Doc # 2005158146
Page 1 of 2
Date: 07/28/2005 04:02P
Filed by: BRENDA SORENSEN
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: $20.00

Return Address:

BRENDA SORENSEN
18 SORENSEN RD
LYLE, WA 98635

Document Title(s) or transactions contained herein:

DEATH CERTIFICATE

REAL ESTATE EXCISE TAX
25125
JUL 28 2005
PAID EXEMPT
Audrey Tilini, Deputy
SKAMANIA COUNTY TREASURER

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

MELBA E. SPRING

[ ] Additional names on page _____ of document.

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

JACK SPRING

[ ] Additional names on page _____ of document.

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

NE 1/4 OF THE NE 1/4 SECTION 33, TOWNSHIP 2 NORTH RANGE 6 EWM

[ ] 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

2-6-33-100 & 100-06

[ ] Property Tax Parcel ID is not yet assigned 7-28-05
[ ] 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.

Unofficial Copy

CERTIFICATION OF VITAL RECORD

TYPE OR PRINT IN PERMANENT BLACK INK

I.D. TAG NO. 333512

Local File Number 243-01

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

136- 01-026976
State File Number

1. DECEDENT'S NAME First: Melba Middle: Eleanore Last: SPRING
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): Nov. 18, 2001
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-Last Birthday (Years): 86
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins
6. BIRTHPLACE (City and State or Foreign Country): Portland, OR
7. DATE OF BIRTH (Month, Day, Year): June 8, 1915
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
8e. 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): Providence Hood River Memorial Hosp.
9c. CITY, TOWN, OR LOCATION OF DEATH: Hood River
9d. COUNTY OF DEATH: Hood River
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Truck Driver
10b. KIND OF BUSINESS/INDUSTRY: Wind River Nursery
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Jack Spring
13a. RESIDENCE - STATE: Washington
13b. COUNTY: Skamania
13c. CITY, TOWN OR LOCATION: Skamania
13d. STREET AND NUMBER: 1002 Duncan Creek Road
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 98648
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+):
17. FATHER - NAME first middle last: Charles H. Hutto
18. MOTHER - NAME first middle maiden: Ida L. Alexander
19. INFORMANT - NAME and relationship to deceased: Jack Spring - Spouse
20a. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☒ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Win-quatt Crematory
20c. LOCATION - City or Town, State: The Dalles, OR
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
21b. OREGON LICENSE NO. (Of Licensee): 1961
22. NAME, ADDRESS AND ZIP OF FACILITY: Gardner Funeral Home POB 390 White Salmon, WA 98672
23. DATE FILED (Month, Day, Year): December 12, 2001
24. REGISTRAR'S SIGNATURE: Dorothy A. O'Dell

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 9:15 P M
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ 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): 11/27/01

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

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 OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Travis Hunt, M.D. 1304 Montello Ave. Hood River, OR 97031
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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) Congestive Heart Failure — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
(c)
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: Renal Failure
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 ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ 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

ORIGINAL-VITAL STATISTICS COPY

45-2-Rev (3/00)

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: JUL 06 2004

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

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

STATE OF OREGON 1859

DEPARTMENT OF HUMAN SERVICES HEALTH SERVICES

American Bank Note Company

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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