

WHEN RECORDED RETURN TO: <u>Greg Kock</u> <u>3301 Cook Underwood Rd</u> <u>Cook WA 98605</u>
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DOCUMENT TITLE(S) <u>Death Certificate</u>
REFERENCE NUMBER(S) of Documents assigned or released: <u>2006160442</u> <input type="checkbox"/> Additional numbers on page ____ of document.
GRANTOR(S): <u>Kock, Estella T.</u> <input type="checkbox"/> Additional names on page ____ of document.
GRANTEE(S): <u>The Public</u> <input type="checkbox"/> Additional names on page ____ of document.
LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter): <u>Sect 26 T4N R9E</u> <input checked="" type="checkbox"/> Complete legal on page <u>3</u> of document.
TAX PARCEL NUMBER(S): <u>04.09.26.0.0.05.00.00</u> <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

OR
PRINT IN
PERMANENT
BLACK INKH100366
I.D. TAG NO.OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

STATE FILE NUMBER

1. Legal Name (include AKA's, if any) First Middle Last Suffix Estella Theresa KOCK			2. Death Date (MON DO YYYY) Nov. 19, 2012		
3. Sex (MF) Female	4a. Age - Last Birthday 87	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Wasco
7. Birthdate (MON DO YYYY) June 16, 1925		8a. Birthplace (City/Town, or County) Bismarck		8b. (State or Foreign Country) North Dakota	
9. Decedent's Education High School Graduate			12. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
10. Was Decedent of Hispanic Origin? (Yes or No. If yes, specify.) No			11. Decedent's Race(s) White		
13. Residence: Number and Street (e.g., 624 SE 5th Street, Apt. No. 8) 1903 W. 13th St.			14. City/Town The Dalles		
15. Residence County Wasco		16. State or Foreign Country Oregon		17. Zip Code + 4 97058	
18. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. Marital Status at Time of Death Widowed			20. Spouse's Name (If married or widowed, give name prior to first marriage.) John Hans Kock		
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") Biological Aid			22. Kind of Business/Industry (DO NOT USE COMPANY NAME.) US Government-Fish & Wildlife		
23. Father's Name (First, Middle, Last, Suffix) Fred J. Voigt			24. Mother's Name Prior to First Marriage (First, Middle, Last) Myrtle Cooper		
25. Informant's Name Greg Kock		26. Telephone Number n/a		27. Relation to Decedent Son	
28. Mailing Address (Number & Street, City/Town, State, Zip + 4) 3301 Cook Underwood Rd. Cook, WA 98605					
29. Place of Death Adult Foster Care Home		30. Facility Name Carolyn's Adult Foster Care			
31. Location of Death (Give address.) 1903 W. 13th St.		32. City/Town or Location of Death The Dalles		33. State OR	
34. Zip Code + 4 97058					
35. Method of Disposition Removal From State		36. Place of Disposition (Name of cemetery, crematory, 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 (MON DO YYYY) Nov. 19, 2012		40. Funeral Director's Signature [Signature]		41. OR License Number RR 64	
42. Registrar's Signature [Signature]		43. Date Received (MON DO YYYY) November 28, 2012		44. Local File Number 209	
45. Record 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 2045					
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 a. <u>Heart Failure</u>		Approximate Interval: Onset to Death <u>73 weeks</u>	
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. <u>Undetermined natural causes</u>			
		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: <u>Myocardial Infarction, Hypertension</u>					
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
59. Location of Injury (Number & Street, 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, City/Town, State, Zip + 4) Valerie Hively-Blatz 1810 E. 19th Ste. 225 The Dalles OR 97058					
63. Name and Title of Attending Physician if Other than Certifier					
64. Title of Certifier [Signature]		65. License Number 0088 00775027		66. Date Signed (MON DO YYYY) 11/20/12	
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. [Signature]			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

45-2 (01/11)

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:

NOV 28 2012

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

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

QUIT CLAIM DEED

QUIT CLAIM DEED - 1