Doc # 2005157060
Page 1 of 3
Date: 04/22/2005 02:03P
Filed by: JAMES DUFFUS
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: $21.00

AFTER RECORDING MAIL TO:

Name JAMES N DUFFUS

Address P.O. BOX 102

City / State N. BONNEVILLE WA. 98639

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

First American Title Insurance Company

STATE EXCISE TAX

24861

APR 22 2005

PAID exempt

Vivian Cleveland, Deputy

SKAMANIA COUNTY TREASURER

(this space for title company use only)

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

1. LOUISA BACON DUFFUS
2.
3.
4.
5. ☐ Additional names on page _____ of document

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

1. JAMES N. DUFFUS
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)

106 PATAHU ST Lot 6, Blk 1 Plat of Relocated N. BONNEVILLE, WA North Bonneville, recorded in Book "B" of Plats, Page 8, under Skamania County File #83466, Also recorded in Book "B" of Plats, Page 24, Unbly Skamania County File No. 84429, Records of Skamania Co, Wa.

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s):

02073011060000

4-22-05

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.*

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN SERVICES
OREGON HEALTH DIVISION, CENTER FOR HEALTH STATISTICS

NT 331603 I.D. TAG NO. — Local File Number

OREGON DEPARTMENT OF HUMAN SERVICES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136- State File Number

1. DECEDENT'S NAME	First	Middle	Last	2. SEX	3. DATE OF DEATH (Month, Day, Year)
	Louisa	Mae	DUFFUS	F	October 31, 2001

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)
[redacted]	76			Mercer, Maine	July 20, 1925

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
Providence Medical Center	Portland	Multnomah

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)
Teacher	Grammer School	Married	James N.

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER
Washington	Skamania	North Bonneville	108 Pahatu St.

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	White		4

17. FATHER - NAME first middle last	18. MOTHER - NAME first middle maiden	19. INFORMANT - NAME and relationship to deceased
James Arthur Bacon	Gladys Minetta Chaplin	James N. Duffus - Husband

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)	Ladd Mercer Cemetery	Mercer, Maine

21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. OREGON LICENSE NO. (Of Licensee)	22. NAME, ADDRESS AND ZIP OF FACILITY
	CO3167	Mt. Scott Funeral Home 4205 SE 69th Portland, OR 97206

23. DATE FILED (Month, Day, Year)	24. REGISTRAR'S SIGNATURE
NOV 23 2001	Jennifer A. Woodward

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH	28. WAS MEDICAL EXAMINER NOTIFIED?	31a. TIME OF DEATH	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
0225 M	☐ Yes ■ No	M	M

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) 11/15/01

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 OF CERTIFIER/MEDICAL EXAMINER (Type or Print)
Andreas N. Stefan, M.D. 10535 NE Glisan, #200 Portland, OR 97220

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.

PART I		Interval between onset and death
(a)	Sepsis	24 HRS
	DUE TO, OR AS A CONSEQUENCE OF:	
(b)	Autoimmune Hepatitis	6 YRS
	DUE TO, OR AS A CONSEQUENCE OF:	
(c)		

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?	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 (3/00)

DOC # 20051570060 Page 2 of 3

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: NOV 23 2001

Jennifer A. Woodward
JENNIFER A. WOODWARD, PhD
STATE REGISTRAR

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

MIDWEST VITAL NOTE COMPANY

102261
SAFECO
TITLE INSURANCE

BOOK 103 PAGE 449

THIS SPACE PROVIDED FOR RECORDER'S USE
FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE
DEC 1 8 52 AM '86
[signature]
AUDITOR
GARY M. OLSON

Filed for Record at Request of

When Recorded Return to:

NAME ______

ADDRESS ______

CITY, STATE, ZIP ______

SK-14334/ES-442
02-07-30-1-1-0600-00

STATUTORY WARRANTY DEED

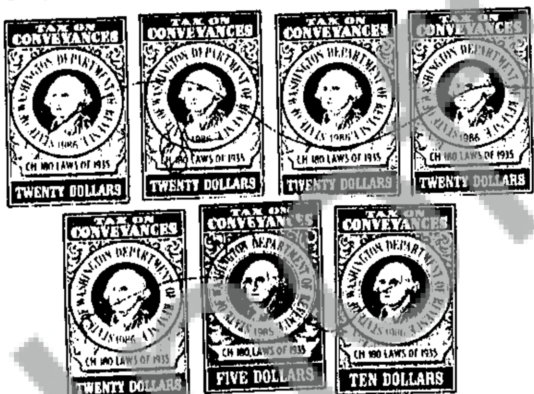
THE GRANTORS JERRY L. RANDALL AND LOU ANN RANDALL, HUSBAND AND WIFE; AND JAMES H. LAUTERBACH AND NANCY LAUTERBACH, HUSBAND AND WIFE

for and in consideration of TEN DOLLARS ($10.00) AND OTHER VALUABLE CONSIDERATIONS

in hand paid, conveys and warrants to JAMES N. DUFFUS AND LOUISA B. DUFFUS, HUSBAND AND WIFE

the following described real estate, situated in the County of SKAMANIA, State of Washington:

LOT 6, BLOCK 1, PLAT OF RELOCATED NORTH BONNEVILLE, RECORDED IN BOOK "B" OF PLATS, PAGE 8, UNDER SKAMANIA COUNTY FILE NO. 83466, ALSO RECORDED IN BOOK "B" OF PLATS, PAGE 24, UNDER SKAMANIA COUNTY FILE NO. 84429, RECORDS OF SKAMANIA COUNTY, WASHINGTON.



11097
REAL ESTATE EXCISE TAX
DEC 1 1986
PAID 615.25
[initials]
SKAMANIA COUNTY TREASURER

Transaction in compliance with County sub-division ordinances.
Skamania County Assessor - By: [initials]

Dated NOVEMBER 26, 1986

[signature]
JERRY L. RANDALL

[signature]
LOU ANN RANDALL

By

[signature]
JAMES H. LAUTERBACH

[signature]
NANCY LAUTERBACH

STATE OF WASHINGTON
COUNTY OF SKAMANIA } ss.

On this day personally appeared before me JERRY L. RANDALL AND LOU ANN RANDALL AND JAMES H. LAUTERBACH AND NANCY LAUTERBACH to me known to be the individuals described in and who executed the within and foregoing instrument, and acknowledged that THEY signed the same as THEIR free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this ______ day of NOVEMBER 19 86

______
Notary Public in and for the State of Washington, residing at

STATE OF WASHINGTON
COUNTY OF } ss.

On this ______ day of ______ 19___, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared ______ and ______ to me known to be the ______ President and ______ Secretary, respectively, of

RECORDER'S NOTE: NOT NOTORIZED AT TIME OF RECORDING

and on oath stated that ______ instrument ______ corporation

RECORDER'S NOTE: NOTARIAL SEAL NOT AFFIXED

W______ and year first above written

______ Registered ______
Notary Public in and for the State of Washington, residing at