

AFTER RECORDING MAIL TO:
Northwest Trustee Services, Inc
P.O. Box 997
Bellevue, Washington 98009-0997

See 32311

1ST/AM

Document Title:
Death Certificate

Grantor:
FESIK, NATALYA KYZMINICHNA

Grantee:
General Public

Unofficial Copy

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number **Washington State Certificate of Death** State File Number **2010 61731**

1. Legal Name (include AKA's if any) First Middle LAST Suffix Natalya Kyzminichna Fesik			2. Death Date July 9, 2010		
3. Sex (M/F) Female	4a. Age - Last Birthday 54	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	6. County of Death Skamania
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country) Tadzikistan		9. Decedent's Education High School Graduate	
10. Was Decedent of Hispanic Origin? (Yes or No) (If yes, specify)			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 4610 NE 115th Avenue				13b. City or Town Portland	
13c. Residence: County Multnomah		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Oregon	13f. Zip Code + 4 97220	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 11 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Aleksandr G. Fesik	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Homemaker			18. Kind of Business/Industry (Do not use Company Name) Own Home		
19. Father's Name (First, Middle, Last, Suffix) Unknown			20. Mother's Name Before First Marriage (First, Middle, Last)		
21. Informant's Name Aleksandr G. Fesik		22. Relationship to Decedent Spouse		23. Mailing Address: Number and Street or RFD No. City or Town, State Zip 4610 NE 115th Avenue, Portland, Oregon 97220	
24. Place of Death, if Death Occurred in a Hospital: Other - Home					
25. Facility Name (If not a facility, give number & street or location) 371 Panda Road			26a. City, Town, or Location of Death Washougal	26b. State WA	27. Zip Code 98671
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Forest Lawn Cemetery		30. Location-City/Town and State Gresham, Oregon	
31. Name and Complete Address of Funeral Facility Wilhelm's Portland Memorial Funeral Home 6705 SE 14th Ave., Portland,				32. Date of Disposition July 13, 2010	
33. Funeral Director Signature <i>Michael C. Cole</i>					

Part 2, completed by Certifier

34. Cause of Death (See instructions and examples)
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. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) **a. colon cancer** Interval between Onset & Death **22 months**

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

b. Due to (or as a consequence of): Interval between Onset & Death

c. Due to (or as a consequence of): Interval between Onset & Death

d. Due to (or as a consequence of): Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above

36. Autopsy? Yes No

37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death
 Natural Homicide Accident Undetermined Suicide Pending

39. If female
 Not pregnant within past year Not pregnant, but pregnant within 42 days before death Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year

40. Did tobacco use contribute to death?
 Yes Probably No Unknown

41. Date of Injury (MM/DD/YYYY)

42. Hour of Injury (24hrs)

43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)

44. Injury at Work?
 Yes No Unk

45. Location of Injury: Number & Street: Apt No.
City or Town: County: State: Zip Code + 4:

46. Describe how injury occurred

47. If transportation injury, specify:
 Driver/Operator Pedestrian Passenger Other (Specify)

48a. Certifying Physician: To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.
Rebecca L. Orwoll

48b. Medical Examiner/Coroner: 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.

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)
Rebecca L. Orwoll, MD 5050 NE Hoyt, Portland, OR 97213

50. Hour of Death (24hrs)
0630

51. Name and Title of Attending Physician if other than Certifier (Type or Print)

52. Date Signed (MM/DD/YYYY)
07/12/2010

53. Title of Certifier **MD**

54. License Number **M00041370**

55. Coroner File Number

56. Was case referred to ME/Coroner?
 Yes No

57. Registrar Signature *[Signature]*

58. Date Received (MM/DD/YYYY)
07/19/2010

59. Amendments

