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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
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

7-28-05

[ ] 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.

TYPE OR PRINT WITH BLACK INK

333512 I.D. TAG NO.

243-01 Local File Number

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, Middle, Last)	Melba Eleanore 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
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)	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 ☐ Mausoleum ☐ 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	[signature]
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)	[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

CAUSE OF DEATH

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
PART I (a)	Congestive Heart Failure	
DUE TO, OR AS A CONSEQUENCE OF: (b)		Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: (c)		Interval between onset and death

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)

State File # 2001158146

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.

American Bank Note Company