

WHEN RECORDED RETURN TO:

Corrine Tucker  
93941 Blind Slough Station Road  
Astoria, OR 970103

DOCUMENT TITLE(S):  
CERTIFICATE OF DEATH

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:  
THOMAS JAMES TUCKER

GRANTEE:  
CORRINE A. TUCKER, A WIDOW

REAL ESTATE EXCISE TAX

30879

OCT - 2, 2014

PAID Exempt  
*[Signature]*  
SKAMANIA COUNTY TREASURER

FULL LEGAL DESCRIPTION:

That portion of the Westerly 36 Rods of the Northerly 67 Rods of the Northwest Quarter of the Northeast Quarter of Section 36, Township 3 North, Range 7 ½ East of the Willamette Meridian, in the County of Skamania, State of Washington, lying Southerly of the County Road known as Loop Road..

Skamania County Assessor  
Date 10-2-14 Parcel 3-75-36-1-300  
*[Signature]*

TAX PARCEL NUMBER(S):  
03-75-36-1-0-0300-00

## CERTIFICATION OF VITAL RECORD

Account Number 592-01000309744

Page 2 of 2

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK493232  
I.D. TAG NO.OREGON DEPARTMENT OF HUMAN SERVICES  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

136-

STATE FILE NUMBER

1. Legal Name (include AKAs, if any) First: Thomas Middle: James Last: Tucker Suffix:					2. Death Date (MM/DD/YYYY) August 9, 2007	
3. Sex (M/F) Male	4a. Age - Last Birthday 71	4b. Under 1 Year Months: Days:	4c. Under 1 Day Hours: Minutes:	5. Social Security Number	6. County of Death Clatsop	
7. Birthdate (MM/DD/YYYY) May 12, 1936		8a. Birthplace (City/Town, or County) Portland		8b. (State or Foreign Country) Oregon		9. Decedent's Education Some College; no degree
10. Was Decedent of Hispanic Origin? (Yes or No. If yes, specify): No			11. Decedent's Race(s) White		12. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13. Residence: Number and Street (e.g., 524 SE 5th Street, Apt. No. 5) 93941 Blind Slough/Station Road				14. City/Town Astoria		
15. Residence County Clatsop		16. State or Foreign Country Oregon		17. Zip Code + 4 97103		18. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. Marital Status at Time of Death Married			20. Spouse's Name (if married or widowed, give name prior to first marriage) Corrine A. Chandler			
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") Owner/Operator				22. Kind of Business/Industry (DO NOT USE COMPANY NAME.) Logging		
23. Father's Name (First, Middle, Last) Jamison Joseph Tucker				24. Mother's Name Prior to First Marriage (First, Middle, Last) Clarice Alice Vial		
25. Informant's Name Corrine A. Tucker		26. Telephone Number 503-458-6343		27. Relation to Decedent Wife		28. Mailing Address (Number & Street, City/Town, State, Zip + 4) 93941 Blind Slough/Station Rd., Astoria, Oregon 97103
29. Place of Death Decedent's Residence			30. Facility Name		31. Location of Death (give address) 93941 Blind Slough/Station Road	
32. City/Town or Location of Death Astoria			33. State Oregon		34. Zip Code + 4 97103	
35. Method of Disposition Cremation		36. Place of Disposition (Name of Cemetery, crematory, or other place) Hughes-Ransom Crematory			37. Location Astoria, Oregon	
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) Hughes-Ransom Cremation & Mortuaries, 576 12th Street, Astoria, Oregon 97103						
39. Date of Disposition (MM/DD/YYYY) August 13, 2007			40. Funeral Director's Signature		41. OR License Number 3752	
42. Registrar's Signature Dawn Lewis			43. Date Received (MM/DD/YYYY) AUG 22 2007		44. Local File Number 203	
45. Record 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 0700						
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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Approximate Interval: Onset to Death						
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:						
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accidental <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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <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, 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 Certifier (Number & Street, City/Town, State, Zip + 4) Keith Larter, M.D., 15700 Southwest Greystone Court, Beaverton, Oregon 97006						
63. Name and Title of Attending Physician if Other than Certifier						
64. Title of Certifier M.D. KEITH S. LARTER						
65. License Number MA 14125						
66. Date Certified (MM/DD/YYYY) AUG 22 2007						
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. Record Amendment						

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY  
REGISTERED AT THE OFFICE OF THE CLATSOP COUNTY REGISTRAR.

DATE ISSUED:

AUG 22 2007

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

JOELL E. ARCHIBALD  
COUNTY REGISTRAR  
CLATSOP COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE