

Doc # 2005156505
Page 1 of 3
Date: 03/08/2005 01:55P
Filed by: GENERAL PUBLIC
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$21.00

Return Address:

Dorothy M. Hickenlooper
2611 NE Hyde Street
Hillsboro, OR 97124

Document Title(s) or transactions contained herein:

Death Certificate

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

Hickenlooper, Earl (Deceased, no middle initial)

| | Additional names on page _____ of document.

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

Hickenlooper, Dorothy M.
Trustee of the Dorothy Mae Hickenlooper Trust

| | Additional names on page _____ of document.

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

NE4 SW4 Section 27, Township 3 North, Range 8 EWM

☒ Complete legal on page 2 of document.

REFERENCE NUMBER(S) of Documents assigned or released:

REAL ESTATE EXCISE TAX

24734

| | Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

03-08-26-0-0-0600-00 65-

MAR 08 2005

PAID Exempt
Vicki Clelland, Deputy
SKAMANIA COUNTY TREASURER

| | 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.

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

ORS - 146

State File Number

Local File Number

TYPE
PRINT
IN
FRONT
BACK INK

FOR
INSTRUCTIONS
SEE
HANDBOOK

CLIENT

DEATH
CERTIFICATE
IN
HANDBOOK
REGARDING
COMPLETION OF
ITEMS.

POSITION

CERTIFIER

MEDICAL

EXAMINER

1/11/83

CONDITIONS

IF ANY

WHICH GAVE

RISE TO

IMMEDIATE

CAUSE

STATIFY THE

UNDERLYING

CAUSE LAST

CAUSE OF

DEATH

DECEASED—NAME		FIRST	MIDDLE	LAST	DATE OF DEATH (MONTH, DAY, YEAR)	
Earl				HICKENLOOPER	2 January 10, 1983	
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)		SEX	AGE—LAST BIRTHDAY (YEARS)		DATE OF BIRTH (MONTH, DAY, YEAR)	
white		male	65		6 October 13, 1917	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.)		COUNTY OF DEATH		
Hillsboro		Tuality Comm. Hospital		Washington		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SPOUSE (IF MARRIED, WIDOWED)	
Nevada		USA	married		Dorothy	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
		RETD Regional Building Mgr.		Genesco		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D.		INSIDE CITY LIMITS (SPECIFY YES OR NO)
Oregon		Washington	Hillsboro	2611 NE Hyde St		97123
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST		INFORMANT—NAME AND RELATIONSHIP TO DECEASED		
Charles Hickenlooper		Laura Christensen		(spouse) Dorothy Hickenlooper		
BURIAL, CREMATION, REMOVAL, MAUS, (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION—CITY OR TOWN STATE		
burial		Sunset Hills Memorial Park		Portland, Oregon		
FURNERAL SERVICE LICENSE OR PERSON ACTING AS SUCH—SIGNATURE		NAME AND ADDRESS OF FACILITY				
<i>Stephen H. H. H.</i>		Finley-Sunset Hills 6801 SW Sunset Hwy Portland, Or 97225				
CERTIFICATION—MEDICAL EXAMINER						
I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:						
DEATH OCCURRED (MONTH, DAY, YEAR)		THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR)		FROM: NATURAL CAUSES <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/>		
5:00 P. M. January 10, 1983		5:00 P. M. January 10, 1983		HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>		
CERTIFIER—SIGNATURE		NAME—(TYPE OR PRINT)				
<i>Ronald L. O'Halloran</i>		RONALD L. O'HALLORAN, M.D.				
MEDICAL EXAMINER FOR:		DATE SIGNED (MONTH, DAY, YEAR)				
STATE OF OREGON		JANUARY 13, 1983				
DATE RECEIVED BY REGISTRAR (MO., DAY, YR.)		REGISTRAR (SIGNATURE)				
JAN 18 1983		<i>Andrew...</i>				
IMMEDIATE CAUSE (PART I)		(ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))				INTERVAL BETWEEN ONSET AND DEATH
(A) RUPTURE OF ABDOMINAL AORTIC ANEURYSM						
(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 RELATED TO CAUSE GIVEN IN PART I (A)						AUTOPSY (SPECIFY YES OR NO)
						NO
DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)		
25A		25B		25C		
INJ. AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)		
25D		25E		25F		
RESERVED FOR REGISTRAR'S USE						
#15d-1/24/13 a.d.						

ORIGINAL—VITAL STATISTICS COPY

STATE OF OREGON, COUNTY OF WASHINGTON)ss

JAN 24 1983

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL DOCUMENT AS FILED IN THE VITAL STATISTICS SECTION OF THE WASHINGTON COUNTY DEPARTMENT OF PUBLIC HEALTH.

REGISTRAR

NOT VALID WITHOUT RAISED SEAL OF DEPARTMENT OF PUBLIC HEALTH, WASHINGTON COUNTY

Page 2 of 3
DC # 2005156505

EXHIBIT A

PARCEL 1:

A tract of land located in the Northeast Quarter of the Southwest Quarter (NE $\frac{1}{4}$, SW $\frac{1}{4}$) of Section 26, Township 3 North, Range 8 E. W. M., described as follows:

Beginning at the northeast corner of the Southwest Quarter (SW $\frac{1}{4}$) of said Section 26; thence north 89° 47' west 646 feet; thence south 01° 35' east 311.15 feet to the initial point of the tract hereby describe, said point also being the southwest corner of a tract of land conveyed to Earl Hickenlooper and Dorothy Mae Hickenlooper, husband and wife, by deed recorded at page 137 of Book 43 of Deeds, Records of Skamania County, Washington; thence south 89° 47' east 140 feet to the southeast corner of said Hickenlooper tract; thence south 01° 35' east 347.63 feet to a point on the south line of that tract of land conveyed to the grantor by deed recorded at page 481 of Book 50 of Deeds, Records of Skamania County, Washington; thence along said south line south 89° 43' west 140 feet to a point; thence north 01° 35' west 348.85 feet to the initial point; said tract containing 1.12 acres, more or less.

PARCEL 2:

That portion of the Northeast Quarter of the Southwest Quarter (NE $\frac{1}{4}$; SW $\frac{1}{4}$) of Section 26, Township 3 North, Range 8 E.W.M., described as follows:

Beginning at the northeast corner of the Southwest Quarter (SW $\frac{1}{4}$) of the said Section 26, thence north 89° 47' west 646 feet to the initial point of the tract hereby described; thence south 01° 35' east 311.15 feet; thence south 89° 47' east 140 feet; thence north 01° 35' west 311.15 feet; thence north 89° 47' west 140 feet to the initial point; EXCEPT that portion thereof conveyed by the grantors to the grantees by deed dated January 25, 1952, and recorded February 8, 1952, at page 177 of Book 34 of Deeds, Records of Skamania County, Washington.

Gary H. Martin, Skamania County Assessor

Date 3/8/05 Parcel # 3-8-26-600