

Doc # 2004153090  
Page 1 of 2  
Date: 05/24/2004 03:40P  
Filed by: SKAMANIA COUNTY TITLE  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
J. MICHAEL GARVISON *Am*  
AUDITOR  
Fee: \$20.00

**AFTER RECORDING MAIL TO:**

Name Edward B. Caryl

Address 9970 SW 160th Ave.

City/State Beaverton, OR 97007

SCTC 26741

**Document Title(s):** (or transactions contained therein)

1. Certificate of Death
- 2.
- 3.
- 4.

**Reference Number(s) of Documents assigned or released:**

☐ Additional numbers on page \_\_\_\_\_ of document

**Grantor(s):** (Last name first, then first name and initials)

1. Paul Eugene Caryl
- 2.
- 3.
- 4.
5. ☐ Additional names on page \_\_\_\_\_ of document

**Grantee(s):** (Last name first, then first name and initials)

1. Edward B. Caryl
- 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)

The West Half of lot 9 and all of Lot 10 of Block 2 of the Second Addition to Hill Crest Acre Tracts, according to the official Plat thereof, on file and of record at Page 100 of Book 'A' of Plats, records of Skamania County Washington.

☐ Complete legal description is on page \_\_\_\_\_ of document

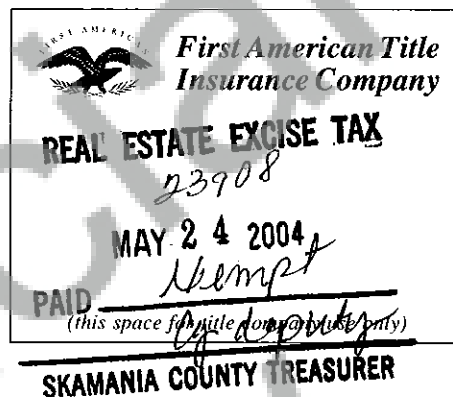
**Assessor's Property Tax Parcel / Account Number(s):** 03-75-36-2-3-0601-00

Gary H. Martin, Skamania County Assessor

Date 5-24-04 Parcel # 3-712-36-2-3-601  
*Edm*

WA-1

**NOTE:** The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.



# CERTIFICATION OF VITAL RECORD

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

399609

I.D. TAG NO.

064-2004  
Local File Number

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

136-

State File Number

1. DECEDENT'S NAME <b>Paul Eugene CARYL</b>		2. SEX <b>Male</b>		3. DATE OF DEATH (Month, Day, Year) <b>April 20, 2004</b>	
4. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		5a. AGE-Last Birthday (Years) <b>95</b>		5b. Under 1 Year Mos. Days Hours Mins	
5c. Under 1 Day Hours Mins		6. BIRTHPLACE (City and State or Foreign Country) <b>Cedar Rapids, IA</b>		7. DATE OF BIRTH (Month, Day, Year) <b>Oct. 3, 1903</b>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
9b. FACILITY NAME (If not institution, give street and number) <b>4000 Herriot Drive</b>			9c. CITY, TOWN, OR LOCATION OF DEATH <b>Parkdale</b>		9d. COUNTY OF DEATH <b>Hood River</b>
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Farmer</b>		10b. KIND OF BUSINESS/INDUSTRY <b>Farming</b>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Widowed</b>	
12. SPOUSE (If Married, Widowed) <b>Lola May Sweet</b>		13a. RESIDENCE - STATE <b>Oregon</b>			
13b. COUNTY <b>Hood River</b>		13c. CITY, TOWN OR LOCATION <b>Parkdale</b>		13d. STREET AND NUMBER <b>4000 Herriot Drive</b>	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE <b>97041</b>		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) <b>White</b>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) College (1-4 or 5+) <b>8</b>			
17. FATHER - NAME first middle last <b>Isaac Barnes Caryl</b>		18. MOTHER - NAME first middle maiden <b>Anna Conklin</b>		19. INFORMANT - NAME and relationship to deceased <b>Lee Caryl - Son</b>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Columbia River Crematory</b>		20c. LOCATION - City or Town, State <b>White Salmon, Washington</b>	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. OREGON LICENSE NO. (Of Licensee) <b>1961</b>		22. NAME, ADDRESS AND ZIP OF FACILITY <b>Gardner Funeral Home POB 390 White Salmon, WA 98672</b>	
23. DATE FILED (Month, Day, Year) <b>April 21, 2004</b>		24. REGISTRAR'S SIGNATURE <i>[Signature]</i>			
RESERVED FOR REGISTRAR'S USE					
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
27. TIME OF DEATH <b>6:00 AM</b>		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <i>[Signature]</i>					
30. DATE SIGNED (Month, Day, Year) <b>April 21, 2004</b>					
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>James G. Janney, III, MD POB 1519 White Salmon, WA 98672</b>					
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
34. 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) <b>Heart failure</b>		PART II (b) <b>Dissecting aortic aneurysm</b>		PART III (c) <b>Myocardial infarction</b>	
DUE TO, OR AS A CONSEQUENCE OF		DUE TO, OR AS A CONSEQUENCE OF		DUE TO, OR AS A CONSEQUENCE OF	
Interval between onset and death <b>2 hrs</b>		Interval between onset and death <b>10 hrs</b>		Interval between onset and death	
35. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. <b>Peripheral vascular disease</b>					
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		37. DATE OF INJURY (Month, Day, Year)		38. TIME OF INJURY	
39. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		40. DESCRIBE HOW INJURY OCCURRED			
41a. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41b. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

ORIGINAL-VITAL STATISTICS COPY

45-2-Rev (3/00)

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

MAY 10 2004

DATE ISSUED:

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

*Dorothy A. O'Dell*  
DOROTHY A. O'DELL  
COUNTY REGISTRAR  
HOOD RIVER COUNTY, OREGON

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