

Doc # 2004154559
Page 1 of 2
Date: 09/23/2004 11:19A
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$20.00

AFTER RECORDING MAIL TO:

Name Susan J. Lewis

Address 11 West Jackson

City/State Medford, OR 97501

SEP 27 134

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

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

1. Davidson, John Nelson
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

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

1. LEWIS, Susan J.
- 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 8 of Block 7 of the Plat of Relocated North Bonneville, recorded in Book 'B' of Plats, Page 13, Skamania County File No. 83466. Also recorded in Book 'B' of Plats, Page 29, Skamania County File No. 84429, Records of Skamania County, Washington.

Gary H. Martin, Skamania County Assessor

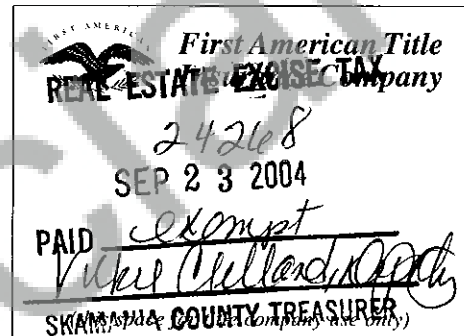
Date 09-23-04 Parcel # 02-07-20-4-3-0800-00
8r

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 02-07-20-4-3-0800-00

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.



OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES

Vital Records Unit

CERTIFICATE OF DEATH

State File Number

A 4060
ID TAG NO.

Local File Number

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DECEASED - NAME First Middle Last John Nelson DAVIDSON			DATE OF DEATH (month, day, year) 2 November 13, 1987		
1 RACE White, Black, American Indian, etc. (Specify) White			2 SEX Male		3 AGE - Last birthday (years) 74
4 CITY, TOWN OR LOCATION OF DEATH Medford			5 HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) 950 Murray Rd.		6 IF HOSP OR INST. Indicate DOA, OP, Emer, Rm., Inpatient (Specify) 7c
7a STATE OF BIRTH (If not in U.S., name country) Illinois			7b CITIZEN OF WHAT COUNTRY U.S.A.		8 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
9 SOCIAL SECURITY NUMBER [REDACTED]			10 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Engineer		11 SPOUSE (If married, widowed) Dorothy F.
12 RESIDENCE - STATE Oregon			13 COUNTY Jackson		14 CITY, TOWN OR LOCATION Medford
15a FATHER - NAME First middle last Edward Davidson			15b MOTHER - first middle last (Maiden name) Clara Dwell		16 INFORMANT - NAME and relationship to deceased Dorothy Davidson Wife
17 BURIAL, CREMATION, REMOVAL, MAUS. (Specify) Crementation			18 CEMETERY OR CREMATORY - NAME Hillcrest Memorial Park		19 LOCATION city or town state Medford, Oregon
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature) Robert M. Hall			20b NAME AND ADDRESS OF FACILITY Memory Gardens 1395 Arnold Lane - Medford, Oregon 97501		
21a To the best of his knowledge and belief, date and place and due to the cause(s) stated [Signature]			21b DATE SIGNED (Mo., Day, Year) Nov 18, 1987		21c HOUR OF DEATH 7:30 A.
22a NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Daniel D. Roberts, M.D., 524 Manzanita, Central Point, Oregon			22b ZIP 97502		
23a NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			23b REGISTRAR [Signature]		
24a DATE RECEIVED BY REGISTRAR (Mo., Day, Year) NOV 20 1987			24b REGISTRAR [Signature]		
25 IMMEDIATE CAUSE (Enter only one cause per line for 25a, 25b, and 25c) Coronary artery disease			Interval between onset and death 7 mo		
25a DUE TO, OR AS A CONSEQUENCE OF Cigarette Smoking			Interval between onset and death Years		
25b DUE TO, OR AS A CONSEQUENCE OF			Interval between onset and death		
25c OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death, but not reported to cause of death (PART II) [REDACTED]			26a AUTOPSY (Specify Yes or No) NO		
26b ACCIDENT (Specify Yes or No) NO			26c DATE OF INJURY (Mo., Day, Year) [REDACTED]		
26d INJURY AT WORK (Specify Yes or No) NO			26e PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) [REDACTED]		
26f LOCATION [REDACTED]			26g STREET OR R.F.D. NO. [REDACTED]		
26h CITY OR TOWN [REDACTED]			26i STATE [REDACTED]		
26j DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES			26k WAS GIFT MADE? YES		
26l RESERVED FOR REGISTRAR'S USE			26m		

STATE OF OREGON

ORIGINAL - VITAL STATISTICS COPY
CERTIFIED COPY OF DEATH RECORD

COUNTY OF JACKSON

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

DATE **NOV 20 1987**

(SEAL)

REGISTRAR VITAL STATISTICS

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTEREDDEC # 2004154559
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