

WHEN RECORDED RETURN TO:
GREG & BERNICE MORAT
PO BOX 654
CARSON WA 98610

DOCUMENT TITLE(S) DEATH CERTIFICATE REMOVING LIFE ESTATE	
REFERENCE NUMBER(S) of Documents assigned or released:	REAL ESTATE EXCISE TAX 29785 NOV - 1 2012
<input type="checkbox"/> Additional numbers on page _____ of document.	
GRANTOR(S): ESTHER I KNIGHT (LIFE ESTATE)	PAID <u>exempt</u> <u>Wesley Chellars</u> SKAMANIA COUNTY TREASURER
<input type="checkbox"/> Additional names on page _____ of document.	
GRANTEE(S): GREG & BERNICE MORAT	
<input type="checkbox"/> Additional names on page _____ of document.	
LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter): LOT 16 CARSON VALLEY BK A PG 148	
<input type="checkbox"/> Complete legal on page _____ of document.	
TAX PARCEL NUMBER(S): 03081740340000	Skamania County Auditor Date <u>10-31-12</u> Parcel# <u>3-8-17-4-0-3400</u> PVA
<input type="checkbox"/> 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

446145

I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN SERVICES

CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

136-

STATE FILE NUMBER

1. Legal Name (Include AKAs, if any)				2. Death Date (MON DO YYYY)	
First Esther Middle Irene Last Knight Suffix				October 6, 2006	
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death
Female	68				Hood River
7. Birthdate (MON DO YYYY)		8a. Birthplace (City/Town, or County)		8b. (State or Foreign Country)	
Sept. 21, 1938		Detroit Lakes		Minnesota	
9. Decedent's Education			10. Was Decedent of Hispanic Origin? (yes or no, if yes, specify)		
9th Grade			No		
11. Decedent's Race(s)			12. Was Decedent Ever in U.S. Armed Forces?		
White			No		
13. Residence: Number and Street (e.g., 524 SE 5th Street, Apt. No. 8)			14. City/Town		
729 Henderson Road			Hood River		
15. Residence County		16. State or Foreign Country		17. Zip Code + 4	
Hood River		Oregon		97031	
18. Inside City Limits?			19. Marital Status at Time of Death		
Yes No Unknown			Widowed		
20. Spouse's Name (If married or widowed, give name prior to first marriage)			21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.")		
Ronald George Knight			Homemaker		
22. Kind of Business/Industry (DO NOT USE COMPANY NAME)			23. Father's Name (First, Middle, Last, Suffix)		
Own Home			Louis Askelson		
24. Mother's Name Prior to First Marriage (First, Middle, Last)			25. Informant's Name		
Alice Erickson			Bernice Morat		
26. Telephone Number			27. Relation to Decedent		
509/427-5811			Daughter		
28. Mailing Address (Number & Street, City/Town, State, Zip + 4)			29. Place of Death		
PO Box 654 Carson, WA 98610			Nursing Home		
30. Facility Name			31. Location of Death (City/Town, State, Zip + 4)		
Hood River Care Center			729 Henderson Road		
32. City/Town or Location of Death			33. State		
Hood River			Oregon		
34. Zip Code + 4			35. Method of Disposition		
97031			Removal From State		
36. Place of Disposition (Name of cemetery, crematory, or other place)			37. Location		
Wind River Memorial Cemetery			Carson, Washington		
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4)					
Gardner Funeral Home PO Box 390 White Salmon, WA 98672					
39. Date of Disposition (MON DO YYYY)			40. Funeral Director's Signature		
October 12, 2006					
41. OR License Number			42. Registrar's Signature		
64					
43. Date Received (MON DO YYYY)			44. Local File Number		
October 11, 2006			134-2006		
45. Record Amendment					
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					
1555					
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.					
CAUSE OF DEATH (See instructions and examples.)					
Final disease or condition resulting in death					
IMMEDIATE CAUSE - Pyelonephritis					
Due to (or as a consequence of)					
Sequently 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) - recurring UTI's - inducing kidney infections					
Due to (or as a consequence of) - CVA					
Due to (or as a consequence of) - h/o asparagytoma					
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:					
52. Manner of Death					
Natural Accidental Undetermined Suicide Pending					
53. If Female					
Not pregnant within past year Not pregnant, but pregnant 42 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 DO 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)					
Janet Siobom, MD 1304 Montello, Hood River, OR 97031					
63. Name and Title of Attending Physician if Other than Certifier					
64. Title of Certifier					
Physician					
65. License Number			66. Date Certified (MON DO YYYY)		
MD 21571			10-9-06		
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.					
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					

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

ORIGINAL - VITAL RECORDS COPY

45-2 (01/06)

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

OCT 12 2006

DATE ISSUED:

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

Angela Youckton

ANGELA YOUCKTON
COUNTY REGISTRAR
HOOD RIVER COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE