AFN #2008169923 Recorded 05/16/08 at 11:30 AM DocType: DEATH Filed by: WYERS HASKELL DAVIES PC Page: 1 of 2 Auditor J. Michael Garvison Skamania County, WA

WHEN RECORDED RETURN TO:

Wyers Haskell Davies, PC
PO Box 417
Hood River, OR 97031

DOCUMENT TITLE(S)

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S):

Colton, Richard

GRANTEE(S):

Colton, Patricia

ABBREVIATED LEGAL DESCRIPTION:

SW 1/4 NW 1/4 3-10-14

TAX PARCEL NUMBER(S):

03-10-1400-0100/00
03-10-1400-0100/05
03-10-1400-0100/89

CERTIFICATION OF VITAL RECORD

TYPE OR PRINT IN PERMANENT BLACK INK. I.D. TAG NO. 489734

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

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name (Include AKAs, if any)	First: Richard	Middle:	Last: Colton	Suffix:	2. Death Date (MON DD YYYY): November 12, 2007
3. Sex (M/F): Male	4a. Age – Last Birthday: 81	4b. Under 1 Year: Months / Days	4c. Under 1 Day: Hours / Minutes	5. Social Security Number: [redacted]	6. County of Death: Multnomah
7. Birthdate (MON DD YYYY): May 04, 1926	8a. Birthplace (City/Town, or County): Wilmette	8b. (State or Foreign Country): Illinois			9. Decedent's Education: High School Graduate
10. Was Decedent of Hispanic Origin? (Yes or No, if yes, specify): No	11. Decedent's Race(s): White				12. Was Decedent Ever in U.S. Armed Forces? ☐ Yes ☒ No
13. Residence: Number and Street (e.g., 624 SE 6th Street, Apt. No. 8): 462 Larsen Road			14. City/Town: Underwood		
15. Residence County: Skamania	16. State or Foreign Country: Washington		17. Zip Code + 4: 98651		18. Inside City Limits? ☐ Yes ☒ No ☐ Unknown
19. Marital Status at Time of Death: Married	20. Spouse's Name (If married or widowed, give name prior to first marriage.): Patricia Irene Mance				
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED"): Fire Fighter			22. Kind of Business/Industry (DO NOT USE COMPANY NAME.): Fire Department		
23. Father's Name (First, Middle, Last, Suffix): George Augustus Colton			24. Mother's Name Prior to First Marriage (First, Middle, Last): Lillian Borgeson		
25. Informant's Name: Pat Colton	26. Telephone Number: 509-637-2639	27. Relation to Decedent: Spouse	28. Mailing Address (Number & Street, City/Town, State, Zip + 4): 462 Larsen Rd. Underwood, WA 98651		
29. Place of Death: Hospital-Emergency room/Outpatient	30. Facility Name: Legacy Emanuel Hospital & Health Center				
31. Location of Death (Give address.): 2801 N Gantenbein	32. City/Town or Location of Death: Portland	33. State: Oregon	34. Zip Code + 4: 97227		
35. Method of Disposition: Removal from State	36. Place of Disposition (Name of cemetery, crematory, or other place): Berge Cemetery	37. Location: Home Valley, Washington			
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4): Gardner Funeral Home PO Box 390 White Salmon, Washington 98672					
39. Date of Disposition (MON DD YYYY): 11/15/2007	40. Funeral Director's Signature: [signature]		41. OR License Number: RR64		
42. Registrar's Signature: [signature]	43. Date Received (MON DD YYYY): NOV 27 2007		44. Local File Number		
45. Record Amendment					

TO BE COMPLETED BY MEDICAL CERTIFIER

46. Was case referred to Medical Examiner? Yes	47. Autopsy? No	48. Were autopsy findings available to complete the cause of death?	49. Time of Death: 0811

50. CAUSE OF DEATH

		Approximate Interval: Onset to Death
IMMEDIATE CAUSE ↓		
a.	BLUNT FORCE INJURIES	UNKNOWN
Due to (or as a consequence of) ↓		
b.		
Due to (or as a consequence of) ↓		
c.		
Due to (or as a consequence of) ↓		
d.		

51. Other significant conditions contributing to death, but not resulting in the underlying cause given above.

52. Manner of Death: Accident	53. If Female		54. Did tobacco use contribute to death? No
55. Date of Injury: November 12, 2007	56. Time of Injury: 0403	57. Place of Injury: Street/Highway	58. Injury at Work? No

59. Location of Injury: SR 14/Milepost 63.9, Underwood, Washington 98650

60. Describe how injury occurred: Pedestrian struck by a large truck

61. If transportation injury, specify: Pedestrian

62. Name and Address of Certifier: Christopher Ray Young 13309 SE 84th Avenue 100, Clackamas, Oregon 97015

63. Name and Title of Attending Physician if Other than Certifier: Not Available

64. Medical Examiner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

Christopher Ray Young — Electronically Signed

65. Title of Certifier: M.D.

66. Date Certified: November 21, 2007

67. License Number: MD24913

68. Record Amendment

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

DATE ISSUED: NOV 28 2007

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

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

STATE OF OREGON 1859

MULTNOMAH COUNTY OREGON 1854

American Bank Note Company

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE