Doc # 2004154602
Page 1 of 2
Date: 09/27/2004 02:13P
Filed by: GREG WEST
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: $20.00

Return Address:

5447 SUMMERLAKE ST. S.E.
SALEM, OREGON
97306

Document Title(s) or transactions contained herein:

DEATH CERTIFICATE

REAL ESTATE EXCISE TAX

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

WEST, SUSAN A.

24285
SEP 27 2004
PAID Exempt
Vicki Clelland Deputy
SKAMANIA COUNTY TREASURER

[ ] Additional names on page _____ of document.

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

WEST, CHARLES GREGORY

[ ] Additional names on page _____ of document.

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

CABIN SITE #20, NORTHWOODS

[ ] 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

96-000020

9-27-04

[ ] 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

12F

TYPE OR PRINT IN PERMANENT BLACK INK.

430064

I.D. TAG NO. 041605

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

136-

Local File Number

State File Number

DECEDENT

1. DECEDENT'S NAME: First: Susan; Middle: A.; Last: WEST
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): August 01, 2004
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-Last Birthday (Years): 58
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Ketchikan, Alaska
7. DATE OF BIRTH (Month, Day, Year): June 02, 1946
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check one only): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not an institution, give street and number.): 5447 Summerlake St. SE
9c. CITY, TOWN, OR LOCATION OF DEATH: Salem
9d. COUNTY OF DEATH: Marion
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Teacher
10b. KIND OF BUSINESS/INDUSTRY: Education
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Greg West
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Marion
13c. CITY, TOWN OR LOCATION: Salem
13d. STREET AND NUMBER: 5447 Summerlake St. SE
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97306
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes) If yes, specify Cuban, Mexican, Puerto Rican, etc.: ☒ No ☐ Yes
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed.): Elementary/Secondary (0-12); College (1-4 or 5+): 5+

PARENTS

17. FATHER'S NAME: First: Joseph; Middle; Last: Bird
18. MOTHER'S NAME: First: Jessie; Middle; Maiden: Macklin
19. INFORMANT'S NAME and relationship to deceased: Greg West - Husband

DISPOSITION

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

REGISTRAR

21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Charles D Loyd
21b. OREGON LICENSE NO. (Of Licensee): 3239
22. NAME, ADDRESS AND ZIP CODE OF FACILITY: V. T. Golden Mortuary Inc. 605 Com'l St SE, Salem, OR, 97301
23. DATE FILED (Month, Day, Year): AUG - 4 2004
24. REGISTRAR'S SIGNATURE:

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

CERTIFIER

27. TIME OF DEATH: 1:15 P M
28. WAS MEDICAL EXAMINER NOTIFIED? (The Medical Examiner MUST be notified of all injury and poisoning deaths.) ☒ 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)
30. DATE SIGNED (Month, Day, Year): 8-2-04
31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
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 CODE OF CERTIFIER/MEDICAL EXAMINER (Type or Print): William C. Pierce M.D., 875 Oak St. SE #4030, Salem, OR 97301
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

DESIGNATE 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): Breast Cancer — Interval between onset and death: 2 yrs
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF: — 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.
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 ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY: M
41c. INJURY AT WORK? ☐ Yes ☐ No
41d. DESCRIBE HOW INJURY occurred
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

CAUSE OF DEATH INSTRUCTIONS ARE ON REVERSE SIDE OF GREEN AND PINK COPY.

45-2 (08/03)

MC # 20041546O2

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ORIGINAL-VITAL STATISTICS COPY

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

DATE ISSUED: AUG - 4 2004

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

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

STATE OF OREGON 1859

American Bank Note Company

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE