AFN #2008169556 Recorded 04/11/08 at 02:54 PM DocType: DEATH Filed by: KEN & ROSALIE HENDERSON Page: 1 of 2 Auditor J. Michael Garvison Skamania County, WA

WHEN RECORDED RETURN TO:

Ken & Rosalie Henderson
41 NW Dam Rd
Underwood WA 98651

DOCUMENT TITLE(S)

Death Certificate

REFERENCE NUMBER(S) *of Documents assigned or released:*

[ ] Additional numbers on page _____ of document.

GRANTOR(S):

Lester Leroy Haworth

[ ] Additional names on page _____ of document.

GRANTEE(S):

Ken and Rosalie Henderson

[ ] Additional names on page _____ of document.

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

[ ] Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

[ ] Additional parcel numbers on page _____ of document.

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

CERTIFICATION OF VITAL RECORD

H49703 — I.D. TAG NO.
297 — Local File Number

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

136- — State File Number

1. DECEDENT'S NAME: First: Lester	Middle: Leroy	Last: HAWORTH	2. SEX: Male	3. DATE OF DEATH (Month, Day, Year): December 20, 2003	
4. SOCIAL SECURITY NUMBER: [redacted]	5a. AGE-Last Birthday (Years): 72	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Portland, Oregon	7. DATE OF BIRTH (Month, Day, Year): January 23, 1931

DECEDENT

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): 3319 West 10th Street #11	9c. CITY, TOWN, OR LOCATION OF DEATH: The Dalles	9d. COUNTY OF DEATH: Wasco	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Log Truck Driver	10b. KIND OF BUSINESS/INDUSTRY: Forest Products	11. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married	12. SPOUSE (If Married, Widowed): Irene D. Rowe
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Wasco	13c. CITY, TOWN OR LOCATION: The Dalles	13d. STREET AND NUMBER: 3319 West 10th Street #11
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No	13f. ZIP CODE: 97058	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): Caucasian
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: Charles Haworth	18. MOTHER - NAME first middle maiden: Gertrude Kligel

19. INFORMANT - NAME and relationship to deceased: Irene D. Haworth - Wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Oregon Crematory	20c. LOCATION - City or Town, State: Portland, Oregon
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]	21b. OREGON LICENSE NO. (Of Licensee): CO-3520	22. NAME, ADDRESS AND ZIP OF FACILITY: Columbia Cremation & Burial, P.C. P.O. Box 1069, The Dalles, OR 97058

REGISTRAR

23. DATE FILED (Month, Day, Year): DECEMBER 24, 2003	24. REGISTRAR'S SIGNATURE: [signature]

RESERVED FOR REGISTRAR'S USE

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 0015 a.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] 12-22-03	30. DATE SIGNED (Month, Day, Year): [signature]

TO BE COMPLETED BY CORONER OR 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): Valerie Hiveley-Blatz, GNP 1810 East 19th Street, Ste.225, The Dalles, OR 97058

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

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)	-VA	Interval between onset and death: 1 Day
DUE TO, OR AS A CONSEQUENCE OF: (b)	TYPE II DM	Interval between onset and death: 10 years
DUE TO, OR AS A CONSEQUENCE OF: (c)	Chronic renal Failure	Interval between onset and death: 10 years

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.

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)

CAUSE OF DEATH INSTRUCTIONS ON REVERSE SIDE OF GREEN AND PINK COPY

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

45-2-Rev (3/00)

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

DATE ISSUED DEC 24 2003

Kathi Hall
KATHI HALL
COUNTY REGISTRAR
WASCO COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON 1859

COUNTY BOARD OF HEALTH THE DALLES, OREGON 1854