

WHEN RECORDED RETURN TO:

MARY HERMENS

16139 NW CANTERWOOD WAY

PORTLAND OR 97229

DOCUMENT TITLE(S)

DEATH CERTIFICATE

REFERENCE NUMBER(S) of Documents assigned or released:

63/397

☐ Additional numbers on page ____ of document.

GRANTOR(S):

RICHARD MARTIN HERMENS

REAL ESTATE EXCISE TAX

N/A

AUG - 8 2011

☐ Additional names on page ____ of document.

GRANTEE(S):

MARY LEGENE HERMENS

PAID

N/A

Vicki Chelland, Deputy
SKAMANIA COUNTY TREASURER

☐ Additional names on page ____ of document.

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

A tract of land located in the Southwest Quarter (SW 1/4) of Section 32, Township 2 North, Range 5 East of the Willamette Meridian, described as follows

☐ Complete legal on page 2 of document.

TAX PARCEL NUMBER(S):

63.
02053230290100

☐ 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

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

579748

I.D. TAG NO.

STATE FILE NUMBER

1. Legal Name First: Richard Middle: Martin Last: Hermens Suffix:				2. Death Date June 03, 2011	
3. Sex Male	4. Age 86 years	5. Social Security Number		6. County of Death Washington	
7. Birthdate January 22, 1925	8. Birthplace Sublimity, Oregon		9. Decedent's Education Master's degree		
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White		12. Was Decedent Ever in U.S. Armed Forces? Yes	
13. Residence: Number and Street 16139 NW Canterwood Way			14. City/Town Portland		
15. Residence County Washington		16. State or Foreign Country Oregon		17. Zip Code + 4 97229	
18. Inside City Limits? Yes		19. Marital Status at Time of Death Married			
20. Spouse's Name Prior to First Marriage Mary Swart		21. Usual Occupation Administrator			
22. Kind of Business/Industry Education		23. Father's Name Adrian Hermens			
24. Mother's Name Prior to First Marriage Thelma Myers		25. Informant's Name Mary Hermens			
26. Telephone Number Not Available		27. Relationship to Decedent Spouse		28. Mailing Address 16139 NW Canterwood Way, Portland, OR 97229	
29. Place of Death Decedent's Residence - Hospice		30. Facility Name			
31. Location of Death 16139 NW Canterwood Way		32. City/Town or Location of Death Portland		33. State Oregon	
34. Zip Code + 4 97229		35. Method of Disposition Cremation			
36. Place of Disposition Springer & Son Aloha Crematory		37. Location Aloha, Oregon			
38. Name and Complete Address of Funeral Facility Springer & Son Aloha Funeral Home 4150 SW 185th, Aloha, Oregon 97007					
39. Date of Disposition TBD		40. Funeral Director's Signature James C. Shelton Jr.		41. OR License Number FS-0552	
42. Registrar's Signature Julie A. Clarke		43. Date Received JUN 09 2011		44. Local File Number 11-1305	
45. Amendment					
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
49. Time of Death 4:05 pm					
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 →		IMMEDIATE CAUSE →		Approximate Interval: Onset to 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)		a. CONGESTIVE HEART FAILURE		YEARS	
		b. VALVULAR HEART DISEASE		YEARS	
		c.			
		d.			
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: CHRONIC RENAL FAILURE					
52. Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
55. Date of Injury (month/day/year)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) RICHARD TSAT, MD 417 SW 117th AVE #200 PORTLAND, OR 97225					
63. Name and Title of Attending Physician (if Other than Certifier)					
64. Title of Certifier MD		65. License Number 22952		66. Date Signed (month/day/year) 06-07-2011	
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. JENNIFER A. WOODWARD, Ph.D.					
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					

45-2DP (01/06)

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED:

JUN 09 2011

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

74038
Transamerica Title Insurance Co

T A Service of
 Transamerica Corporation

Filed for Record at Request of
 Name David C. Swart

Address 8535 N. Lombard Street

City and State Portland, Oregon 97208



REGISTERED	INDEXED	DIR	INDIRECT	RECORDED	COMPARED	MAILED

BOOK 63 PAGE 396

RECORDS OF SKAMANIA COUNTY, WASHINGTON

I HEREBY CERTIFY THAT THE WITHIN
 INSTRUMENT OF WRITING FILED BY
David C. Swart
 OF Transamerica Title Insurance Co
 AT 11:15 A.M. Oct 13, 1971
 WAS RECORDED IN BOOK 63
 OF Recd AT PAGE 396
 RECORDS OF SKAMANIA COUNTY, WASH.
W. J. [Signature]
 COUNTY AUDITOR

Statutory Warranty Deed 74038

THE GRANTOR HAROLD A. SMITH and EDITH E. SMITH, husband & wife

for and in consideration of FOUR THOUSAND DOLLARS (\$4,000.00)

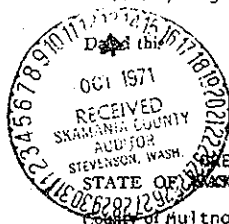
in hand paid, conveys and warrants to RICHARD M. HERMENS and MARY L. HERMENS, husband & wife

the following described real estate, situated in the County of Skamania, State of Washington:

A tract of land located in the Southwest Quarter (SW¹/₄) of Section 32, Township 2 North, Range 5 East of the Willamette Meridian, described as follows:

Beginning at a point in the center line of the Washougal River which point is 250 feet south of the easterly extension of the north line of Lot 12 of Washougal River-side Tracts according to the official plat thereof at page 80 of Book A of Plats Records of Skamania County, Washington; thence easterly and parallel to the easterly extension of the north line of said lot 332 feet; thence north-easterly and parallel to the center line of the Washougal River to intersection with a line 125 feet south of and parallel to the easterly extension of the north line of said Lot 12; thence westerly 332 feet along the line 125 feet south of and parallel to the easterly extension of the north line of said Lot 12 to the center line of the Washougal River; thence downstream along the center line of the Washougal River to the point of beginning, SAVE and EXCEPT:

1. Easements and rights of way for a water pipeline and water system granted to D.B. Ambler and Adelle Ambler, husband and wife, by instrument dated May 6, 1931, and recorded May 10, 1931, at page 621 of Book W of Deeds, Records of Skamania County, Washington.
2. Easements and rights of way for public roads including the road designated as Evergreen Lane on the Plat of Washougal West as the same appears of record at page 137 of Book A of Plats, Records of Skamania County, Washington.
3. Any rights based on the changing of the center of the channel of the Washougal River.



Dated this 2nd day of October

No. **953**

TRANSACTION EXCISE TAX

OCT 13 1971

Amount Paid \$400.00

Harold A. Smith and Edith E. Smith
 Skamania County Treasurer

By David C. Swart

On this day personally appeared before me HAROLD A. SMITH and EDITH E. SMITH, husband & wife

to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.



GIVEN under my hand and official seal this 2nd

day of October

, 1971

David C. Swart
 Notary Public in and for the State of Oregon,
 reside at Portland, Oregon
 My commission expires September 8, 1972.