 | |
| 4. SOCIAL SECURITY NUMBER: 544-22-8563 | 5a. AGE-Last Birthday: 75 | 5b. If Under 1 Year: Mths / Days | 5c. If Under 1 Day: Hours / Mins | 6. BIRTHPLACE: Brighton, Oregon | 7. DATE OF BIRTH: March 15, 1927 |

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

9. MARITAL STATUS: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced

9a. PLACE OF DEATH: ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Other

| | | |
|---|---|---|
| 9b. FACILITY NAME: 21100 NE Sandy, Space #2 | 9c. CITY, TOWN, OR LOCATION OF DEATH: Fairview | 9d. COUNTY OF DEATH: Multnomah |
| 10a. DECEDENT'S USUAL OCCUPATION: Security | 10b. KIND OF BUSINESS/INDUSTRY: Retail Stores | 11. MARITAL STATUS: Married |
| 12. SPOUSE: Virginia Hillman | | |
| 13a. RESIDENCE - STATE: Oregon | 13b. COUNTY: Multnomah | 13c. CITY, TOWN OR LOCATION: Fairview |
| 13d. STREET AND NUMBER: 21100 NE Sandy, Space #2 | | |
| 13e. INSIDE CITY LIMITS? ■ Yes ☐ No | 13f. ZIP CODE: 97024 | 14. WAS DECEDENT OF HISP./MIC ORIGIN? ☐ Yes ☐ No |
| 15. RACE: White | 16. DECEDENT'S EDUCATION: 2 | |
| 17. FATHER - NAME: Benjamin - Hillman | 18. MOTHER - NAME: Maude - Thulin | 19. INFORMANT - NAME: Virginia Hillman, Spouse |
| 20a. METHOD OF DISPOSITION: XX Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other | 20b. PLACE OF DISPOSITION: Willamette National Cemetery | 20c. LOCATION: Portland, Oregon |
| 21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR AGENT: Mike Ott | 21b. OREGON LICENSE NO.: 3155 | 21c. NAME, ADDRESS AND ZIP OF FACILITY: Rose City Cemetery & Funeral Home 5625 NE Fremont Portland, OR 97213 |
| 22. DATE FILED: JAN 24 2003 | 23. REGISTRAR'S SIGNATURE: Jennifer A. Woodward | |

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### TO BE COMPLETED BY CERTIFYING PHYSICIAN

| | | |
|---|---|---|
| 27. TIME OF DEATH: 6:00 A | 28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☐ No | 29. TIME OF DEATH |
| 30. DATE SIGNED: 1-23-03 | 31. DATE PRONOUNCED DEAD | 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 | 34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): Luis A. Valls, M.D. 4212 NE Broadway Portland, Oregon 97213 | COUNTY |

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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) DUE TO, OR AS A CONSEQUENCE OF: Alzheimer's dementia — Interval between onset and death: ~1yr
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
(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.
DM2, HTN

37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☐ No ☐ Unknown
38. AUTOPSY? ☐ Yes ☐ No
39. Was decedent pregnant within the past year? ☐ Yes ☐ No ☐ Unknown

40. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined ☐ Legal Intervention
41a. DATE OF INJURY
41b. TIME OF INJURY
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)

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ORIGINAL-VITAL STATISTICS COPY

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED: 1-24-03

Jennifer A. Woodward
JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY NOT VALID WITHOUT RAISED STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE