

AFTER RECORDING MAIL TO:

Name Terry Smith

Address PQ Box 495

City/State Goldendale, WA 98620

Sec 30442

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

1. CERTIFICATE OF DEATH

2.

3.

4.

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. SMITH, HAZEL VIRGINIA

2.

3.

4.

5. ☐ Additional names on page _____ of document

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

1. SMITH, TERRY E.

2.

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)

Westerly 75 Feet Of Lot 4 Melden Acres

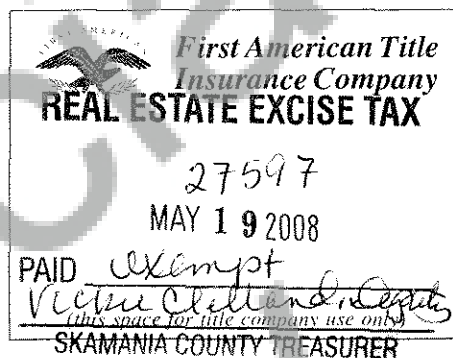
Skamania County Assessor
Date 5/19/08 Parcel# 3-7-36-4-4-1580
ZM

☒ Complete legal description is on page 3 of document

Assessor's Property Tax Parcel / Account Number(s): 03-07-36-4-4-1590-00

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

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

494754

I.D. TAG NO.

STATE FILE NUMBER

1. Legal Name First: Hazel Middle: Virginia Last: Smith		2. Death Date June 12, 2007	
3. Sex Female	4. Age 94 years	5. Social Security Number	6. County of Death Wasco
7. Birthdate December 04, 1912	8. Birthplace View, Washington	9. Decedent's Education Associate's degree	
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White	12. Was Decedent Ever in U.S. Armed Forces? No
13. Residence: Number and Street 3325 Columbia View Drive 11		14. City/Town The Dalles	
15. Residence County Wasco	16. State or Foreign Country Oregon	17. Zip Code + 4 97058	18. Inside City Limits? Yes
19. Marital Status at Time of Death Widowed		20. Spouse's Name Prior to First Marriage Esson H Smith	
21. Usual Occupation Owner		22. Kind of Business/Industry Transportation	
23. Father's Name Harry H Hazen		24. Mother's Name Prior to First Marriage Ida K Simons	
25. Informant's Name Terry E Smith	26. Telephone Number Not Available	27. Relationship to Decedent Son	28. Mailing Address 3325 Columbia View Drive 11, The Dalles, OR 97058
29. Place of Death Licensed Assisted Living Facility		30. Facility Name Flagstone Retirement & Assisted Living	
31. Location of Death 3325 Columbia View Dr		32. City/Town or Location of Death The Dalles	33. State Oregon
34. Zip Code + 4 97058		35. Method of Disposition Burial	
36. Place of Disposition Mt. View Cemetery		37. Location View, Washington	
38. Name and Complete Address of Funeral Facility Spencer, Libby & Powell Funeral Home 1100 Kelly Ave, The Dalles, Oregon 97058			
39. Date of Disposition June 22, 2007		40. Funeral Director's Signature Brian S Ireland	41. OR License Number CO-3817
42. Registrar's Signature [Signature]		43. Date Received June 19, 2007	44. Local File Number 123
45. Amendment			
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	48. Were autopsy findings available to complete the cause of death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
49. Time of Death 0935			
CAUSE OF DEATH			
50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.			Approximate Interval: Onset to Death
Final disease or condition resulting in death → IMMEDIATE CAUSE ↓ Ischemic bowel			2 weeks
Due to (or as a consequence of) ↓ atherosclerosis			years
Due to (or as a consequence of) ↓			
Due to (or as a consequence of) ↓			
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: Alzheimers dementia Diabetes Mellitus II			
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death	
54. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		55. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
56. Date of Injury (MM/DD/YYYY)			
57. Time of Injury			
58. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)			
59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)			
60. Describe how injury occurred			
61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) Dr. Daniel Morris 1825 E. 19th Street #2, The Dalles, Oregon 97058			
63. Name and Title of Attending Physician if Other than Certifier			
64. Title of Certifier Daniel S. Morris MD		65. License Number MD 08696	66. Date Signed (MM/DD/YYYY) June 15, 2007
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
68. 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.			
69. Amendment			

45-2DP (01/06)

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

DATE ISSUED:

JUN 19 2007

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

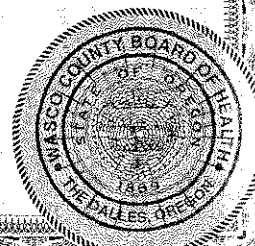
Kathi Hall
KATHI HALL
COUNTY REGISTRAR
WASCO COUNTY, OREGON

EXHIBIT 'A'

The Westerly 75 feet of Lot 4 of MELDAN ACRES according to the official plat thereof on file and of record in the office of the Auditor of Skamania County, Washington, more particularly described as follows:

Beginning at the Southwest Corner of the said Lot 4; thence North $64^{\circ}04'$ East 75 feet; thence at a right angle North $26^{\circ}22'$ West 290 feet to the North line of the said Lot 4; thence at a right angle South $64^{\circ}04'$ West 75 feet to the Northwest corner of the said Lot 4; thence South $26^{\circ}22'$ East 290 feet to the point of beginning.