AFN #2011177923 Recorded 03/22/2011 at 02:06 PM DocType: DEATH Filed by: SKAMANIA COUNTY TITLE COMPANY Page: 1 of 2 Auditor Timothy O. Todd Skamania County, WA

AFTER RECORDING MAIL TO:

Name Etta Sparks c/o LaRae Rone

Address PO Box 386

City / State Glenns Ferry, ID 83623

SCTC 32164

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

1. CERTIFICATE OF DEATH
2.
3.
4.

First American Title Insurance Company

(this space for title company use only)

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. ESCH, DELORES DALE
2.
3.
4.
5. ☐ Additional names on page _____ of document

REAL ESTATE EXCISE TAX
28996
MAR 22 2011
PAID
SKAMANIA COUNTY TREASURER

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

1. SPARKS, ETTA DELL
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)

Lot 1 of the Well's Homesite according to the recorded plat thereof recorded in Book A of plats, Page 102, in the County of Skamania State of Washington.

EXCEPT the East 6 feet thereof.

Skamania County Assessor
Date 3-22-11 Parcel# 3-8-21-3-801

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 03-08-21-3-0-0801-00

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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.*

Unofficial Copy

CERTIFICATION OF VITAL RECORD

TYPE OR PRINT IN PERMANENT BLACK INK.

I.D. TAG NO. 565483

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

STATE FILE NUMBER 136-

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name (Include AKAs, if any): First Delores; Middle Dale; Last ESCH; Suffix
2. Death Date (MON DD YYYY): Nov. 5, 2010
3. Sex (M/F): Female
4a. Age – Last Birthday: 68
4b. Under 1 Year: Months / Days
4c. Under 1 Day: Hours / Minutes
5. Social Security Number: [redacted]
6. County of Death: Multnomah
7. Birthdate (MON DD YYYY): Feb. 27, 1942
8a. Birthplace (City/Town, or County): Brawley
8b. (State or Foreign Country): California
9. Decedent's Education:
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 5th Street, Apt. No. 8): 101 Mathaney Rd.
14. City/Town: Carson
15. Residence County: Skamania
16. State or Foreign Country: Washington
17. Zip Code + 4: 98610
18. Inside City Limits? ☐ Yes ☒ No ☐ Unknown
19. Marital Status at Time of Death: Married
20. Spouse's Name (If married or widowed, give name prior to first marriage.): Eugene Edgar Esch
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") Business Owner
22. Kind of Business/Industry (DO NOT USE COMPANY NAME.) Office Supplies
23. Father's Name (First, Middle, Last, Suffix): Walter Hubert
24. Mother's Name Prior to First Marriage (First, Middle, Last): Lillie Easling
25. Informant's Name: Gene Esch
26. Telephone Number: 509-427-4647
27. Relation to Decedent: Husband
28. Mailing Address (Number & Street, City/Town, State, Zip + 4): PO Box 544 Carson, WA 98610
29. Place of Death: Inpatient-Hospital
30. Facility Name: Providence Medical Center
31. Location of Death (Give address.): 4805 NE Glisan
32. City/Town or Location of Death: Portland
33. State: OR
34. Zip Code + 4: 97213
35. Method of Disposition: Removal From State
36. Place of Disposition (Name of cemetery, crematory, or other place): Wind River Memorial Cemetery
37. Location: Carson, Washington
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4): Gardner Funeral Home 1270 N. Main Ave/POB 390 White Salmon, WA 98672
39. Date of Disposition (MON DD YYYY): Nov. 11, 2010
40. Funeral Director's Signature: ▶
41. OR License Number: RR64
42. Registrar's Signature: ▶
43. Date Received (MON DD YYYY): NOV 1 2 2010
44. Local File Number: 04971
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: 1226

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. Adenocarcinoma Lung	8 months
Sequentially list conditions, if any, leading to the cause listed on line a.	Due to (or as a consequence of) ↓ b.	
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:
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 (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, 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): F. Joseph Rinella PO Box 1519 White Salmon, WA 98672
63. Name and Title of Attending Physician if Other than Certifier
64. Title of Certifier: DO
65. License Number: OP 00002120
66. Date Signed (MON DD YYYY): 11-9-2010
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. ▶ Frank J. Rinella III
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

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

ORIGINAL VITAL RECORDS COPY

DATE ISSUED: NOV 17 2010

Lila Wickham RN MS
LILA WICKHAM, RN, MS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

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

STATE OF OREGON 1859

American Banknote Company

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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