

Return Address:

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

<i>Document Title(s) or transactions contained herein:</i>
DEATH CERTIFICATE
<i>GRANTOR(S) (Last name, first name, middle initial)</i>
PHILIP TASSINARI, JR., deceased
☐ Additional names on page _____ of document.
<i>GRANTEE(S) (Last name, first name, middle initial)</i>
THE PUBLIC
☐ Additional names on page _____ of document.
<i>LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)</i>
Residential Cabin located at 2 Creekside Road, White Salmon, WA 98672
☐ Complete legal on page _____ of document.
<i>REFERENCE NUMBER(S) of Documents assigned or released:</i>
☐ Additional numbers on page _____ of document.
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER
PERSONAL PROPERTY: 43-1002-0004-1200
☐ 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.

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH523622
I.D. TAG NO.

STATE FILE NUMBER

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	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. Location White Salmon, Washington	
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	
41. Registrar's Signature [Signature]		42. Date of Signature NOV 12 2008	
43. Local File Number 162-2008		44. OR License Number FS-3807	
45. Amendment			
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 1638			
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.			
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. MI 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 ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Unknown if pregnant within the past year ☐ Not pregnant, but pregnant within 42 days before death	
54. Did tobacco use contribute to death? ☒ Yes ☐ Probably ☐ 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) 151 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 (MM/DD/YYYY) 11/11/08		67. Medical Examiner - 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	

45-20P (01/06)

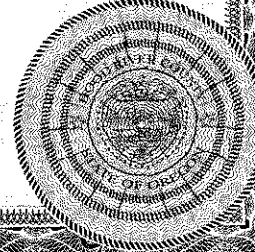
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REGISTERED AT THE OFFICE OF THE HOOD RIVER COUNTY REGISTRAR.

NOV 12 2008

DATE ISSUED:

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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

Unofficial
Copy



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