AFN #2011179340 Recorded 10/26/2011 at 03:07 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 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 EXEMPT
29284
OCT 26 2011
PAID Exempt
Vicki Gellatly 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# 2-7-1-1-4180
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.*

CERTIFICATION OF VITAL RECORD

TYPE OR PRINT IN PERMANENT BLACK INK.

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS

I.D. TAG NO. 599630

136-

STATE FILE NUMBER

CERTIFICATE OF DEATH

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 Redlund		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.	Due to (or as a consequence of) ↓ b.			
ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).	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 ☐ 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): 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				

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

ORIGINAL - VITAL RECORDS COPY

45-2011-011934

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.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE