

Doc # 2004152271
Page 1 of 3
Date: 03/12/2004 01:44P
Filed by: KATHLEEN M THOMES-RHEW
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$21.00

Return Address:

REAL ESTATE EXCISE TAX

Kathleen M. Thomes -RheW
30244 E. Woodard Rd.
Troutdale, OR 97060

23716

MAR 12 2004

PAID exempt
Vickie Clelland Dept
SKAMANIA COUNTY TREASURER

Document Title(s) or transactions contained herein:

DEATH CERTIFICATE

GRANTOR(S) (Last name, first name, middle initial)

THOMES, BRUCE G

☐ Additional names on page _____ of document.

GRANTEE(S) (Last name, first name, middle initial)

THOMES-RHEW, KATHLEEN M who acquired title as THOMES, KATHLEEN M

☐ Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)

LOT 1 NORTHWESTERN LAKE DEVELOPMENT B/73

☐ Complete legal on page _____ of document.

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

03-10-03-0-0-0219-00

Gary H. Martin, Skamania County Assessor

Date 3-12-04 Parcel # 03-10-03-0-0-0219-00

☐ Property Tax Parcel ID is not yet assigned

☐ 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

HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

IC TAG NO.
05375

Local File Number

State File Number

1. DECEDENT'S NAME Bruce G THOMES		2. SEX M	3. DATE OF DEATH (Month, Day, Year) October 7, 1998
4. SOCIAL SECURITY NUMBER 025-38-3669	5a. AGE-Last Birthday (Years) 50	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Boston, MA
7. DATE OF BIRTH (Month, Day, Year) November 2, 1947		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other		9b. FACILITY NAME (If not institution, give street and number) Emanuel Hospital	
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.) Operating Engineer		10b. KIND OF BUSINESS/INDUSTRY Hospital	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed, Divorced) (Specify) Kathleen Thomes	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Multnomah	
13c. CITY, TOWN OR LOCATION Corbett		13d. STREET AND NUMBER 43846 E. Larch Mt. Rd.	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes; if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 3		17. INFORMANT - NAME and relationship to decedent Kathleen Thomes-Spouse	
18. METHOD OF DISPOSITION (Check one) <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		19. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Willamette National Cemetery	
20. LOCATION - City or Town, State Portland, Oregon		21. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>	
22. OREGON LICENSE NO. (If Licensed) 603139		23. NAME, ADDRESS AND ZIP OF FACILITY Gresham Funeral Chapel 257 SE Roberts Gresham, OR 97080	
24. DATE FILED (Month, Day, Year) OCT 14 1998		25. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

26. TIME OF DEATH 8:38A		27. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
28. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>		29. 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) <i>[Signature]</i>	
30. DATE SIGNED (Month, Day, Year) October 8, 1998		31. DATE PRONOUNCED DEAD (Month, Day, Year) October 7, 1998	
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) KAREN GUNSON, M. D., DEPUTY MEDICAL EXAMINER, 301 N. E. KNOTT, PORTLAND, OR 97212		33. DATE SIGNED (Month, Day, Year) October 8, 1998	
34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		35. STATE OF OREGON	

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
(a) PROBABLE ARTERIOSCLEROTIC HEART DISEASE				Interval between onset and death
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown				38. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
39. If YES were findings considered in determining cause of death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide <input type="checkbox"/> Other	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	41d. DESCRIBE HOW INJURY OCCURRED
41a. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

RESERVED FOR REGISTRAR'S USE
98-274

ORIGINAL VITAL STATISTICS COPY

45-2 Rev 5/96

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

OCT 19 1998

DATE ISSUED

HILDA CHASKI ADAMS, MPH
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

BOOK 134 PAGE 245

EXHIBIT "A"---

Lot 1, NORTHWESTERN LAKE DEVELOPEMENT SUBDIVISION, according to the recorded Plat, recorded in Book B of plats, Page 73, in the County of Klickitat and State of Washington.---

SUBJECT TO: Rights of the pubic in roads and highways. Private roadway agreement, recorded December 17, 1990, in Book 121, Page 781. Protective covenants, recorded April 29, 1991, in Book 123, Page 58. Easements as shown on recorded plat. Conditions and restrictions, recorded February 23, 1993, in Book 133, Page 590. Protective Covenants for Northwestern Lake Developement, recorded March 11, 1993, Skamania County Deed and Plat Records.---

Unofficial Copy