AFTER RECORDING MAIL TO:

Name John Melonas

Address 2409 NE 32nd Avenue

City / State Portland, OR 97212

Sctc 32432

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. MELONAS, HELEN KATSOUKIS
2.
3.
4.
5. ☐ Additional names on page _____ of document

EXCISE TAX
29284
OCT 26 2011
PAID Exempt
Vicki Gellerson Deputy

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

1. MELONAS, JOHN G.
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)

Lots 17,18,19,20, and 21 Block 7 of THE TOWN OF STEVENSON according to the recorded plat thereof, recorded in Book A of Plats, Page 11, in the County of Skamania, State of Washington.

Skamania County Assessor
Date 10-26-11 Parcel# 2-7-1-1-1-4180
ym

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 02-07-01-1-1-4180-00

WA-1

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. 599630

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: Helen; Middle: Katsoukis; Last: MELONAS; Suffix:
2. Death Date (MON DD YYYY): August 11, 2011
3. Sex (M/F): female
4a. Age – Last Birthday: 90
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): Dec. 17, 1920
8a. Birthplace (City/Town, or County): Manchester
8b. (State or Foreign Country): New Hampshire
9. Decedent's Education: two yrs. college
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): 19909 S. E. Stark Street
14. City/Town: Portland
15. Residence County: Multnomah
16. State or Foreign Country: Oregon
17. Zip Code + 4: 97233
18. Inside City Limits? ☒ Yes ☐ No ☐ Unknown
19. Marital Status at Time of Death: widowed
20. Spouse's Name (If married or widowed, give name prior to first marriage.): John Melonas
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") Home maker
22. Kind of Business/Industry (DO NOT USE COMPANY NAME.) Home (Own)
23. Father's Name (First, Middle, Last, Suffix): George Katsoukis
24. Mother's Name Prior to First Marriage (First, Middle, Last): Ourania Kesutzie
25. Informant's Name: John Melonas
26. Telephone Number: 503-282-0277
27. Relation to Decedent: Son
28. Mailing Address (Number & Street, City/Town, State, Zip + 4): 2409 N. E. 32nd Portland,Oregon 97212
29. Place of Death: Lic.foster care home
30. Facility Name: Sylvia and John Residential Care
31. Location of Death (Give address.): 19909 S. E. Stark St.
32. City/Town or Location of Death: Portland
33. State: Oregon
34. Zip Code + 4: 97233
35. Method of Disposition: Burial
36. Place of Disposition (Name of cemetery, crematory, or other place): Stevenson City Cemetery
37. Location: Stevenson, Washington
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4): Riverview Abbey Funeral Home, 0319 S.W.Taylors Ferry Rd. Portland,Oregon 97219
39. Date of Disposition (MON DD YYYY): August 19, 2011
40. Funeral Director's Signature: Richard C. Wedlund
41. OR License Number: 3179
42. Registrar's Signature: Charlotte Hutchinson
43. Date Received (MON DD YYYY): AUG 23 2011
44. Local File Number: 003925
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: 2:05 p.m.

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. SENILE DEMENTIA	4 YEARS
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).	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: REACTIVE AIRWAY DISEASE OSTEOPOROSIS
52. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending
53. If Female: ☒ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
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): Sean Friend,MD 5635 N. E. Alameda St. Portland,Oregon 97213
63. Name and Title of Attending Physician if Other than Certifier
64. Title of Certifier: MD
65. License Number: MD19915
66. Date Signed (MON DD YYYY): 08/15/11
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. S.F. M.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. 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: AUG 23 2011

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

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

Color Form Blank Value Corporation

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

OLD COPY VOID COPY