

Doc # 2006162756
Page 1 of 2
Date: 08/24/2006 03:19P
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$23.00

AFTER RECORDING MAIL TO:

Name Tavine Blair

Address _____

City / State _____

502 29013

Document Title(s): (or transactions contained therein)

1. CERTIFICATE OF DEATH
- 2.
- 3.
- 4.

Reference Number(s) of Documents assigned or released:

TO A LIFE ESTATE RECORDED IN AUDITOR NO. 135890
BOOK 191 PAGE 966

☐ Additional numbers on page _____ of document

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

1. PATRICIA J. KETCHMARK
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

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

1. ALBERTA B. CHRISTENSEN, KARLA J. TALENT, SHELLY M. LEONARD, JENNY L.
2. GRIFFIN AND THE HEIRS OF ALBERT D. KETCHMARK
- 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)

Lot 12 of Block 8 of the PLAT OF RELOCATED NORTH BONNEVILLE, recorded in Book 'B' of Plats, Page 16, Skamania County File No. 83466. Also recorded in Book 'B' of Plats, Page 32, Skamania County File No. 84429, records of Skamania County, Washington.

Gary H. Martin, Skamania County Assessor

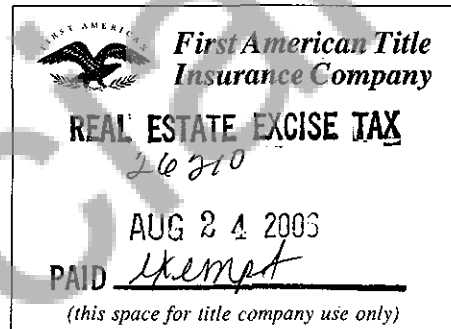
Date 8/23/06 Parcel # 65

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 02-07-20-3-4-1200-00

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.



SKAMANIA COUNTY TREASURER
Cj deputy

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS

TYPE OR
PRINT IN
PERMANENT
BLACK INK
4

437253
TAG NO.
004693
Local File Number

CERTIFICATE OF DEATH

136

State File Number

DECEDENT

1

2

3

4

5

6

PARENTS

DISPOSITION

8

9

REGISTRAR

CERTIFIER

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

1. DECEDENT'S NAME First: <u>Patricia</u> Middle: <u>J.</u> Last: <u>KETCHMARK</u>				2. SEX <u>Female</u>		3. DATE OF DEATH (Month, Day, Year) <u>September 8, 2005</u>	
4. SOCIAL SECURITY NUMBER <u>[REDACTED]</u>		5a. AGE-Last Birthday <u>77</u> Years <u>00</u> Mos. <u>00</u> Days		5b. Under 1 Year Mos. <u>00</u> Days <u>00</u> Hours <u>00</u> Mins.		6. BIRTHPLACE (City and State or Foreign Country) <u>Alba, Missouri</u>	
7. DATE OF BIRTH (Month, Day, Year) <u>February 21, 1928</u>							
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
9a. PLACE OF DEATH (Check one only) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> D.O.A. <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)							
9b. FACILITY NAME (If not an institution, give street and number) <u>Emanuel Hospital</u>				9c. CITY, TOWN, OR LOCATION OF DEATH <u>Portland</u>		9d. COUNTY OF DEATH <u>Multnomah</u>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Cosmetologist</u>				10b. KIND OF BUSINESS/INDUSTRY <u>Beauty Salons</u>		11. MARITAL STATUS - Married, Never Married, Divorced, Separated <u>Widowed</u>	
12. SPOUSE (If Married, Widowed) <u>Albert</u>							
13a. RESIDENCE - STATE <u>Washington</u>		13b. COUNTY <u>Skamania</u>		13c. CITY, TOWN OR LOCATION <u>North Bonneville</u>		13d. STREET AND NUMBER <u>812 Celilo Street</u>	
13e. INSECURITY UNIT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE <u>98639</u>		14. HAS 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) <u>White</u>	
16. EDUCATION (Specify only highest grade completed) <u>Elementary/Secondary (0-12)</u>		17. COLLEGE (1-4 or 5+) <u>2</u>					
18. FATHER'S NAME (First, Middle, Last) <u>Carl Conden Berbenner</u>				19. MOTHER'S NAME (First, Middle, Maiden) <u>Myrtle Cummings</u>		20. INFORMANT'S NAME and relationship to deceased <u>Karla Talent - Daughter</u>	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Mausoleum <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				21b. PLACE OF DISPOSITION (Specify name, address, city, state, zip code) <u>Cascade Cremation Center</u>		21c. LOCATION (City or Town, State) <u>Tualatin, Oregon</u>	
22. SIGNATURE OF OREGON FUNERAL SERVICE USER OR PERSON ACTING AS SUCH <u>[Signature]</u>				23. OREGON LICENSE NO. (If Licensed) <u>04961</u>		24. NAME, ADDRESS AND ZIP CODE OF FACILITY <u>CROWN 10952 SE 21st Avenue Milwaukie, Oregon 97222</u>	
25. DATE FILED (Month, Day, Year) <u>SEP 27 2005</u>				26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			
RESERVED FOR REGISTRAR'S USE							
TO BE COMPLETED BY MEDICAL EXAMINER							
27. TIME OF DEATH <u>6:40</u> M. <u>00</u> Min. <u>00</u> Sec. <u>00</u> Day <u>08</u> Month <u>09</u> Year				28. WAS MEDICAL EXAMINER NOTIFIED? (The Medical Examiner has the responsibility for determining death.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
29. On the basis of knowledge and information at the time, date, place, and due to the cause(s) stated, I certify that death occurred at the time, date, place, and due to the cause(s) and manner stated. (Signature) <u>[Signature]</u>				30. On the basis of examination and investigation, in my opinion death occurred at the time, date, place, and due to the cause(s) and manner stated. (Signature) <u>[Signature]</u>			
31. DATE SIGNED (Month, Day, Year) <u>September 23, 2005</u>				32. DATE SIGNED (Month, Day, Year) COUNTY			
33. NAME, TITLE, ADDRESS AND ZIP CODE OF CERTIFYING MEDICAL EXAMINER (Type or Print) <u>Kathy Grewe, M.D. 300 North Graham, Suite 220 Portland, Oregon 97227</u>							
34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>[REDACTED]</u>							
35. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE. FOR (a), (b), and (c), list mode of dying (e.g., Cardiac or Respiratory Arrest). PART I <u>adult respiratory distress syndrome</u> DUE TO, OR AS A CONSEQUENCE OF: <u>myocardial infarction</u> DUE TO, OR AS A CONSEQUENCE OF: <u>myocardial infarction</u>							
36. INTERVAL BETWEEN ONSET OF DEATH <u>2 weeks</u>							
37. INTERVAL BETWEEN ONSET OF DEATH <u>months</u>							
38. INTERVAL BETWEEN ONSET OF DEATH <u>2 weeks</u>							
39. PART II - OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not having in the underlying cause given in PART I. <u>Coronary disease myocardial</u>							
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Investigation Pending <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide				41a. DATE OF INJURY (Month, Day, Year) <u>[REDACTED]</u>		41b. TIME OF INJURY <u>M</u>	
41c. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u>[REDACTED]</u>				41d. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41e. DESCRIBE HOW INJURY OCCURRED <u>[REDACTED]</u>	
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u>[REDACTED]</u>							
RESERVED FOR REGISTRAR'S USE							

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

DATE ISSUED: SEP 28 2005

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

Lila Wickham, RN, MS
LILA WICKHAM, RN, MS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

Page 2 of 2
MC # 2006162756

