BOOK 257 PAGE 75

151846

DICK + DICK, LLP

JAN 28 12 09 PM '04

Amster

DEATH CERTIFICATE

After recording, return to:
Bradley V. Timmons
601 Washington Street
The Dalles, OR 97058

STATE OF WASHINGTON
SKAMANIA COUNTY

RECORDING COVER SHEET

Document Title: Certificate of Death, State of Oregon

Reference #: State File #91-016417 (Oregon)

Grantor: Patricia McLeod

Grantee: William McLeod

Legal Description: Beginning at the SE corner of the NE Quarter of the Southeast Quarter of Section 20, in T3N, R8 E.W.M.; running thence westerly along the northerly right of way of Cloverdale Ave., 125 ft.; thence N 200 ft., thence E 125 ft.; thence southerly along the westerly right of way of Metzger Road 200 ft. to the point of beginning. 3-8-20-1-4-401 6.5 1-28-04

Assessor's Parcel #: WAC 458-61-410

CERTIFICATION OF VITAL RECORD

BOOK 257 PAGE 76

TYPE OR PRINT IN PERMANENT BLACK INK

C-0011 LD. TAG NO.

1101-91 Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136- 91-016417 State File Number

DECEDENT

1. DECEDENT'S NAME: First: Patricia; Middle: A.; Last: McLEOD
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): Aug. 28, 1991
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE - Last Birthday (Years): 64
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Salem, OR
7. DATE OF BIRTH (Month, Day, Year): Dec. 28, 1926
8a. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
8b. PLACE OF DEATH (Check only one): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
8c. FACILITY NAME (If not institution, give street and number): Hood River Memorial Hospital
8c. CITY, TOWN, OR LOCATION OF DEATH: Hood River
8d. COUNTY OF DEATH: Hood River
1 01
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Nurse
2 01
10b. KIND OF BUSINESS/INDUSTRY: Health Care
3 095
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): William C.
4 831
13a. RESIDENCE - STATE: Washington
13b. COUNTY: Skamania
13c. CITY, TOWN, OR LOCATION: Carson
13d. STREET AND NUMBER: Cloverdale & Metzger
5 730
13e. INSIDE CITY LIMITS? ☐ Yes ☐ No
13f. ZIP CODE: 98610
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
6

PARENTS

17. FATHER - NAME first middle last: Riley - Brockman
18. MOTHER - NAME first middle maiden: Zella - Milligan
19. INFORMANT - NAME and relationship to deceased: William McLeod, Husband

DISPOSITION

7 01
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Other (Specify): ☐ Removal from State
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Park Hill Crematory
20c. LOCATION - City or Town, State: Vancouver, WA
8 14
9 910

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: K. Pinnick
21b. LICENSE NUMBER (Of Licensee): 1482
22. NAME, ADDRESS AND ZIP OF FACILITY: GARDNER FUNERAL HOME, INC. Box 390 White Salmon, WA 98672
23. DATE FILED (Month, Day, Year): August 30, 1991
24. REGISTRAR'S SIGNATURE: Darlene A. O'Dell
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A
10
11 1

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN
27. TIME OF DEATH: 2218 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): 8-30-91
12 1629
13
TO BE COMPLETED ONLY BY MEDICAL EXAMINER
31a. TIME OF DEATH: M
31b. 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.
33. DATE SIGNED (Month, Day, Year)
COUNTY
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): Paul Hamada, M.D. 1784 May Street Hood River, OR 97031
14
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

CONDITIONS IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST
15
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter modes of dying, e.g. Cardiac or Respiratory Arrest
PART I (a) ADENOCARCINOMA, LUNG — Interval between onset and death: 2½ YEARS
(b) DUE TO, OR AS A CONSEQUENCE OF:
(c) DUE TO, OR AS A CONSEQUENCE OF:
PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not related to cause given in PART I
37. Did tobacco use contribute to the death? ☒ Yes ☐ No ☐ Probably
38. AUTOPSY ☐ Yes ☒ No
39. Was autopsy findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A
16
40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ 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
17
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

ORIGINAL — VITAL STATISTICS COPY

45-2 REV 1-88

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

DATE ISSUED: NOV 06 2003

Jennifer A. Woodward

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

American Bank Note Company

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE