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FILED IN RECORDS  
STATE OF WASH  
BY DICK + DICK, LLP

JAN 28 12 09 PM '04

*McLeod*

J. MICHAEL J. RAVISON

DEATH CERTIFICATE

After recording, return to:  
Bradley V. Timmons  
601 Washington Street  
The Dalles, OR 97058

By: \_\_\_\_\_  
Recorded In: \_\_\_\_\_  
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STATE OF WASHINGTON  
SKAMANIA COUNTY

RECORDING COVER SHEET

Document Title: Certificate of Death, State of Oregon

Reference #: State File #91-016417 (Oregon)

Grantor: Patricia McLeod

Grantee: William McLeod

Legal Description: Beginning at the SE corner of the NE Quarter of the Southeast Quarter of Section 20, in T3N, R8 E.W.M.; running thence westerly along the northerly right of way of Cloverdale Ave., 125 ft.; thence N 200 ft., thence E 125 ft.; thence southerly along the westerly right of way of Metzger Road 200 ft. to the point of beginning.

3-8-20-1-4-401  
6.5. 1-28-04

Assessor's Parcel #: WAC 458-61-410

CERTIFICATION OF VITAL RECORD

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TYPE OR PRINT IN PLAIN INK  
C-0011 OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
Vital Records Unit  
CERTIFICATE OF DEATH 138  
91-016417 7

1. DECEASED'S NAME: Patricia A. McLEOD  
2. SEX: Female  
3. DATE OF BIRTH: Aug. 28, 1991  
4. PLACE OF BIRTH: Salem, OR  
5. DATE OF DEATH: Dec. 28, 1991  
6. TIME OF DEATH: 6:40 AM  
7. PLACE OF DEATH: Hood River Memorial Hospital, Hood River, OR  
8. DECEASED'S OCCUPATION: Nurse  
9. DECEASED'S MARITAL STATUS: Married  
10. DECEASED'S EDUCATION: High School Graduate  
11. DECEASED'S RACE: White  
12. DECEASED'S RELIGION: None  
13. DECEASED'S SERVICE: None  
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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: NOV 06 2003

JENNIFER A. WOODWARD, Ph.D. STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

