

Return Address:

Dr Helen Marie Paulus
9642 Cook-Underwood Rd.
Underwood, Wa 98651

Document Title(s) or transactions contained herein:

Death Artificates + last will + Testament

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

PAULUS, ALBERT (H.M.I.)

☐ Additional names on page ____ of document.

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

Public

☐ Additional names on page ____ of document.

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

☐ 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

☐ 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.

CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK

446105
I.D. TAG NO.
155-2005
Local File Number

OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

136-

State File Number

DECEDENT

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PARENTS

DISPOSITION

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REGISTRAR

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1. DECEDENT'S NAME Albert PAULUS		2. SEX M	3. DATE OF DEATH (Month, Day, Year) Nov. 21, 2005
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE-Last Birthday (Years) 98	5b. Under 1 Year Mo. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Baton Rouge, LA
7. DATE OF BIRTH (Month, Day, Year) Sept. 12 1907		8. PLACE OF DEATH (Check one only) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) Assisted Living	
9a. FACILITY NAME (If not an institution, give street and number.) Brookside Manor		9b. CITY, TOWN, OR LOCATION OF DEATH Hood River	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Plumber		10b. KIND OF BUSINESS/INDUSTRY Plumbing	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced. (Specify) Widowed		12. SPOUSE (If Married, Widowed) Jane Kale	
13a. RESIDENCE - STATE Oregon		13b. CITY, TOWN OR LOCATION Hood River	
13c. STREET AND NUMBER 1550 Brookside Drive		13d. ZIP CODE 97031	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes) If yes, specify Cuban, Mexican, Puerto Rican, etc. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) White	
16. FATHER'S NAME First Middle Last Karl Paulus		17. MOTHER'S NAME First Middle Maiden Marie Heyd	
18. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		19. OREGON LICENSE NO. (Of Licensee) 1961	
20. NAME, ADDRESS AND ZIP CODE OF FACILITY Gardner Funeral Home POB 390 White Salmon, WA 98672		21. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
22. DATE FILED (Month, Day, Year) NOV 29 2005			
23. RESERVED FOR REGISTRAR'S USE			
TO BE COMPLETED BY MEDICAL CERTIFIER			
24. TIME OF DEATH 7:08 PM		25. WAS MEDICAL EXAMINER NOTIFIED? (The Medical Examiner MUST be notified of all injury and poisoning deaths.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
26. On the basis of my examination and investigation, in my opinion death occurred at the time, date, place, and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>			
27. DATE SIGNED (Month, Day, Year) 11/23/05		28. COUNTY HOOD RIVER	
29. NAME, TITLE, ADDRESS AND ZIP CODE OF CERTIFYING MEDICAL EXAMINER (Type or Print) Kimberly Stutzman, MD POB 1519 White Salmon, WA 98672			
30. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
31. 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) Dementia, Alzheimer's type			Interval between onset and death Years
(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
32. PART II OTHER SIGNIFICANT CONDITIONS - If Conditions contributing to death but not resulting in the underlying cause given in PART I.			
33. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		34. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
35. IF YES, were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Investigation Pending <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention	
37. DATE OF INJURY (Month, Day, Year)		38. TIME OF INJURY M	
39. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		40. DESCRIBE HOW INJURY OCCURRED	
41. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
42. RESERVED FOR REGISTRAR'S USE			

ORIGINAL - VITAL STATISTICS' COPY

45-2(12/04)

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE HOOD RIVER COUNTY REGISTRAR.

DATE ISSUED:

NOV 29 2005

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Angela Youckton
ANGELA YOUNCKTON
COUNTY REGISTRAR
HOOD RIVER COUNTY, OREGON

LAST WILL AND TESTAMENT OF ALBERT PAULUS

THE STATE OF TEXAS)
) KNOW ALL MEN BY THESE PRESENTS:
COUNTY OF EL PASO)

THAT I, ALBERT PAULUS, a legal resident of El Paso, El Paso County, Texas, being in good health, of sound mind and memory, and above the age of twenty-one years, do make, publish, and declare this typewritten instrument as my LAST WILL and TESTAMENT, hereby expressly revoking all wills and codicils made by me at any time heretofore.

I.

I direct my Executrix and Substitute Executrix hereinafter named, to pay my just debts, funeral expenses and expenses of administration of my estate, as soon after my death as may be practical.

II.

I hereby give, devise and bequeath all of my property, real, personal and mixed, wheresoever situated, of which I may die possessed, to my beloved wife, JANE PAULUS, in fee simple absolute; it being my intention to pass all of my property as herein set forth to my beloved wife herein named.

III.

In the event of my said wife predeceasing me, or we die as a direct result of a common accident, catastrophe or epidemic or under circumstances causing doubt as to which of us survived the other, then and in that event, I give, devise and bequeath all of my said property, real, personal and mixed, wheresoever situated, of which I may die possessed, to my beloved daughter, Helen Marie Paulus.

Albert Paulus

IV.

I hereby nominate, constitute and appoint my beloved wife, JANE PAULUS, of El Paso, El Paso County, Texas, as Independent Executrix of this my Will, without bond and direct that no action be had in Probate Court, other than the proving of this my Will and other proceedings as required by law.

In the event that my Executrix herein named should predecease me or be unable or refuse to qualify, then and in that event, I appoint as Substitute Executrix of this my will, my beloved daughter, HELEN MARIE PAULUS, of El Paso County, Texas, with all of the rights, powers and duties as my Executrix originally named, and free her of bond and court control.

IN WITNESS WHEREOF, I, ALBERT PAULUS, have to this my Last Will and Testament, consisting of the preceding first page, this second page and the following third page, and the acknowledgment which appears herein, subscribed my name this the 17 day of May, A. D. 1969.

Albert Paulus

ALBERT PAULUS, Testator

Subscribed by the Testator, ALBERT PAULUS, in the presence of each of us, and at the same time declared by him to us to be his LAST WILL AND TESTAMENT, thereupon, we, at his request and in his presence, and in the presence of each other, signed our names as witnesses this the 17 day of May, 1969.

Lupe A. Daula
(name)

Gloria Ruiz
(Name)

El Paso, Texas
(Address)

El Paso, Texas
(Address)

THE STATE OF TEXAS
COUNTY OF EL PASO

BEFORE ME, the undersigned authority, on this day personally appeared ALBERT PAULUS,
Lupe C. Paulus and Gloria Ruiz,
known to me to be the testator and the witnesses, respectively,
whose names are subscribed to the annexed or foregoing instrument
in their respective capacities, and, all of said persons being
by me duly sworn, the said ALBERT PAULUS,
Testator, declared to me and to the said witnesses in my presence
that said instrument is his Last Will and Testament, and that he
had willingly made and executed it as his free act and deed for
the purposes therein expressed; and the said witnesses, each on
his oath stated to me, in the presence and hearing of the said
testator that the said testator had declared to them that said
instrument is his Last Will and Testament, and that he executed
same as such and wanted each of them to sign it as a witness;
and upon their oaths each witness stated further that they did
sign the same as witnesses in the presence of the said testator
and at his request; that he was at that time nineteen years of
age or over and was of sound mind; and that each of said witnesses
was then at least fourteen years of age.

Albert Paulus Testator
Lupe C. Paulus Witness
Gloria Ruiz Witness

SUBSCRIBED and ACKNOWLEDGED before me by the said
ALBERT PAULUS, Testator, and SUBSCRIBED and
SWORN TO before me by the said Lupe C. Paulus
and Gloria Ruiz, witnesses, this 17 day of
May A. D. 1967

[Signature]
NOTARY PUBLIC in and for El Paso
County, Texas.

