Doc # 2004154207
Page 1 of 3
Date: 08/26/2004 12:18P
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: $21.00

AFTER RECORDING MAIL TO:

Name Pat Denney

Address 1180 NW Bella Vista Pl.

City / State Gresham OR 97030

SCR 2709

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

1. Death Certificate
2.
3.
4.

REAL ESTATE EXCISE TAX
24185
AUG 26 2004
PAID Exempt
by deputy
SKAMANIA COUNTY TREASURER
(Stamped for this company use only)

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. Robert Cread Denney
2.
3.
4.
5. ☐ Additional names on page _____ of document

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

1. Patricia E Denny
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)

Lot 36 Northwoods

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 96-000036

6.5.
8/26/04

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

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

I.D. TAG NO. H29878
Local File Number 002475
State File Number 136-

DECEDENT

1. DECEDENT'S NAME: Robert Cread DENNEY
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): May 9, 2001
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-Last Birthday (Years): 74
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Halfway, OR
7. DATE OF BIRTH (Month, Day, Year): August 3, 1926
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): Mt. Hood Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Gresham
9d. COUNTY OF DEATH: Multnomah
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Assistant Manager
10b. KIND OF BUSINESS/INDUSTRY: Tire Sales
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Patricia
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Multnomah
13c. CITY, TOWN OR LOCATION: Gresham
13d. STREET AND NUMBER: 1180 NW Bella Vista Place
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97030
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - Mexican, Puerto Rican, etc.) ☐ No ☐ Yes Specify:
15. RACE - American Indian, Black, White, Asian, Pacific Islander (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 1 College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Cread - Denney
18. MOTHER - NAME first middle maiden: Doris - Lansing
19. INFORMANT - NAME and relationship to deceased: Patricia Denney - Spouse

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Columbia Crematory
20c. LOCATION - City or Town, State: Gresham, Oregon

REGISTRAR

21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR OTHER PERSON ACTING AS SUCH:
21b. OREGON LICENSE NO. (If Licensee): 03704
21c. NAME, ADDRESS AND ZIP OF FACILITY: Bateman Carroll Funeral Chapel 520 W Powell Blvd Gresham OR 97030
22. DATE ACCEPTED (Month, Day, Year): MAY 22 2001
23. REGISTRAR'S SIGNATURE: Lila Wickham RNMS
RESERVED FOR REGISTRAR'S USE:

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN / MEDICAL EXAMINER
27. TIME OF DEATH: 0420 M
28. WAS MEDICAL EXAMINER OR CORONER CONTACTED? ☐ Yes ☐ No
29a. TIME OF DEATH: M
29b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
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)
30. DATE SIGNED (Month, Day, Year): 5/19/01
33. DATE SIGNED (Month, Day, Year): COUNTY
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Steven Maness MD, 400 NE Roberts, Gresham OR 97030
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 (a) Pulmonary Fibrosis — Interval between onset and death: 1 month
DUE TO, OR AS A CONSEQUENCE OF: (b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF: (c) — Interval between onset and death:
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.: Pneumothorax, diabetes
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 Ooccurred
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

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 MULTNOMAH COUNTY REGISTRAR.

DATE ISSUED: MAY 23 2001

Lila Wickham RNMS
LILA WICKHAM, RNMS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

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EXHIBIT 'A'

Lot 36, as shown on the Plat and Survey entitled Recorded of Survey for Water Front Recreation, Inc., dated May 16, 1974, on file and record under Auditors File No. 77523, at Page 449, of Book J of Miscellaneous Records of Skamania County, Washington; TOGETHER WITH an appurtenant easement as established in writing in said plat, for the joint use of the areas shown as roadways on the plat.

SUBJECT TO reservation by the United States of America in approved selection list number 259 dated March 4, 1953, and recorded September 4, 1953, at Page 23 of Book 52 of Deeds, under Auditors File No.62114, records of Skamania County as follows:

"...the provisions, reservations, conditions, and limitations of Section 24, Federal Power Act of JUNE 10, 1920, as amended... and the prior right of the United States, its licensees and permittees to use for power purposes that part within Power Projects no. 2071, 2111, and 264."

Gary H. Martin, Skamania County Assessor
Date 8/26/04 Parcel # 96-000036
D.S.