Doc # 2008169267
Page 1 of 2
Date: 3/14/2008 11:53A
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: $33.00

AFTER RECORDING MAIL TO:

Name Douglas Eignor

Address 320 E Ember Street

City / State Pahrump, NV 89048-9622

stc 30284

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

1. CERTIFICATE OF DEATH
2.
3.
4.

First American Title
REAL ESTATE EXCISE TAX
17502
MAR 14 2008
PAID EXEMPT
SKAMANIA COUNTY TREASURER
(Must be signed by the County Treasurer)

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

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

1. HALE, FLORENCE EVELYN
2.
3.
4.
5. ☐ Additional names on page _____ of document

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

1. EIGNOR, DOUGLAS
2.
3.
4.
5. ☐ Additional names on page _____ of document

Skamania County Assessor
Date 3/14/08 Parcel# 2-7-1-1-6200
ym

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

Lots 3 and 4, Block 1, Origianl Townsite of the Town of Stevenson, according to the recorded plats thereof, recorded in Book A of Plats, Page 11, in the County of Skamania, State of Washington.

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 02-07-01-1-1-6200-00

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.*

CERTIFICATION OF VITAL RECORD

TYPE OR PRINT IN PERMANENT BLACK INK

I.D. TAG NO. # 29626

Local File Number C1204

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136- State File Number 89-016158

DECEDENT

1. DECEDENT'S NAME: First Florence; Middle Evelyn; Last HALE
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): August 19, 1989
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE - Last Birthday (Years): 81
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Walla Walla, WA
7. DATE OF BIRTH (Month, Day, Year): October 17, 1907
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): Mountain View Convalescent Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Oregon City
9d. COUNTY OF DEATH: Clackamas
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Cab Driver
10b. KIND OF BUSINESS/INDUSTRY: Yellow Cab
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SPOUSE (If Married, Widowed): Herman
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Multnomah
13c. CITY, TOWN, OR LOCATION: Portland
13d. STREET AND NUMBER: 8716 N.E. Alberta
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97220
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+):

PARENTS

17. FATHER - NAME first middle last: Marion Willard Swegle
18. MOTHER - NAME first middle maiden: Libby Brooks
19. INFORMANT - NAME and relationship to deceased: Carmen Cervetto - daughter

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Rose City Mausoleum
20c. LOCATION - City or Town, State: Portland, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Charlotte Zeller
21b. LICENSE NUMBER (Of Licensee): 0144
22. NAME, ADDRESS AND ZIP OF FACILITY: Zeller Chapel of the Roses, 2107 N.E. Broadway, Ptld., OR 97232
23. DATE FILED (Month, Day, Year): AUG 23 1989
24. REGISTRAR'S SIGNATURE: Dena Jones
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 3:50 AM
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): Gerald Slepack MD
30. DATE SIGNED (Month, Day, Year): 8/21/89

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): Gerald Slepack, M.D., Mt. Scott Clinic, 9800 S.E. Sunnyside Rd., Clackamas, OR 97015
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GIVE 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) Probable pneumonia — Interval between onset and death: 2 weeks
DUE TO, OR AS A CONSEQUENCE OF:
(b) Progressive inanition — Interval between onset and death: 6 months
DUE TO, OR AS A CONSEQUENCE OF:
(c) Dementia — Interval between onset and death: Chronic

PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I: Seizure disorder

37. Did tobacco use contribute to the death? ☐ Yes ☐ No ☐ Probably ☒ Unk
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 ☐ 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. 1-89

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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: MAR 03 2008

Jennifer A. Woodward

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE