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 321604

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# 3-8-21-3-89

☐ 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.*

CERTIFICATION OF VITAL RECORD

TYPE OR PRINT IN PERMANENT BLACK INK.

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

I.D. TAG NO. 565483

136- STATE FILE NUMBER

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. 6): 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 12 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 → 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. Adenocarcinoma Lung — 8 months
- 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 ☐ 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: OR 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:

ORIGINAL - VITAL RECORDS COPY

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

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.

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

American Banknote Company