Doc # 2004154313
Page 1 of 2
Date: 09/02/2004 03:09P
Filed by: GENERAL PUBLIC
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: $20.00

Return Address:
EVALYNE PACE
2713 MT. VIEW DR S.E.
ALBANY OR 97322

Document Title(s) or transactions contained herein:

DEATH CERTIFICATE

REAL ESTATE EXCISE TAX
24213
SEP 0 2 2004
PAID EXEMPT
Audrey Takasi Deputy
SKAMANIA COUNTY TREASURER

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

ERWIN B. PACE SR.

[ ] Additional names on page ____ of document.

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

PACE, EVALYNE S

[ ] Additional names on page ____ of document.

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

LOT 7 BLK 2 RELOCATED NORTH BONNEVILLE RECORDED BK "B" PLATS pg 8 AUDITORS FILE # 83446 & BK "B" p 924 AUDITORS FILE # 84429

[ ] 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

02 07-30-1-1-2600

9-2-04
GHM

[ ] 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

DEPARTMENT OF HUMAN SERVICES
OREGON HEALTH DIVISION, CENTER FOR HEALTH STATISTICS

290638 I.D. TAG NO.
1582 Local File Number

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

136- 00-017944 State File Number

1. DECEDENT'S NAME (First / Middle / Last)			2. SEX	3. DATE OF DEATH (Month, Day, Year)
Erwin	Bradley	PACE	Male	August 15, 2000

4. SOCIAL SECURITY NUMBER	5a. AGE-Last Birthday (Years)	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country)	7. DATE OF BIRTH (Month, Day, Year)
[redacted]	72			Thomasville, Tenn.	December 14, 1927

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)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
St Vincent Medical Center	Portland	Washington

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	12. SPOUSE (If Married, Widowed)
Hydro Powerplant Supervisor	US Corp of Engineers	Married	Evalyne

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER
Washington	Skamania	North Bonneville	323 Hamilton

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
				Elementary/Secondary (0-12)	College (1-4 or 5+)
☒ Yes ☐ No	98639	☒ No ☐ Yes Specify	White		3

17. FATHER - NAME first middle last	18. MOTHER - NAME first middle maiden	19. INFORMANT - NAME and relationship to deceased
Henry Erwin Pace	Louise Lewis Bradley	Sam Pace, Son

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

21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. OREGON LICENSE NO. (Or Location)	22. NAME, ADDRESS AND ZIP OF FACILITY
[signature]	3583	American Burial & Cremation Services 11825 SW Pacific Hwy. Tigard, OR 97223

23. DATE FILED (Month, Day, Year) AUG 22 2000

24. REGISTRAR'S SIGNATURE [signature]

RESERVED FOR REGISTRAR'S USE: Item 4, corrected by Funeral Home Affidavit, 10-16-00 #217450, J.A. Woodward, State Reg., klc

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 10:45 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)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH

31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)

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)
Dr. Aftab Ahmad M.D. 9155 SW Barnes Rd. Suite 240 Portland, OR 97225

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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
PART I (a)	Myocardial Infarction Complicated with Ventricular Septal Defect	
(b) DUE TO, OR AS A CONSEQUENCE OF:	Re-S.P. Cardiopulmonary Shock	
(c) DUE TO, OR AS A CONSEQUENCE OF:	Ischaemic Heart Disease	

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.
Closure of V.S.D.

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

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	41c. INJURY AT WORK?	41d. DESCRIBE HOW INJURY OCCURRED
	M	☐ Yes ☐ No	

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 11/98

UNOFFICIAL DOCUMENT

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

DATE ISSUED: OCT 17 2000

JENNIFER A. WOODWARD, PhD
STATE REGISTRAR

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

MIDWEST BANK NOTE COMPANY — ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Date: 09/02/2004 01:
Filed by: GENERAL PUBLIC
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J. MICHAEL GARVISON
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