Doc # 2005157866
Page 1 of 4
Date: 07/01/2005 09:00A
Filed by: THOMAS W GORY
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: $22.00

Return Address: MARY S. GORY
865 N. THREE ROCKS ROAD
OTIS, OR. 97368

Document Title(s) or transactions contained herein:

DEATH CERTIFICATES (3)

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

HATHAWAY, CLIFFORD FRANCIS
HATHAWAY, PAULINE C.
GORY, EDDY R.

[ ] Additional names on page ____ of document.

REAL ESTATE EXCISE TAX
25047

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

GORY, MARY S.

[ ] Additional names on page ____ of document.

JUN 30 2005
PAID Exempt
By deputy
SKAMANIA COUNTY TREASURER

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

TRACT 4, SUNSHINE ACRES, BOOK A PAGE 45

[ ] Complete legal on page ____ of document.

REFERENCE NUMBER(S) of Documents assigned or released:

N/A

[ ] Additional numbers on page ____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

PARCEL # 0105 1110 1900 00

[ ] 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 WASHINGTON
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NUMBER: 1773

Washington State Department of Health

CERTIFICATE OF DEATH

STATE FILE NUMBER: 146

OFFICE USE ONLY
1. DISTRICT: M-1
2. COPIES: 7+1
4. OCCURRENCE
5. RESIDENCE
6. TRACT
7. OCCUPATION
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.
18.
21. ACC LOC
22. QUERIES
23.
24.

DECEDENT

1. NAME (First / Middle / Last)	2. SEX (M / F)	3. DEATH DATE (Mo, Day, Yr)
Clifford Francis HATHAWAY	Male	November 9, 1998

4. AGE LAST BIRTHDAY (Yrs)	5. UNDER 1 YEAR MOS / DAYS	6. UNDER 1 DAY HOURS / MINS	7. BIRTHDATE (Mo, Day, Yr)	8. BIRTHPLACE (City, State or Foreign Country)	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No)	10. COUNTY OF DEATH
90			4/6/1908	Roseburg, OR	Yes	Clark

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH—☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME. 1 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG. RM/OUT PTN 4 ☒ HOSP. 5 ☐ NUR HOME 6 ☐ OTHER PLACE	13. SMOKING IN LAST 15 YEARS? (Yes / No)
Vancouver	SW Washington Medical Center	No

14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)	15. SURVIVING SPOUSE (If wife, give maiden name)	16. SOCIAL SECURITY NO.	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
			Elementary/Secondary (0-12)	College (1-4 or 5+)
Married	Pauline C. Gory	[redacted]	12	

18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	19. KIND OF BUSINESS OR INDUSTRY	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify:	21. RACE (Specify)
Builder	Construction	No	White

22. RESIDENCE—NUMBER AND STREET	23. CITY/TOWN, OR LOCATION	24. INSIDE CITY LIMITS? (Yes / No)	25A. COUNTY	25B. LENGTH OF RES. IN CO.	26. STATE	27. ZIP CODE
1042 Riverside Dr.	Washougal	No	Skamania	55 Yrs	WA	98671

PARENTS

28. FATHER'S NAME—FIRST, MIDDLE, LAST	29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME
Harry Hathaway	Fannie Starmer

30. INFORMANT—NAME	31. MAILING ADDRESS STREET OR RFD NO.	CITY OR TOWN	STATE	ZIP
Pauline Hathaway	1042 Riverside Dr.	Washougal	WA	98671

DISPOSITION

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33. DATE (Mo, Day, Yr)	34. CEMETERY/CREMATORY—NAME	35. LOCATION—CITY/TOWN, STATE
Burial	11/13/1998	Camas Cemetery	Camas, Washington

36. FUNERAL DIRECTOR SIGNATURE	37. NAME OF FACILITY	38. ADDRESS OF FACILITY
X C. M. Straub	STRAUB'S FUNERAL HOME	325 NE 3rd Ave Camas, WA 98607

CERTIFIER

TO BE COMPLETED ONLY BY **CERTIFYING PHYSICIAN**

39. **TO THE BEST OF MY KNOWLEDGE**, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.

SIGNATURE AND TITLE: X

40. DATE SIGNED (Mo., Day, Yr)

41. HOUR OF DEATH (24 Hrs.)

42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY **MEDICAL EXAMINER OR CORONER**

43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.

SIGNATURE AND TITLE: X [signature] Medical Examiner

44. DATE SIGNED (Mo., Day, Yr): Nov.10,1998

45. HOUR OF DEATH (24 Hrs): 1615

46. PRONOUNCED DEAD (Mo., Day, Yr): Nov. 9,1998

47. HOUR PRONOUNCED DEAD (24 Hrs.): 1615

48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Dennis J. Wickham MD Medical Examiner PO Box 5000 Vancouver WA

49. ME/CORONER FILE NUMBER: 98-947

CAUSE OF DEATH

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:

IMMEDIATE CAUSE (Final disease or condition resulting in death).

DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.

		INTERVAL BETWEEN ONSET AND DEATH
A	Congestive Heart Failure	
	DUE TO, OR AS A CONSEQUENCE OF:	INTERVAL BETWEEN ONSET AND DEATH
B	Calcific Aortic Valvular Disease and	
	Occlusive Atherosclerotic Cardiovascular Disease	INTERVAL BETWEEN ONSET AND DEATH
	DUE TO, OR AS A CONSEQUENCE OF:	INTERVAL BETWEEN ONSET AND DEATH
D		

51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:

52. AUTOPSY? (Yes / No): Yes

53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No): Yes

54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo, Day, Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED:
Accident	11-06-98	Unknown	Deceased fell at Home

58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)	60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE
No	Home	1042 Riverside Drive Washougal Wa

61. RECORD AMENDMENT (Registrar use only) ITEM / DOCUMENTARY EVIDENCE / REVIEWED BY / DATE

62. REGISTRAR'S SIGNATURE: X [signature] Registrar, MAC

63. DATE RECEIVED (Mo., Day, Yr.): NOV 12 1998

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

A

DOH 01-003 (5/99)

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

OFFICE USE ONLY

1. DISTRICT
2. COPIES: 2
3. HOSPITAL
4. OCCURRENCE
5. RESIDENCE
6. TRACT
7. OCCUPATION

TYPE OR PRINT IN PERMANENT BLACK INK

Washington State Department of Health

LOCAL FILE NUMBER: 1774

CERTIFICATE OF DEATH

146 STATE FILE NUMBER

DECEDENT

1. NAME (First, Middle, Last): Pauline C. HATHAWAY	2. SEX (M / F): Female	3. DEATH DATE (Mo, Day, Yr): October 9, 2003
4. AGE LAST BIRTHDAY (Yrs): 94	5. UNDER 1 YEAR (MOS, DAYS):	6. UNDER 1 DAY (HOURS, MINS):
7. BIRTHDATE (Mo, Day, Yr): 10/25/1908	8. BIRTHPLACE (City, State or Foreign Country): Newark, NJ	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): No
10. COUNTY OF DEATH: Clark	11. CITY, TOWN OR LOCATION OF DEATH: Vancouver	12. PLACE OF DEATH — ☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 1. ☒ HOME 2. ☐ IN TRANSPORT 3. ☐ EMERG. RM/OUT PTN 4. ☐ HOSP. 5. ☐ NUR HOME 6. ☐ OTHER PLACE — 11512 NE 2nd Ave.
13. SMOKING IN LAST 15 YEARS? (Yes / No): No	14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify): Widowed	15. SURVIVING SPOUSE (If wife, give maiden name):
16. SOCIAL SECURITY NO.: 543-12-8152	17. DECEDENT'S EDUCATION (Specify only highest grade completed) — Elementary/Secondary (0-12): 12; College (1-4 or 5+):	18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Office Nurse
19. KIND OF BUSINESS OR INDUSTRY: Medical	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No	21. RACE (Specify): White
22. RESIDENCE — NUMBER AND STREET: 11512 NE 2nd Ave.	23. CITY/TOWN, OR LOCATION: Vancouver	24. INSIDE CITY LIMITS? (Yes / No): Yes
25A. COUNTY: Clark	25B. LENGTH OF RES. IN CO.: 4 Yrs	26. STATE: WA
27. ZIP CODE: 98685		

PARENTS

28. FATHER'S NAME — FIRST, MIDDLE, LAST: Walter Gory	29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME: Lottie Iwanski
30. INFORMANT — NAME: Mary Gory	31. MAILING ADDRESS (STREET OR RFD NO., CITY OR TOWN, STATE, ZIP): 865 N Three Rock, Otis, Oregon 97368

DISPOSITION

32. BURIAL, CREMATION REMOVAL, OTHER (Specify): Burial	33. DATE (Mo, Day, Yr): 10/14/2003	34. CEMETERY/CREMATORY — NAME: Camas Cemetery
35. LOCATION — CITY/TOWN, STATE: Camas, Washington	36. FUNERAL DIRECTOR SIGNATURE: X C. M. [signature]	37. NAME OF FACILITY: STRAUB'S FUNERAL HOME
38. ADDRESS OF FACILITY: 325 NE 3rd Ave. Camas, Washington 98607		

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.
SIGNATURE AND TITLE: X Juan A. Vasquez, MD
40. DATE SIGNED (Mo, Day, Yr): 10/9/2003
41. HOUR OF DEATH (24 Hrs.): 0807
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.
SIGNATURE AND TITLE: X
44. DATE SIGNED (Mo, Day, Yr):
45. HOUR OF DEATH (24 Hrs.):
46. PRONOUNCED DEAD (Mo, Day, Yr):
47. HOUR PRONOUNCED DEAD (24 Hrs.):

48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Juan Vasquez, MD 406 A SE 131st Ave. Ste. 104 Vancouver, WA 98683
49. ME/CORONER FILE NUMBER:

CAUSE OF DEATH

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:

IMMEDIATE CAUSE (Final disease or condition resulting in death).

DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.

	Cause	INTERVAL BETWEEN ONSET AND DEATH
A.	Unclear Cause of Death	
B.	DUE TO, OR AS A CONSEQUENCE OF:	
C.	DUE TO, OR AS A CONSEQUENCE OF:	
D.	DUE TO, OR AS A CONSEQUENCE OF:	

51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE: HTN; Stroke; Thyroid Disorder
52. AUTOPSY? (Yes / No): No
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No): Yes
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify):
55. INJURY DATE (Mo, Day, Yr):
56. HOUR OF INJURY (24 Hrs.):
57. DESCRIBE HOW INJURY OCCURRED:
58. INJURY AT WORK? (Yes / No):
59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify):
60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE:

61. RECORD AMENDMENT (Registrar use only): ITEM / DOCUMENTARY EVIDENCE / REVIEWED BY / DATE
62. REGISTRAR SIGNATURE: X R. Steingart, MD
63. DATE RECEIVED (Mo, Day, Yr): OCT 14 2003

THE SEAL OF THE STATE OF WASHINGTON 1889

DOH 01-003 (5/90)

DC # 2005157866 page 3 of 4

CERTIFICATION OF VITAL RECORD

391227
I.D. TAG NO.
420
Local File Number

OREGON DEPARTMENT OF HUMAN SERVICES
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)
Eddy R. GORY	Male	November 24, 2004

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)
542-05-0005	89			Prindle, WA	June 30, 1915

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No

9a. PLACE OF DEATH (Check one only.) [X] HOSPITAL: Inpatient [ ] ER/Outpatient [ ] DOA [ ] OTHER: Nursing Home [ ] Decedent's Home [ ] Other (Specify)

9b. FACILITY NAME (If not an institution, give street and number.)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
North Lincoln Hospital	Lincoln City	Lincoln

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)
Forester	Us Forest Service	Married	Mary

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER
Oregon	Lincoln	Otis	865 N. Three Rocks Rd.

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 [X] No	97368	[X] No [ ] Yes	White	12	4

17. FATHER'S NAME (First / Middle / Last)	18. MOTHER'S NAME (First / Middle / Maiden)	19. INFORMANT'S NAME and relationship to deceased
Walter E. Gory	Lottie Iwanski	Mary Gory - Wife

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place.)	20c. LOCATION (City or Town, State)
[ ] Burial [X] Cremation [ ] Mausoleum [ ] Removal from State [ ] Donation [ ] Other (Specify)	Central Coast Crematorium	Newport, Oregon

21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. OREGON LICENSE NO. (Of Licensee)	22. NAME, ADDRESS AND ZIP CODE OF FACILITY
[signature]	C 3281	Pacific View Memorial Chapel 560 S.W. Fleet Ave. Lincoln City, OR 97367

23. DATE FILED (Month, Day, Year): December 6, 2004

24. REGISTRAR'S SIGNATURE: Nancy Hale, Deputy

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH	28. WAS MEDICAL EXAMINER NOTIFIED? (The Medical Examiner MUST be notified of all injury and poisoning deaths.)	31a. TIME OF DEATH	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
03:22 AM	[ ] Yes [X] 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) [signature]

30. DATE SIGNED (Month, Day, Year): 12.2.04

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)
Tim Trautman, FNP 3015 West Devils Lake Rd. Lincoln City, OR 97367

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

PART I. 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).

		Interval between onset and death
(a)	Cerebral hemorrhage	one day
DUE TO, OR AS A CONSEQUENCE OF:		
(b)	Cerebro vascular disease	20 years
DUE TO, OR AS A CONSEQUENCE OF:		
(c)	hypertension	40 years

PART II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.
Dementia

37. Did tobacco use contribute to the death?	38. AUTOPSY	39. IF YES, were findings considered in determining cause of death?
[ ] Yes [ ] Probably [X] No [ ] Unknown	[ ] Yes [X] 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
[X] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] 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

45-2 (08/03)

ORIGINAL-VITAL STATISTICS COPY
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE LINCOLN COUNTY REGISTRAR.

DATE ISSUED: DEC 06 2004

JAN KAPLAN
COUNTY REGISTRAR
LINCOLN COUNTY, OREGON

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

American Bank Note Company

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Page 4 of 4 [illegible]