

**AFTER RECORDING RETURN TO:**

RCO LEGAL, P.S.  
13555 SE 36<sup>TH</sup> ST., SUITE 200  
BELLEVUE, WA 98006  
Ref: 77651

**Document Title:**  
WASHINGTON STATE DEATH CERTIFICATE

**Reference Number(s) of Documents:**  
DEED OF TRUST RECORDING NO. 148331

**Grantor:**  
JEAN SAULIE

**Grantee:**  
THE GENERAL PUBLIC

**Legal Description as follows:**  
Lot 19, Columbia Heights, according to the recorded Plat thereof, recorded in Book 'A' of Plats,  
Page 136, in the County of Skamania, State of Washington.

**Assessor's Property Tax Parcel/Account Number:**  
03 08 29 4 1 2500 00

# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

### OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

663970  
I.D. TAG NO.

136-2013-012627  
STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name		First <b>Jean</b>	Middle	Last <b>Saulie</b>	Suffix	Death Date <b>May 07, 2013</b>	
	Sex <b>Female</b>	Age <b>83 years</b>	Social Security Number		County of Death <b>Hood River</b>			
	Birthdate	Birthplace <b>Walsh, Colorado</b>		Was Decedent Ever in U.S. Armed Forces? <b>No</b>				
	Residence: <b>332 Columbia Drive</b>				City/Town <b>Carson</b>			
	Residence County <b>Skamania</b>		State or Foreign Country <b>Washington</b>		Zip Code + 4 <b>98610</b>		Inside City Limits? <b>Yes</b>	
	Marital Status at Time of Death <b>Married</b>		Spouse's Name Prior to First Marriage <b>Ivor Jones</b>					
	Father's Name <b>Orlen Harvey</b>			Mother's Name Prior to First Marriage				
	Informant's Name <b>Jason Hall</b>		Telephone Number <b>Not Available</b>	Relationship to Decedent <b>Son</b>		Mailing Address <b>PO Box 615, Carson, WA 98610</b>		
	Place of Death <b>Nursing Facility</b>		Facility Name <b>Hood River Care Center</b>					
	Location of Death <b>729 Henderson Rd</b>		City/Town or Location of Death <b>Hood River</b>		State <b>Oregon</b>	Zip Code + 4 <b>97031</b>		
	Method of Disposition <b>Cremation</b>		Place of Disposition <b>Cascade Cremation Center</b>			Location (City/Town and State) <b>Tualatin, Oregon</b>		
	Name and Complete Address of Funeral Facility <b>Crown Memorial Center, Cremation &amp; Burial - Portland 832 NE Broadway Street, Portland, Oregon 97232</b>							
	Date of Disposition <b>TBD</b>	Funeral Director's Signature <i>Bruce D. Fuller</i>			Electronically Signed	OR License Number <b>FS-0496</b>		
	Registrar's Signature <i>/s/ Maria C Santoyo</i>		Date Received <b>May 21, 2013</b>		Local File Number <b>063-2013</b>			
	Amendment							

TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner?	<b>No</b>	Autopsy?	<b>No</b>	Were autopsy findings available to complete the cause of death?	Time of Death <b>0100</b>
	CAUSE OF DEATH					Approximate Interval: Onset to Death
	IMMEDIATE CAUSE ↓ a. <b>dehydration</b>					<b>days</b>
	Due to (or as a consequence of) ↓ b. <b>stroke</b>					<b>days</b>
	Due to (or as a consequence of) ↓ c.					
	Due to (or as a consequence of) ↓ d.					
	Other significant conditions contributing to death <b>dementia;</b>					
	Manner of Death <b>Natural</b>	If Female	Did tobacco use contribute to death? <b>No</b>			
	Date of Injury	Time of Injury	Place of Injury			Injury at Work?
	Location of Injury					
Describe how injury occurred					If transportation injury, specify.	
Name and Address of Certifier <b>Christopher Phillip Samuels 5 Echo Glen Road, White Salmon, Washington 98672</b>						
Name and Title of Attending Physician If Other than Certifier				Date Signed <b>May 17, 2013</b>		
Medical Certifier <i>/s/ Christopher Phillip Samuels</i>			Title of Certifier <b>M.D.</b>	License Number <b>MD27417</b>		
Amendment						

45-2CC (01/06)

  
 \*20131216168\*

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 30, 2013**

DATE ISSUED: \_\_\_\_\_

  
**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

