150159

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Leah Johnston
SEP 9 4 23 PM '03
V. Jermann

AFTER RECORDING MAIL TO:

Name LEAH JOHNSTON
Address 442 LARSEN Rd PO Box 214
City/State UNDERWOOD, WA 98651

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. ~~FREDERICK~~ STILES STILES, FREDRICK A
2.
3.
4.
5. ☐ Additional names on page _____ of document

REAL ESTATE EXCISE TAX
23262
SEP - 9 2003
PAID Exempt
SKAMANIA COUNTY TREASURER

Grantee(s): (Last name first, then first name and initials)
1. JOHNSTON, LEAH R
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)
SEE ATTACHED LEGAL ON PAGE 3
NW Corner of SW Quarter 1/4 SEC 14 T3N, R10E A Strip of Land 100 Ft.

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s):
03-10-14-0-0-0300-00

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

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TYPE OR PRINT IN PERMANENT BLACK INK

386463 (ID TAG NO)

002923 (LOCAL FILE NO)

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

136- (State File Number)

DECEDENT

1. DECEDENT'S NAME (First / Middle / Last)			2. SEX	3. DATE OF DEATH (Month, Day, Year)
Frederik	Alain	STILES	Male	June 5, 2003

4. SOCIAL SECURITY NUMBER	5a. AGE (Last Birthday) (Years)	5b. If Under 1 Year (Months / Days)	5c. If Under 1 Day (Hours / Minutes)	6. BIRTHPLACE (City and State or Foreign Country)	7. DATE OF BIRTH (Month, Day, Year)
519-11-8714	41			Royan, France	March 7, 1962

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

9. PLACE OF DEATH (Check only one): ☐ Hospital ☐ Inpatient ☒ ER/Outpatient ☐ DOA ☐ Other (☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify))

10. FACILITY NAME (If not institution, give street and number)	11. CITY, TOWN, OR LOCATION OF DEATH	12. COUNTY OF DEATH
Emanuel Hospital	Portland	Multnomah

13a. DECEDENT'S U.S. OCCUPATION (Give kind of work done during most of working life. Do not use retired)	13b. KIND OF BUSINESS/INDUSTRY	14. MARITAL STATUS (Married, Never Married, Widowed, Divorced, Unknown)	15. SURVIVING SPOUSE (If wife, give maiden name)
Woodworker	Woodworking	Married	Leah Johnston

16a. RESIDENCE-STATE	16b. COUNTY	16c. CITY, TOWN OR LOCATION	16d. STREET AND NUMBER
Washington	Skamania	Underwood	442 Larsen Rd.

16e. ZIP CODE	17. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☐ Yes Specify	18. RACE (American Indian, Black, White, etc. (Specify))	19. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
98651		White		2

PARENTS

20. FATHER'S NAME (First / Middle / Last)	21. MOTHER'S NAME (First / Middle / Maiden)	22. INFORMANT'S NAME and MAILING ADDRESS (Street or RFD, City or Town, State, Zip)
- Stiles	Annick Aden Fouillade	Leah Johnston-Spouse

DISPOSITION

23a. METHOD OF DISPOSITION (☐ Masoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify))	23b. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or Other Place)	23c. LOCATION (City or Town, State)
	Portland Cremation Center	Portland, OR.

REGISTRAR

24a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	24b. OREGON LICENSE NO. (Of Licensee)	24c. NAME, ADDRESS AND ZIP OF FACILITY	25. DATE FILED (Month, Day, Year)	26. REGISTRAR'S SIGNATURE
John Boyd	3466	Omega Funeral & Cremation 223 SE 122nd, Portland, OR. 97233	JUN 18 2003	Judy Mickam

RESERVED FOR REGISTRAR'S USE

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 A MEDICAL EXAMINER

31a. TIME OF DEATH: 4:59A

31b. DATE PRONOUNCED DEAD (Month, Day, Year): June 5, 2003 4:59A

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 9, 2003

COUNTY: STATE OF OREGON

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER MEDICAL EXAMINER (Type or Print)

CLIFFORD NELSON, M. D., DEPUTY STATE MEDICAL EXAMINER, 301 N. E. KNOTT, PORTLAND, OR 97212

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. 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

		Interval between onset and death
PART 1 a.	GUNSHOT WOUND OF THE ABDOMEN	
DUE TO, OR AS A CONSEQUENCE OF		
(b)		
DUE TO, OR AS A CONSEQUENCE OF		
(c)		

PART 2 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART 1

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.

40. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined ☒ Suicide ☐ Homicide ☐ Legal Intervention ☐ Other

41a. DATE OF INJURY (Month, Day, Year): June 5, 2003

41b. TIME OF INJURY: 12:27A

41c. INJURY AT WORK? ☐ Yes ☒ No

41d. DESCRIBE HOW INJURY OCCURRED: Shot self with .357 revolver

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

41f. LOCATION (Street and Number or Rural Route Number, City or Town, State): 442 Larson Road, Underwood, WA

CAUSE OF DEATH INSTRUCTIONS ON REVERSE SIDE

RESERVED FOR REGISTRAR'S USE: 03-1675

Gary H. Martin, Skamania County Assessor
Date 9/19/03 Parcel # 3-10-14-300

ORIGINAL-VITAL STATISTICS COPY

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

DATE ISSUED: JUN 16 2003

Lila Williams Orms
LILA WILLIAMS ORMS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT EMBOSSED STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON 1859

MULTNOMAH COUNTY OREGON 1854

PARCEL I

Beginning at the Northwest Corner of the Southwest Quarter of Section 14, Township 3 North, Range 10 East of the Willamette Meridian, in the County of Skamania, State of Washington; thence East 209 feet; thence South 104 feet; thence West 209 feet; thence North 104 feet to the place of beginning.

PARCEL II

A strip of land 100 feet in width along the South side of that tract of land described as, being all that portion of the Southwest Quarter of the Northwest Quarter of Section 14, Township 3 North, Range 10 East of the Willamette Meridian, which lies West of the center of the road leading to the Electric Power Plant of the Northwestern Electric Company on the White Salmon River.