151178

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Peter J. Mozena
Nov 18 10 04 AM '03
O'Leary

WASHINGTON STATE COUNTY AUDITOR/RECORDER'S
INDEXING FORM (Cover Sheet)

After Recording Mail to:

Peter J. Mozena, Attorney at Law
4411 NE Tillamook
PO Box 13039
Portland OR 97213

[redacted] ESTATE EXCISE TAX
23458
NOV 17 2003
PAID exempt
SKAMANIA COUNTY TREASURER

DOCUMENT TITLE:
1. Certificate of Death

REFERENCE NUMBER OF DOCUMENTS ASSIGNED OR RELEASED: N/A

GRANTOR: 1. William V. Schneider (deceased)

GRANTEE: 1. Clara A. Schneider

LEGAL DESCRIPTION:

Gary H. Martin, Skamania County Assessor
Date 11/17/03 96-001050 Parcel #

All buildings located on lot #50 of the Government Mineral Springs Summer Home Tract located in the Gifford Pinchot National Forest and transfer of Special Use Permit for recreation residence on Lot #50 as verbally agreed.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER: 96-001050

CERTIFICATION OF VITAL RECORD

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TYPE OR PRINT IN PERMANENT BLACK INK

275944 ID TAG NO. 01990

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

Local File Number | 136- State File Number

1 DECEDENT'S NAME: First **William** Middle **Vincent** Last **SCHNEIDER**
2 SEX: **Male**
3 DATE OF DEATH (Month, Day, Year): **April 10, 2000**
4 SOCIAL SECURITY NUMBER: [redacted]
5a AGE-Last Birthday (Years): **55**
5c Under 1 Year: Mos. / Days
5c Under 1 Day: Hours / Mins
6 BIRTHPLACE (City and State or Foreign Country): **Portland, Oregon**
7 DATE OF BIRTH (Month, Day, Year): **October 17, 1944**
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): **1870 S. E. 157th Drive**
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.): **Owner/Operator**
10b KIND OF BUSINESS/INDUSTRY: **Marble Manufacturing**
11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): **Married**
12 SPOUSE (If Married, Widowed): **Clara Ann "Midge" (Hentzy)**
13a RESIDENCE - STATE: **Oregon**
13b COUNTY: **Multnomah**
13c CITY, TOWN OR LOCATION: **Portland**
13d STREET AND NUMBER: **1870 S. E. 157th Drive**
13e INSIDE CITY LIMITS? ☒ Yes ☐ No
13f ZIP CODE: **97233**
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**
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): **12**; College (1-4 or 5+): **2**
17 FATHER - NAME first middle last: **Adam Y. Schneider**
18 MOTHER - NAME first middle maiden: **Jean Peterson**
19 INFORMANT - NAME and relationship to deceased: **Midge Schneider, Wife**
20a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): **Gethsemani Cemetery**
20c LOCATION - City or Town, State: **Portland, Oregon**
21a SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: **David L. LaVielle**
21b OREGON LICENSE NO (Of Licensee): **3552**
22 NAME, ADDRESS AND ZIP OF FACILITY: **Cable & Parkrose Funeral Chapels Inc. 225 NE 80th Ave, Portland OR 97213**
23 DATE FILED (Month, Day, Year): **APR 13 2000**
24 REGISTRAR'S SIGNATURE: **Lila Wickham**
RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH: **1620** 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): **[signature]**
30 DATE SIGNED (Month, Day, Year): **4/11/00**
34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER (MEDICAL EXAMINER (Type or Print)): **Joseph T. Leimert, MD - 3600 N. Interstate, Portland, OR 97227**
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) **METASTATIC CARCINOMA OF UNKNOWN ORIGIN** — 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
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)
RESERVED FOR REGISTRAR'S USE

CAUSE OF DEATH INSTRUCTIONS ON REVERSE SIDE OF GREEN AND PINK COPY

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31b TIME OF DEATH M
31c 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
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.
APR 14 2000
DATE ISSUED:

45-2-Rev.

Lila Wickham RN MS
LILA WICKHAM RN, MS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON 1859

MULTNOMAH COUNTY OREGON 1854