Doc # 2004152947
Page 1 of 2
Date: 05/13/2004 12:56P
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: $20.00

AFTER RECORDING RETURN TO:

Name: CARL A. JOHANSON
Address: PO BOX 915
City/State: STEVENSON WA 98648
SCR 26732

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

REAL ESTATE EXCISE TAX
23876
MAY 13 2004
PAID EXEMPT
SKAMANIA COUNTY TREASURER

Grantor(s): (Last name first, then first name and initials)
1. JOHANSON, JEAN ELAINE
2.
3.
4.
5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)
1. ~~THE PUBLIC~~ JOHANSON, CARL A.
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

SW ¼ 11-3-9

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel/Account Number(s):

03-09-11-3-0-2300-00 G.S. 5/13/04

CERTIFICATION OF VITAL RECORD

TYPE OR PRINT IN PERMANENT BLACK INK

399689

I.D. TAG NO.

004714

Local File Number

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

136-

State File Number

DECEDENT

Field	Entry
1. DECEDENT'S NAME (First, Middle, Last)	Jean Elaine JOHANSON
2. SEX	Female
3. DATE OF DEATH (Month, Day, Year)	Sept. 4, 2003
4. SOCIAL SECURITY NUMBER	[redacted]
5a. AGE-Last Birthday (Years)	44
5b. Under 1 Year (Mos. / Days)	
5c. Under 1 Day (Hours / Mins.)	
6. BIRTHPLACE (City and State or Foreign Country)	White Salmon, WA
7. DATE OF BIRTH (Month, Day, Year)	Jan. 4, 1959
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)	Providence Medical Center
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.)	Office Manager
10b. KIND OF BUSINESS/INDUSTRY	Medical Office
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	Married
12. SPOUSE (If Married, Widowed)	Carl Johanson
13a. RESIDENCE - STATE	Washington
13b. COUNTY	Skamania
13c. CITY, TOWN OR LOCATION	Cook
13d. STREET AND NUMBER	62 McClain Road
13e. INSIDE CITY LIMITS?	☐ Yes ☒ No
13f. ZIP CODE	98605
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): ; College (1-4 or 5+): 3

PARENTS

Field	Entry
17. FATHER - NAME (first, middle, last)	George Duane Gahimer
18. MOTHER - NAME (first, middle, maiden)	Icel June Seymour
19. INFORMANT - NAME and relationship to deceased	Carl Johanson - Husband

DISPOSITION

Field	Entry
20a. METHOD OF DISPOSITION	☒ Burial ☐ Cremation ☒ Removal from State ☐ Mausoleum ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	Mt. Pleasant Cemetery
20c. LOCATION - City or Town, State	Cape Horn, Washington
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	(signature)
21b. OREGON LICENSE NO. (If Licensee)	3490
22. NAME, ADDRESS AND ZIP OF FACILITY	Gardner Funeral Home POB 390 White Salmon, WA 98672

REGISTRAR

Field	Entry
23. DATE FILED (Month, Day, Year)	SEP 22 2003
24. REGISTRAR'S SIGNATURE	Judy Nielsen (signature)

RESERVED FOR REGISTRAR'S USE

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

Field	Entry
27. TIME OF DEATH	8:20 AM
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)	Sept. 15, 2003
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. (Signature)	
33. DATE SIGNED (Month, Day, Year)	
COUNTY	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)	Jeffrey Menashe, M.D. 5050 NE Hoyt Suite 256 Portland, OR 97213
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.

PART I	Cause	Interval between onset and death
(a)	METASTATIC BREAST CANCER	11 MONTHS
(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 resulting in the underlying cause given in PART I.

Field	Entry
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)	

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

RESERVED FOR REGISTRAR'S USE

OLC # 200413529947

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45-2-Rev.

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: SEP 22 2003

Lila Wickham RNMS (signature)

LILA WICKHAM, RNMS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

STATE OF OREGON 1859

MULTNOMAH COUNTY OREGON 1854