

WHEN RECORDED RETURN TO:

Nick Sauvie
4201 SE Odgen
Portland, OR 97206

DOCUMENT TITLE(S):
CERTIFICATE OF DEATH

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
CHARLES LOUIS SAUVIE

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
30978
DEC -4 2014

PAID *Exempt*
cy deputy
SKAMANIA COUNTY TREASURER

GRANTEE:
NICK SAUVIE, A MARRIED MAN AS HIS SEPARATE ESTATE

LEGAL DESCRIPTION:
The East Half of the Northeast Quarter, the Northeast Quarter of the Southeast Quarter, the East Half of the Northwest Quarter of the Northeast Quarter and the Southwest Quarter of the Northwest Quarter of the Northeast Quarter all in Section 35, Township 2 North, Range 5 East, W.M.

Skamania County Assessor
Date *12/4/14* Parcel# *2-5-35-100*
GS.

TAX PARCEL NUMBER(S):
02-05-35-0-0-0100-00

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

644993

I.D. TAG NO.

STATE FILE NUMBER

1. Legal Name First: Charles Middle: Louis Last: Sauvie Suffix:		2. Death Date March 01, 2013	
3. Sex Male	4. Age 89 years	5. Social Security Number [REDACTED]	6. County of Death Washington
7. Birthdate October 16, 1923	8. Birthplace Portland, Oregon	9. Decedent's Education Master's degree	
10. Was Decedent of Hispanic Origin? No	11. Decedent's Race(s) White	12. Was Decedent Ever in U.S. Armed Forces? No	
13. Residence: Number and Street 832 NE Laurelhurst Place		14. City/Town Portland	
15. Residence County Multnomah	16. State or Foreign Country Oregon	17. Zip Code + 4 97232	18. Inside City Limits? Yes
19. Marital Status at Time of Death Widowed	20. Spouse's Name Prior to First Marriage Joyce Marilyn Crawford		
21. Usual Occupation Economist	22. Kind of Business/Industry Public Utilities		
23. Father's Name Fernand Valentin Sauvie		24. Mother's Name Prior to First Marriage Perrine Marias	
25. Informant's Name Phil Sauvie	26. Telephone Number Not Available	27. Relationship to Decedent Son	28. Mailing Address 1000 SW Vista Avenue #209, Portland, OR 97205
29. Place of Death Hospital-Inpatient	30. Facility Name Providence St. Vincent Medical Center		
31. Location of Death 9205 SW Barnes Road	32. City/Town or Location of Death Portland	33. State Oregon	34. Zip Code + 4 97225
35. Method of Disposition Burial	36. Place of Disposition Mt. Calvary Catholic Cemetery	37. Location Portland, Oregon	
38. Name and Complete Address of Funeral Facility Zeller Chapel Of The Roses 2107 NE Broadway St. Portland, Oregon 97232			
39. Date of Disposition TBD	40. Funeral Director's Signature Shawn C. Elliott	41. OR License Number CO-3579	42. Local File Number 13-0630
43. Registrar's Signature Julie L. Clarke	44. Date Registered MAR 06 2013	45. 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 12:57 AM
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 vascular thrombosis without showing the etiology. DO NOT ABBREVIATE.			Approximate Interval: Ours to Death
Final disease or condition resulting in death → Due to (or as a consequence of) → Due to (or as a consequence of) → Due to (or as a consequence of) → Due to (or as a consequence of) →			minutes
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"/> Undetermined <input type="checkbox"/> Accidental <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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 or RFD No., 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 or RFD No., City/Town, State, Zip + 4) C. STOCK 9205 SW Barnes Rd. Portland, OR 97225 Hospitalist Dept. First Floor			
63. Name and Title of Attending Physician if Other than Certifier			
64. Title of Certifier MD		65. License Number MD27730	66. Date Signed (MM/DD/YYYY) 3-5-2013
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. Amendment			

45-2DP (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.

DATE ISSUED:

MAR 06 2013

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

