AFN #2010175812 Recorded 06/28/10 at 08:11 AM DocType: DEATH Filed by: DENNIS MOORE Page: 1 of 3 Auditor Timothy O. Todd Skamania County, WA

WHEN RECORDED RETURN TO:

Dennis Moore
261 Deville Dr.
Stevenson, WA. 98648

DOCUMENT TITLE(S)

Death Certificate

REFERENCE NUMBER(S) *of Documents assigned or released:*

[ ] Additional numbers on page _____ of document.

REAL ESTATE EXCISE TAX

28633

JUN 28 2010

PAID exempt

SKAMANIA COUNTY TREASURER

GRANTOR(S):

Raymond S. Moore

[ ] Additional names on page _____ of document.

GRANTEE(S):

Dennis R. Moore

[ ] Additional names on page _____ of document.

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

NE4 NE4 Section 32 T2N R6E WM

[ ] Complete legal on page 3 of document.

TAX PARCEL NUMBER(S):

02063200020200

[ ] Additional parcel numbers on page _____ of document.

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

CERTIFICATION OF VITAL RECORD

TYPE OR PRINT IN PERMANENT BLACK INK

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

466397 I.D. TAG NO. 136- STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name (Include AKA's, if any): First: Dr. Middle: Raymond Sowl Last: Moore Suffix:
2. Death Date (MO-DD-YYYY): July 13, 2007
3. Sex (M/F): Male
4a. Age – Last Birthday: 91
4b. Under 1 Year: Months / Days
4c. Under 1 Day: Hours / Minutes
5. Social Security Number: [redacted]
6. County of Death: Hood River
7. Birthdate (MO-DD-YYYY): Sept. 24, 1915
8a. Birthplace (City/Town or County): Glendale
8b. (State or Foreign Country): California
9. Decedent's Education: Hood River
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 3th Street, Apt. No. 4): 119 Lookin Lane
14. City/Town: North Bonneville
15. Residence County: Skamania
16. State or Foreign Country: Washington
17. Zip Code + 4: 98639
18. Inside City Limits? ☐ Yes ☐ No ☑ Unknown
19. Marital Status at Time of Death: married
20. Spouse's Name (If married or widow(er), give name prior to first marriage): Bernice Reid
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED"): Author & Educator
22. Kind of Business/Industry (DO NOT USE "HOUSEWIFE"): Homeschooling
23. Father's Name (First, Middle, Last, Suffix): Charles David Moore
24. Mother's Name Prior to First Marriage (First, Middle, Last): Dorcas Katherine Holcomb
25. Informant's Name: Bernice Moore
26. Telephone Number: (509) 427-0022
27. Relation to Decedent: wife
28. Mailing Address (Number & Street, City/Town, State, Zip + 4): 119 Lookin Lane, North Bonneville, Washington 98639
29. Place of Death: Nursing Home
30. Facility Name: Hood River Care Center
31. Location of Death (Give address): 729 Henderson Road
32. City/Town or Location of Death: Hood River
33. State: Oregon
34. Zip Code + 4: 97031
35. Method of Disposition: Cremation
36. Place of Disposition (Name of cemetery, crematory, or other place): Columbia River Crematory
37. Location: White Salmon, Washington
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4): Anderson's Tribute Center (Funerals • Receptions • Cremations) 1401 Belmont Ave., Hood River, Oregon 97031
39. Date of Disposition (MO-DD-YYYY):
40. Funeral Director's Signature:
41. OR License Number: 3807
42. Registrar's Signature: Maria C Santoyo
43. Date Received by LHD (MO-DD-YYYY): JUL 25 2007
44. Local File Number: CRC 2007
45. Record 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: 0520

CAUSE OF DEATH (See instructions and examples)

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. Hemorrhagic CVA	48 hours
Sequentially list conditions, if any, leading to the cause listed on line a.	Due to (or as a consequence of) b. [illegible]	
ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death)	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: Hypertension

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 ☐ No ☐ Unknown
55. Date of Injury (MO-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, 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, City/Town, State, Zip + 4): James Pennington, MD, 1021 June Street, Hood River, Oregon 97031 (541.386.2204)
63. Name and Title of Attending Physician if Other than Certifier:
64. Title of Certifier: MD
65. License Number: 17665
66. Date Certified (MO-DD-YYYY): 7/11/07
67. Medical Certification: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. J Pennington MD
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. Record Amendment:

ORIGINAL - VITAL RECORDS COPY 45-2 (01/06)

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

Maria C Santoyo

MARIA C. SANTOYO
COUNTY REGISTRAR
HOOD RIVER COUNTY, OREGON

DATE ISSUED: JUL 25 2007

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

138115

BOOK 199 PAGE 123

FILED FOR RECORD AT REQUEST OF
Dennis Moore
May 10 12 33 PM '00
O'Leary
GARY H. OLSON

AFTER RECORDING MAIL TO:

Name Dennis Moore

Address 101 Moore Falls Road

City/State Washougal, WA 98671

Quit Claim Deed

First American Title Insurance Company

(this space for title company use only)

THE GRANTOR Dennis Moore

for and in consideration of love and affection

conveys and quit claims to Dennis R. Moore, a single person or Raymond S. Moore and Dorothy N. Moore as joint tenants with rights of survivorship the following described real estate, situated in the County of Skamania, State of Washington.

together with all after acquired title of the grantor(s) therein:

A tract of land in the NE 1/4 of the NE 1/4 of Section 32, T2N, R6EWM described as follows: Lot 2 of the short plat recorded in Book 2 of Short Plats, page 190, also recorded in Book 3 of Short Plats, page 141, Skamania County Short Plat records. Subject to: 1. Easement for ingress, egress and utilities including the terms and provisions thereof recorded in Book 78, page 151, Skamania County Deed Records. 2. Easement for road and utilities including the terms and provisions thereof recorded April 2, 1979 in Book 76 page 342, Skamania County Deed Records. 3. Private Roadway Agreement including the terms and provisions thereof recorded May 26, 1989 in Book 114, page 230, Skamania County Deed Records. 4. Easements as shown on the recorded short plat recorded in Book 2 page 190 and Book 3 page 141, Skamania County Short Plat Records.

Gary H. Martin, Skamania County Assessor

Date 5/10/00 Parcel # 2-6-32-202

(Recorded = Death cert.) Recorded

Assessor's Property Tax Parcel/Account Number(s): 2-6-32-202

Dated May 9, 2000

Dennis R. Moore
(Individual)

(Individual)

By

By

Gary H. Martin, Skamania County Assessor
Date 5-9-00 Parcel # 2-6-32-202

REAL ESTATE EXCISE TAX
20828
MAY 10 2000
PAID
SKAMANIA COUNTY TREASURER

LPB-12 (11/96)

DOC # 2000156782
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