Doc # 2004154314
Page 1 of 2
Date: 09/02/2004 03:10P
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
24212
SEP 02 2004
PAID EXEMPT
Audrey Akin Deputy
SKAMANIA COUNTY TREASURER

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

PACE, ERWIN B. SR.

[ ] Additional names on page ____ of document.

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

NOOSHAZAR, KATHERINE LOUISE PACE

[ ] Additional names on page ____ of document.

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

LOT 8 BLK 2 RELOCATED NORTH BONNEVILLE RECORDED BK "B" PLATS PG 8 AUDITORS FILE # 83466 & BK "B" PG 24 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 2700
9-2-04
Attn

[ ] 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)
411-34-1656	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. (If Licensee)	22. NAME, ADDRESS AND ZIP CODE OF FACILITY
[signature]	[illegible]	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., Vic

TO BE COMPLETED BY CERTIFYING PHYSICIAN	TO BE COMPLETED ONLY BY MEDICAL EXAMINER

27. TIME OF DEATH	28. WAS MEDICAL EXAMINER NOTIFIED?	31a. TIME OF DEATH	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
10:45 am	☐ 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)

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)	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 Congestive Heart Failure Left Ventricular Septal Defect	
DUE TO, OR AS A CONSEQUENCE OF: (b)	Pre-S.P. Cardiomyopathy Stable	
DUE TO, OR AS A CONSEQUENCE OF: (c)	Ischaemic Heart Disease	

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

37. Did tobacco use contribute to the death?	38. AUTOPSY	39. If YES were findings considered in determining cause of death?
☐ Yes ☒ Probably ☐ No ☐ Unknown	☐ Yes ☐ No	☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY	41c. INJURY AT WORK?	41d. DESCRIBE HOW INJURY OCCURRED
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other; ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention		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

DOC # 200415431 4
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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.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE