Return Address:
Law Office of Anthony H. Connors
Post Office Box 1116
White Salmon, WA 98672

Document Title(s) or transactions contained herein:

DEATH CERTIFICATE

GRANTOR(S) (Last name, first name, middle initial)

PHILIP TASSINARI, JR., deceased

[ ] Additional names on page _____ of document.

GRANTEE(S) (Last name, first name, middle initial)

THE PUBLIC

[ ] Additional names on page _____ of document.

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

Residential Cabin located at 2 Creekside Road, White Salmon, WA 98672

[ ] Complete legal on page _____ of document.

REFERENCE NUMBER(S) of Documents assigned or released:

[ ] Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

PERSONAL PROPERTY: 43-1002-0004-1200

VC

[ ] Property Tax Parcel ID is not yet assigned
[ ] Additional parcel numbers on page _____ of document.

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

Unofficial Copy

CERTIFICATION OF VITAL RECORD

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

523622
I.D. TAG NO.

STATE FILE NUMBER

134886

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name — First: Philip; Middle: Stephen; Last: Tassinari; Suffix: Jr.
2. Death Date: November 08, 2008
3. Sex: Male
4. Age: 52 years
5. Social Security Number: [redacted]
6. County of Death: Hood River
7. Birthdate: September 29, 1956
8. Birthplace: Salem, Massachusetts
9. Decedent's Education: Some college
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: 2 Creekside Road
14. City/Town: White Salmon
15. Residence County: Klickitat
16. State or Foreign Country: Washington
17. Zip Code + 4: 98672
18. Inside City Limits? No
19. Marital Status at Time of Death: Never married
20. Spouse's Name Prior to First Marriage:
21. Usual Occupation: ski patroller
22. Kind of Business/Industry: Jackson Hole Ski Resort
23. Father's Name: Philip Stephen Tassinari Sr.
24. Mother's Name Prior to First Marriage: Ellen Doyle
25. Informant's Name: Ellen Tassinari
26. Telephone Number: Not Available
27. Relationship to Decedent: Mother
28. Mailing Address: 15 Prince Street, Beverly, MA 01915
29. Place of Death: Hospital-Inpatient
30. Facility Name: Providence Hood River Memorial Hospital
31. Location of Death: 811 13th Street
32. City/Town or Location of Death: Hood River
33. State: Oregon
34. Zip Code + 4: 97031
35. Method of Disposition: Removal From State
36. Place of Disposition: Columbia River Crematory
37. Location: White Salmon, Washington
38. Name and Complete Address of Funeral Facility: Anderson's Tribute Center (Funerals Receptions Cremations) 1401 Belmont Avenue, Hood River, Oregon 97031
39. Date of Disposition: November 11, 2008
40. Funeral Director's Signature: Jack Trumbull (Electronically Signed)
41. OR License Number: FS-3807
42. Registrar's Signature: [signature]
43. Date Received: NOV 12 2008
44. Local File Number: 162-2008
45. Amendment:

TO BE COMPLETED BY MEDICAL CERTIFIER

46. Was case referred to Medical Examiner? ☐ Yes ☒ No
47. Autopsy? ☐ Yes ☒ No
48. Were autopsy findings available to complete the cause of death? ☐ Yes ☐ No
49. Time of Death: 16:38

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 ↓ a. MI	5 days
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).	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: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending
53. If Female: ☐ 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 ☐ Unknown
55. Date of Injury (MON 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): 1151 MAY ST HOOD RIVER OR 97031
63. Name and Title of Attending Physician if Other than Certifier: RYAN PETERSEN
64. Title of Certifier: MD
65. License Number: MD24586
66. Date Signed (MON DD YYYY): 11/11/08
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. [signature]
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)

UNOFFICIAL COPY

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

DATE ISSUED: NOV 12 2008

Maria C. Santoyo
MARIA C. SANTOYO
COUNTY REGISTRAR
HOOD RIVER COUNTY, OREGON

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

STATE OF OREGON 1859

American Bank Note Company

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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