

AFTER RECORDING RETURN TO:

RCO LEGAL, P.S.
13555 SE 36TH 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	Middle	Last	Suffix	Death Date	
		Jean		Saulie		May 07, 2013	
Sex	Age		Social Security Number		County of Death		
Female	83 years				Hood River		
Birthdate	Birthplace				Was Decedent Ever in U.S. Armed Forces?		
	Walsh, Colorado				No		
Residence:				City/Town			
332 Columbia Drive				Carson			
Residence County			State or Foreign Country		Zip Code + 4		Inside City Limits?
Skamania			Washington		98610		Yes
Marital Status at Time of Death			Spouse's Name Prior to First Marriage				
Married			Ivor Jones				
Father's Name				Mother's Name Prior to First Marriage			
Orlen Harvey							
Informant's Name		Telephone Number	Relationship to Decedent		Mailing Address		
Jason Hall		Not Available	Son		PO Box 615, Carson, WA 98610		
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)			
Cremation		Cascade Cremation Center		Tualatin, Oregon			
Name and Complete Address of Funeral Facility							
Crown Memorial Center, Cremation & Burial - Portland 832 NE Broadway Street, Portland, Oregon 97232							
Date of Disposition		Funeral Director's Signature		Electronically Signed		OR License Number	
TBD		Bruce D. Fuller				FS-0496	
Registrar's Signature		Date Received		Local File Number			
/S/ Maria C Santoyo		May 21, 2013		063-2013			
Amendment							

TO BE COMPLETED BY MEDICAL CERTIFIER

Was case referred to Medical Examiner?		Autopsy?		Were autopsy findings available to complete the cause of death?		Time of Death	
No		No				0100	
CAUSE OF DEATH						Approximate Interval:	
IMMEDIATE CAUSE ↓						Onset to Death	
a. dehydration						days	
Due to (or as a consequence of) ↓							
b. stroke						days	
Due to (or as a consequence of) ↓							
c.							
Due to (or as a consequence of) ↓							
d.							
Other significant conditions contributing to death							
dementia;							
Manner of Death		If Female		Did tobacco use contribute to death?			
Natural				No			
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				5 Echo Glen Road, White Salmon, Washington 98672			
Christopher Phillip Samuels							
Name and Title of Attending Physician If Other than Certifier				Date Signed			
				May 17, 2013			
Medical Certifier		Title of Certifier		License Number			
/S/ Christopher Phillip Samuels		M.D.		MD27417			
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: _____
THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

