

WHEN RECORDED RETURN TO:
Raymond L. Bliss
483 Hot Springs Alameda
Stevenson, WA 98648

REAL ESTATE EXCISE TAX
29220
SEP 15 2011
PAID exempt
Vickie Chellens, Deputy
SKAMANIA COUNTY TREASURER

DOCUMENT TITLE(S)
DEATH CERTIFICATE

REFERENCE NUMBER(S) of Documents assigned or released:
CPA BOOK 61 PAGE 261, 262 AFN 71496
10-09-1969
☐ Additional numbers on page _____ of document.

GRANTOR(S):
Eunice Irene Bliss
☐ Additional names on page _____ of document.

GRANTEE(S):
RAYMOND L. BLISS
☐ Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):
LOTS 3 + 4 in Block Five of upper
Cascades Additions
☒ Complete legal on page 3 of document.

TAX PARCEL NUMBER(S):
0307363 4090000
Skamania County Assessor
Date 9-14-11 Parcel# 3-7-36-3-4-409
JM

☐ 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

H92591

I.D. TAG NO.

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

136-

STATE FILE NUMBER

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| 1. Legal Name (Include All As, if any) First: EUNICE Middle: IRENE Last: BLISS Suffix: | | | | 2. Death Date (MM/DD/YYYY) July 17, 2011 | |
| 3. Sex (M/F) Female | 4a. Age - Last Birthday 83 | 4b. Under 1 Year Months: Days: | 4c. Under 1 Day Hours: Minutes: | 5. Social Security Number | 6. County of Death Hood River |
| 7. Birthdate (MM/DD/YYYY) June 17, 1928 | | 8a. Birthplace (City/Town, or County) Poplar Bluff | | 8b. (State or Foreign Country) Missouri | 9. Decedent's Education 8th Grade |
| 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 13. Residence Number and Street (e.g., 234 NE 4th Street, Apt. No. 8) 483 NW Hot Springs Alameda Rd. | | | | 14. City/Town Stevenson | |
| 15. Residence County Stamania | | 16. State or Foreign Country Washington | | 17. Zip Code + 4 98648 | 18. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. Marital Status at Time of Death Married | | 20. Spouse's Name (if married or widowed, give name prior to first marriage) Raymond Lee Bliss | | | |
| 21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") Homemaker | | | | 22. Kind of Business/Industry (DO NOT USE COMPANY NAME) Own Home | |
| 23. Father's Name (First, Middle, Last, Suffix) Clarence Jones | | | 24. Mother's Name Prior to First Marriage (First, Middle, Last) Myrtle Hayes | | |
| 25. Informant's Name Ray Bliss | | 26. Telephone Number 509-472-5974 | 27. Relation to Decedent Husband | 28. Mailing Address (Number & Street, City/Town, State, Zip + 4) 483 NW Hot Springs Alameda Stevenson, WA 98648 | |
| 29. Place of Death Assisted Living Facility | | 30. Facility Name Providence Brookside Manor | | | |
| 31. Location of Death (City address) 3550 Brookside Drive | | 32. City/Town or Location of Death Hood River | | 33. State OR | 34. Zip Code + 4 97031 |
| 35. Method of Disposition Removal from State | | 36. Place of Disposition (Name of agency, institution, 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) Gardner Funeral Home 1270 N. Main Ave./POB 390 White Salmon, WA 98672 | | | | | |
| 39. Date of Disposition (MM/DD/YYYY) July 19, 2011 | | 40. Funeral Director's Signature | | 41. OR License Number RR64 | |
| 42. Decedent's Signature | | 43. Date Received (MM/DD/YYYY) JUL 28 2011 | | 44. Local File Number 097-2011 | |
| 45. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 46. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 47. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 48. Time of Death 1130 | | CAUSE OF DEATH (See instructions and examples.) | | | |
| 49. Immediate Cause of Death (See instructions and examples.) Underdetermined natural causes | | | | | |
| 50. Underlying Cause of Death (See instructions and examples.) General debility | | | | | |
| 51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: chronic obstructive pulmonary disease; atrial fibrillation; hypertension | | | | | |
| 52. Manner of Death <input checked="" 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 checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 55. Date of Injury (MM/DD/YYYY) | | 56. Time of Injury | | 57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 58. Location of Injury (Number & Street, City/Town, State, Zip + 4) | | | | | |
| 59. Describe how injury occurred. | | | | 60. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) | |
| 61. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4) Ralph Carter 1304 Montello Hood River, OR 97031 | | | | | |
| 62. Name and Title of Attending Physician if Other than Certifier | | | | | |
| 63. Title of Certifier MD. | | 64. License Number OR 96493 | | 65. Date Signed (MM/DD/YYYY) July 19, 2011 | |
| 66. 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. | | | | 67. 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. | |
| 68. Record Amendment | | | | | |

ORIGINAL - VITAL RECORDS COPY

45-2 (06/06)

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.

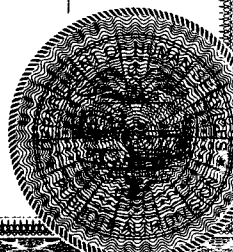
DATE ISSUED:

JUL 28 2011

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

JENNIFER A. WOODWARD, Ph.D.

STATE REGISTRAR



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

Lots 3 and 4 in Block Five of UPPER CASCADES ADDITION TO THE TOWN OF STEVENSON, according to the official plat thereof on file and of record in the office of the Auditor of Skamania County, Washington, EXCEPT the west 20 feet of said Lot 4;

ALSO: Beginning at a point 20 feet east of the southwest corner of Lot 2 of Block Five of said Upper Cascades Addition; thence east 94 feet; thence north 10 feet; thence west 94 feet; thence south 10 feet to the point of beginning;

ALSO: That part of Willard Street adjacent to the above described tracts vacated by order of the Board of Commissioners of Skamania County, Washington, dated May 2, 1927, being a strip of land 15 feet in width;

SUBJECT TO the acts and omissions of the grantees as purchasers under a real estate contract dated September 20, 1963, in fulfillment of which this conveyance is made.

Skamania County Assessor
Date 9-14-11 Parcel# 3-7-36-3-4-409
JM