AFN #2008171598 Recorded 12/03/08 at 01:27 PM DocType: DEATH Filed by: CLARK COUNTY TITLE COMPANY Page: 1 of 2 Auditor J. Michael Garvison Skamania County, WA

WHEN RECORDED RETURN TO:
DAN HATFIELD
2035 SE EVERGREEN STREET
MILWAUKIE, OREGON 97222

DOCUMENT TITLE(S):
DEATH CERTIFICATE

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:
2008171497

GRANTOR:
1. MILDRED ANN HANSON
2.

GRANTEE:
1. DAN HATFIELD, AS HIS SEPARATE ESTATE
2.

TRUSTEE:
N/A

ABBREVIATED LEGAL DESCRIPTION:

Full Legal Description located on Page

TAX PARCEL NUMBER(S):
02 07 29 2 2 2300 00

REAL ESTATE EXCISE TAX
27861
DEC 03 2008
PAID Exempt
SKAMANIA COUNTY TREASURER

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS

I.D. TAG NO: 506~~417~~

CERTIFICATE OF DEATH

STATE FILE NUMBER

88747

4/3/08 2p

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name: First: Mildred; Middle: Ann; Last: Hanson; Suffix:			2. Death Date: April 22, 2008
3. Sex: Female	4. Age: 70 years	5. Social Security Number: [redacted]	6. County of Death: Clackamas
7. Birthdate: June 23, 1937	8. Birthplace: Portland, Oregon		9. Decedent's Education: 9th - 12th grade
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: 2035 SE Evergreen Street		14. City/Town: Milwaukie	
15. Residence County: Clackamas	16. State or Foreign Country: Oregon	17. Zip Code + 4: 97222	18. Inside City Limits? Yes
19. Marital Status at Time of Death: Never married	20. Spouse's Name Prior to First Marriage		
21. Usual Occupation: Sales		22. Kind of Business/Industry: Fashion Retail	
23. Father's Name: Ralph Shook		24. Mother's Name Prior to First Marriage: Clarissa Allen	
25. Informant's Name: Daniel Wallace Hatfield	26. Telephone Number: Not Available	27. Relationship to Decedent: Life Partner	28. Mailing Address: 2035 SE Evergreen Street, Milwaukie, OR 97222
29. Place of Death: Hospital-Emergency room'Outpatient		30. Facility Name: Kaiser Sunnyside Medical Center	
31. Location of Death: 10180 SE Sunnyside Road	32. City/Town or Location of Death: Clackamas	33. State: Oregon	34. Zip Code + 4: 97015
35. Method of Disposition: Cremation	36. Place of Disposition: Cascade Cremation Center	37. Location: Tualatin, Oregon	
38. Name and Complete Address of Funeral Facility: Crown Memorial Center - Cremation & Burial (Milwaukie) 17064 SE McLoughlin Boulevard, Milwaukie, Oregon 97267			
39. Date of Disposition: TBD	40. Funeral Director's Signature: Bruce D. Fuller (Electronically Signed)	41. OR License Number: FS-0496	
42. Registrar's Signature: Debra J Abbott	43. Date Received: MAY 13 2008	44. Local File Number: 000937	
45. Amendment			

TO BE COMPLETED BY MEDICAL CERTIFIER

46. Was case referred to Medical Examiner? X Yes ☐ No	47. Autopsy? ☐ Yes X No	48. Were autopsy findings available to complete the cause of death? ☐ Yes ☐ No	49. Time of Death: 1332 hrs

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→ Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).	IMMEDIATE CAUSE a. Pneumonia	few days
	Due to (or as a consequence of): b. Chronic obstructive lung disease	yrs
	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: X Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending	53. If Female: X Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year		54. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☐ No X Unknown
55. Date of Injury (MM/DD/YYYY)	56. Time of Injury	57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	58. Injury at Work? ☐ Yes ☐ No ☐ Unknown

59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)

60. Describe how injury occurred

61. If transportation injury, specify: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4): Steven Levine, MD 9800 SE Sunnyside Rd., Clackamas, OR 97045

63. Name and Title of Attending Physician if Other than Certifier

64. Title of Certifier: M.D.	65. License Number: MD 28854	66. Date Signed (MM/DD/YYYY): 5/8/08	

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 CLACKAMAS COUNTY REGISTRAR.

DATE ISSUED: MAY 13 2008

MELINDA A. MOWERY
COUNTY REGISTRAR
CLACKAMAS COUNTY, OREGON

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