

WHEN RECORDED RETURN TO:

Colleen Mershon
1220 NE 196th Avenue
Portland, OR 97230

DOCUMENT TITLE(S):

Certificate of Death

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

N/A

GRANTOR :

Clarence Erwin Mershon

GRANTEE:

Colleen L. Mershon

ABBREVIATED LEGAL DESCRIPTION:

NE 1/4 NW 1/4 SEC 8 T3N R8E

TAX PARCEL NUMBER(S):

03080800020500 *ym*

REAL ESTATE EXCISE TAX

30277

SEP 10, 2013

PAID Exempt
Timothy O. Todd
SKAMANIA COUNTY TREASURER

EXHIBIT "A"

A tract of land in the Northeast Quarter of the Northwest Quarter of Section 8, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows.

Beginning at the intersection of the centerline of County Road No. 2053, designated as the Bear Creek Road with the West line of the Northeast quarter of the Northwest quarter of the said Section 8, said point being approximately 52 feet North of the Southwest corner of the Northeast quarter of the Northwest quarter of the said Section 8; thence in a Northeasterly direction following the centerline of said road to its intersection with the North line of the said Section 8; said point being approximately 210 feet East of the quarter corner on the North line of the said Section 8; thence West along the North line of the said Section 8 to the Northwest corner of the Northeast quarter of the Northwest quarter of the said Section 8; thence South to the point of beginning.

EXCEPT that portion Conveyed to Lendell Carpenter et. ux. by instrument recorded in Book 72, Page 425.

Also, Except that portion Conveyed to Myrl E. Avery et. ux. by instrument recorded in Book 79, Page 85.

Skamania County Assessor

Date 9-10-13 Parcel# 3-8-8-0-0-205

LM

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

VETERANS CLAIM

USE ONLY

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

660810

I.D. TAG NO.

STATE FILE NUMBER

4304525

1. Legal Name First: Clarence Middle: Erwin Last: Mershon Suffix:			2. Death Date May 10, 2013	
3. Sex Male	4. Age 82 years	5. Social Security Number		6. County of Death Multnomah
7. Birthdate April 23, 1931	8. Birthplace Portland, Oregon		9. Decedent's Education Master's degree	
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White		12. Was Decedent Ever in U.S. Armed Forces? Yes
13. Residence: Number and Street 1220 NE 196th Avenue			14. City/Town Portland	
15. Residence County Multnomah	16. State or Foreign Country Oregon	17. Zip Code + 4 97230	18. Inside City Limits? Yes	
19. Marital Status at Time of Death Married		20. Spouse's Name Prior to First Marriage Colleen Lorraine Innes		
21. Usual Occupation Principal		22. Kind of Business/Industry Elementary Education		
23. Father's Name George Wilson Mershon		24. Mother's Name Prior to First Marriage Laura Anna Wilson		
25. Informant's Name Colleen L. Mershon	26. Telephone Number Not Available	27. Relationship to Decedent Spouse	28. Mailing Address 1220 NE 196th Avenue, Portland, OR 97230	
29. Place of Death Decedent's Residence - Hospice		30. Facility Name		
31. Location of Death 1220 NE 196th Avenue		32. City/Town or Location of Death Portland	33. State Oregon	34. Zip Code + 4 97230
35. Method of Disposition Cremation		36. Place of Disposition PFS Crematory, Gresham		37. Location Gresham, Oregon
38. Name and Complete Address of Funeral Facility Bateman Carroll Funeral Home 520 W Powell Boulevard, Gresham, Oregon 97030				
39. Date of Disposition TBD		40. Funeral Director's Signature Robert B. Caffery		41. OR License Number CO-3482
42. Registrar's Signature Christine Hutchinson		43. Date Received MAY 16 2013		44. Local File Number 0004134
45. 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 0003				
CAUSE OF DEATH				
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 ventilator liberation without showing the etiology. DO NOT ABBREVIATE.				Approximate Interval: Onset to Death
Final disease or condition resulting in death: a. IMMEDIATE CAUSE Urothelial Carcinoma				4 months
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: Atrial Septal Defect				
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 (mm/dd/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 or RFD No., 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 Coroner (Number & Street or RFD No., City/Town, State, Zip + 4) Glenn A. Greider MD 1950058 Stark Portland OR 97233				
63. Name and Title of Attending Physician if Other than Coroner				
64. Title of Certifier MD		65. License Number MD 14605		66. Date Signed (mm/dd/yyyy) 5-15-13
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. Amendment				

45-2DP (01)

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 OREGON CENTER FOR HEALTH STATISTICS OR A DELEGATED LOCAL OFFICE.

DATE ISSUED:

MAY 20 2013

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

