

WHEN RECORDED RETURN TO:

Gust & Elizabeth Mann
5815 Oklahoma Drive
Vancouver, WA 98661

REAL ESTATE EXCISE TAX

30382

NOV 14 2013

PAID *exempt*
Vickie Chelland
SKAMANIA COUNTY TREASURER

DOCUMENT TITLE(S):
Certificate of Death

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
Katherine G. Melonas

GRANTEE:
Katherine Alice Mann who acquired title as Katherine Alice Putnam, An Unmarried Woman; Gust John Mann, A Married Man As His Sole and Separate Property; Paul Michael Mann, A Married Man As His Sole and Separate Property

LEGAL DESCRIPTION:
Lots 14, 15 and 16, Block 7, TOWN OF STEVENSON, recorded in Book 1, Page 11 of Plat Records, in the City of Stevenson, County of Skamania and State of Washington.

TAX PARCEL NUMBER(S):
02-07-01-1-1-4100-00

Skamania County Assessor
Date 11-14-13 Parcel# 2-7-1-1-1-4100
Zm

STATE OF OREGON
CERTIFICATION OF VITAL RECORD

TYPE OR PRINT IN PERMANENT BLACK INK

100017 I.D. TAG NO. 02091 Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH 136- State File Number 91-008061

1. DECEDENT'S NAME: Katherine G. MELONAS
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): April 19, 1991
4. SOCIAL SECURITY NUMBER: [REDACTED]
5a. AGE - Last Birthday (Years): 95
5b. Under 1 Year: [REDACTED]
5c. Under 1 Day: [REDACTED]
6. BIRTHPLACE (City and State or Foreign Country): Trizonia, Greece
7. DATE OF BIRTH (Month, Day, Year): March 15, 1896
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [REDACTED]
9a. PLACE OF DEATH (Check only one): ☒ Hospital ☐ Home ☐ ER/Outpatient ☐ DCA ☐ Other: [REDACTED]
9b. FACILITY NAME (If not institution, give street and number): Portland Adventist Convalescent Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Portland
9d. COUNTY OF DEATH: Multnomah
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Homemaker
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SPOUSE (If Married, Widowed): Gust
13a. RESIDENCE - STATE: Washington
13b. COUNTY: Skamania
13c. CITY, TOWN, OR LOCATION: Stevenson
13d. STREET AND NUMBER: Box 344
13e. INSIDE CITY LIMITS? [REDACTED]
13f. ZIP CODE: 98648
14. WAS DECEDENT OF FOREIGN BIRTH? (Specify No or Yes - If Yes, specify Country, Mexican, Puerto Rican, etc.): Yes
15. RACE (American Indian, Black, White, etc. (Specify)): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (10-12) College (1-4 or 5+)
17. FATHER - NAME, first, middle, last: Sotiri Zaharopoulos
18. MOTHER - NAME, first, middle, last: Vasilia Karagiannis
19. SPONSOR - Name and relationship to decedent: John Melonas - Son
20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Disposal from State ☐ Donation ☐ Other (Specify): [REDACTED]
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Stevenson Cemetery
20c. LOCATION - City or Town, State: Stevenson, Washington
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [REDACTED]
21b. LICENSE NUMBER (Of Licensee): 5179
22. NAME, ADDRESS AND ZIP OF FACILITY: Hennessey, Goetsch & McGee Mortuary, 210 N.W. 17th Ave., Portland, OR 97209
23. DATE FILED (Month, Day, Year): APR 20 1991
24. SIGNATURE OF REGISTRAR: [REDACTED]
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT TO RESEARCH? ☐ YES ☐ NO ☒ N/A
26. DID GIFT REACT? ☐ YES ☐ NO ☒ N/A
27. TIME OF DEATH: 10:45 P.M.
28. WAS MEDICAL EXAMINER NOTIFIED? ☒ YES ☐ NO
29. To the best of my knowledge, death occurred at the time, date, place, and due to the cause(s) and manner stated. (Signature): [REDACTED]
30. DATE SIGNED (Month, Day, Year): 4-23-91
31. TIME OF DEATH: [REDACTED]
32. DATE PRONOUNCED DEAD (Month, Day, Year): [REDACTED]
33. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): [REDACTED]
34. DATE SIGNED (Month, Day, Year): [REDACTED]
35. COUNTY: [REDACTED]
36. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type & Print): Robert W. Epstein, M.D., 800 S.W. 15th, Portland, Oregon 97205
37. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type & Print): [REDACTED]
38. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Do not enter mode of death, e.g. Cardiac or Respiratory Arrest.
(a) DUE TO, OR AS A CONSEQUENCE OF: Cerebral Venous Thrombosis - Heart Aneurysm
(b) DUE TO, OR AS A CONSEQUENCE OF: Atherosclerosis
(c) DUE TO, OR AS A CONSEQUENCE OF: [REDACTED]
39. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in PART I.
40. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accidental ☐ Undetermined ☐ Suicide ☐ Homicide ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year): [REDACTED]
41b. TIME OF INJURY: [REDACTED]
41c. INJURY AT WORK? ☐ YES ☒ NO
41d. PLACE OF INJURY: At home, farm, street, factory, office, building, etc. (Specify): [REDACTED]
41e. LOCATION (Street and Number or Rural Route Number, City or Town, State): [REDACTED]
42. Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Probably ☐ Not
43. Did alcohol use contribute to the death? ☐ Yes ☒ No ☐ Probably ☐ Not
44. Did drug use contribute to the death? ☐ Yes ☒ No ☐ Probably ☐ Not
45. Did other factors contribute to the death? ☐ Yes ☒ No ☐ Probably ☐ Not
46. Did findings considered a determining cause of death? ☐ Yes ☒ No ☐ Probably ☐ Not

ORIGINAL - VITAL STATISTICS COPY



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: AUG 13 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