

Return Address:
Northwest Trustee Services, Inc.
6 Centerpointe Drive, Ste. 360
Lake Oswego, OR 97035

Please print or type information **WASHINGTON STATE RECORDER'S Cover Sheet** (RCW 65.04)

Document Title(s) (or transactions contained therein): (all areas applicable to your document <u>must</u> be filled in) 1. Death Certificate _____ 2. _____ 3. _____ 4. _____	
Reference Number(s) of Documents assigned or released: Additional reference #'s on page _____ of document	
Grantor(s) Exactly as name(s) appear on document 1. Carolyn Kay Such _____, _____ 2. _____, _____ Additional names on page _____ of document.	
Grantee(s) Exactly as name(s) appear on document 1. State of Oregon _____, _____ 2. _____, _____ Additional names on page _____ of document.	
Legal description (abbreviated: i.e. lot, block, plat or section, township, range) _ Lot 3, Blk. 6, Relocated North Bonneville, Book 'B, Pg. 12, WM. _____ Additional legal is on page _____ of document.	
Assessor's Property Tax Parcel/Account Number <input type="checkbox"/> Assessor Tax # not yet assigned _ 02072043200000 _____	
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 provided herein.	

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Party Signature of Requesting

Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

STATE OF OREGON
CERTIFICATION OF VITAL RECORD

489747

I.D. TAG NO.

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-2007-024215

STATE FILE NUMBER

Legal Name	First	Middle	Last	Suffix	Death Date
	Carolyn	Kay	Such		October 03, 2007
Sex	Age	Social Security Number	County of Death		
Female	65 years		Hood River		
Birthdate	Birthplace	Was Decedent Ever in U.S. Armed Forces?			
	Colorado Springs, Colorado	No			
Residence	City/Town				
729 Henderson Road	Hood River				
Residence County	State or Foreign Country	Zip Code + 4	Inside City Limits?		
Hood River	Oregon	97031	Yes		
Marital Status at Time of Death	Spouse's Name Prior to First Marriage				
Married	Marvin Thomas Such				
Father's Name	Mother's Name Prior to First Marriage				
Bernard Yoachum					
Informant's Name	Telephone Number	Relationship to Decedent	Mailing Address		
Marvin Such	Not Available	Spouse	PO Box 427, North Bonneville, WA 98639		
Place of Death	Facility Name				
Nursing Facility	Hood River Care Center				
Location of Death	City/Town or Location of Death	State	Zip Code + 4		
729 Henderson Rd	Hood River	Oregon	97031		
Method of Disposition	Place of Disposition	Location (City/Town and State)			
Removal From State	Cascade Pioneer Cemetery	North Bonneville, Washington			
Name and Complete Address of Funeral Facility		1270 N Main, White Salmon, Washington 98672			
Gardner Funeral Home					
Date of Disposition	Funeral Director's Signature	GR License Number			
October 09, 2007	/S/ Derek P. Krentz	RR64			
Registrar's Signature	Date Issued	Local File Number			
/S/ Maria C. Santoyo	October 11, 2007	108-2007			
Amendment					

45-2CCS (01/06)



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.

December 06, 2013

DATE ISSUED:

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