

151187

BOOK 254 PAGE 407

Return Address:

IRIS E WACHTER
P.O. Box 607
Stevenson, WA 98648

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RY
INS WACHTER

NOV 19 9 11 AM '03

P. Laury

J. MICHAEL WILSON

Document Title(s) or transactions contained herein:	
Death Certificate	REAL ESTATE EXCISE TAX 23462 NOV 19 2003
GRANTOR(S) (Last name, first name, middle initial)	PAID <u>Exempt</u> <u>Vicki Clelland Deputy</u> SKAMANIA COUNTY TREASURER
Wachter, Aldon Frank	
<input type="checkbox"/> Additional names on page _____ of document.	
GRANTEE(S) (Last name, first name, middle initial)	
Wachter, Iris	
<input type="checkbox"/> Additional names on page _____ of document.	
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)	
Lot 31 Hilltop Manor	
<input checked="" type="checkbox"/> Complete legal on page 2 of document.	
REFERENCE NUMBER(S) of Documents assigned or released:	
<input type="checkbox"/> Additional numbers on page _____ of document.	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER	
03-75-36-3-2-1702-00	Gary H. Martin, Skamania County Assessor Date <u>11/19/03</u> Parcel # <u>3-75-36-3-2-1702</u>
<input type="checkbox"/> Property Tax Parcel ID is not yet assigned	
<input type="checkbox"/> 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.	

CERTIFICATION OF VITAL RECORD

BOOK 254 PAGE 408

PRINT IN
PERMANENT
BLACK INK

399600

LD. TAG NO.
005608

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

130

State File Number

1. DECEDENT'S NAME First: Aldon Middle: Frank Last: WACHTER		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) October 22, 2003
4. SOCIAL SECURITY NUMBER 538-16-4934		5. AGE-Last Birthday (Year) 86	6. BIRTHPLACE (City and State or Foreign) Hood River, Oregon
7. DATE OF BIRTH (Month, Day, Year) December 16, 1916		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOME <input type="checkbox"/> NURSING HOME <input type="checkbox"/> OTHER (Specify):	
9. FACILITY NAME (If not institution, give street and number) Legacy Emanuel Hospital			
10. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use initials.) Grocery		11. MARRITAL STATUS - (Married, Never Married, Widowed, Divorced or Separated) Married	
12. RESIDENCE - STATE Washington		13. COUNTY OF DEATH Multnomah	
14. CITY, TOWN OR LOCATION Stevensburg		15. STREET AND NUMBER 241 McEvoy	
16. ZIP CODE 98648		17. DECEDENT'S EDUCATION (Specify only highest grade completed) 12	
18. FATHER - NAME Frank Wachtler		19. MOTHER - NAME Nellie	
20. METHOD OF DEPOSITION <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Poison <input type="checkbox"/> Other (Specify):		21. PLACE OF DEPOSITION (Place of autopsy, cemetery, or other place) Columbia River Crematory	
22. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON IN CHARGE OF DEATH (Signature)		23. OREGON LICENSE NO. 3490	
24. DATE SIGNED (Month, Day, Year) NOV 18 2003		25. NAME, ADDRESS AND ZIP OF FACILITY Gardner Funeral Home POB 190 White Salmon, WA 98672	
26. REGISTRAR'S SIGNATURE (Signature)			
27. TIME OF DEATH 2:20 A.M.			
28. DATE OF DEATH 10/20/03			
29. DATE PRONOUNCED DEAD (Month, Day, Year) 10/20/03			
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN David Baker, M.D., 501 N. Graham Suite 260 Portland, OR 97227			
31. NAME OF ATTENDING PHYSICIAN (If other than certifier, Type or Print) I don't know			
32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE HERE FOR ALL (a) AND (b) Do not enter angle of death, e.g., Choking or Respiratory Arrest, Internal between onset and death)			
33. DUE TO, OR AS A CONSEQUENCE OF: (a) <input checked="" type="checkbox"/> I don't know (b) <input checked="" type="checkbox"/> Hospital Acquired c) <input checked="" type="checkbox"/> STROKE			
34. DUE TO, OR AS A CONSEQUENCE OF: (a) <input type="checkbox"/> (b) <input type="checkbox"/> (c) <input type="checkbox"/>			
35. PART OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I			
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		37. Did someone use violence in the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. DATE OF BURY (Month, Day, Year)		39. TIME OF BURY	
40. PLACE OF BURY - At home, farm, school, factory, office, building, etc. (Specify)		41. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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

ORIGINAL-VITAL STATISTICS COPY
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

NOV 13 2003

DATE ISSUED:

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

11/19/03
LEA WICKHAM, RN MS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

3-76-36-52-1702



LOT 31, EXCEPT THE WESTERLY 45 FEET THEREOF; ALL OF LOT 32; AND THE WESTERLY 15 FEET OF LOT 33 OF HILLTOP MANOR ACCORDING TO THE AMENDED PLAT THEREOF ON FILE AND OF RECORD AT PAGE 110 OF BOOK "A" OF PLATS, RECORDS OF SKAMANIA COUNTY, WASHINGTON.

SUBJECT TO THAT CERTAIN EASEMENT IN FAVOR OF PACIFIC NORTHWEST PIPELINE CORPORATION RECORDED FEBRUARY 6, 1956 IN BOOK 41 AT PAGE 80.

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