AFN #2014002093 Recorded 12/04/2014 at 09:37 AM DocType: DEATH Filed by:
COLUMBIA GORGE TITLE Page: 1 of 2 Auditor Timothy O. Todd Skamania County, WA

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:

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
30980
DEC - 4 2014

GRANTOR:
SUZANNE MARY GRESSEL

PAID exempt
a 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
G.S.

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

Unofficial Copy

STATE OF OREGON
CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS

637936 — I.D. TAG NO.

CERTIFICATE OF DEATH

STATE FILE NUMBER *4269736*

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name: First: Suzanne; Middle: Mary; Last: Gressel; Suffix:				2. Death Date: December 16, 2012
3. Sex: Female	4. Age: 81 years	5. Social Security Number: [redacted]		6. County of Death: Multnomah
7. Birthdate: August 20, 1931	8. Birthplace: Portland, Oregon			9. Decedent's Education: Bachelor'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: 2958 NE 64th Avenue			14. City/Town: Portland	
15. Residence County: Multnomah	16. State or Foreign Country: Oregon	17. Zip Code + 4: 97213		18. Inside City Limits? Yes
19. Marital Status at Time of Death: Married	20. Spouse's Name Prior to First Marriage: Kevin Dale Gressel			
21. Usual Occupation: Homemaker			22. Kind of Business/Industry: Own Home	
23. Father's Name: Fernand V. Sauvie			24. Mother's Name Prior to First Marriage: Perrine M. Marias	
25. Informant's Name: Kevin Dale Gressel	26. Telephone Number: Not Available	27. Relationship to Decedent: Spouse	28. Mailing Address: 2958 NE 64th Avenue, Portland, OR 97213	
29. Place of Death: Licensed Adult Foster Home		30. Facility Name: Ellenwood Adult Care Home		
31. Location of Death: 822 NE 117th Avenue		32. City/Town or Location of Death: Portland	33. State: Oregon	34. Zip Code + 4: 97220
35. Method of Disposition: Cremation	36. Place of Disposition: Portland Cremation Center, LLC		37. Location: Portland, Oregon	
38. Name and Complete Address of Funeral Facility: Rose City Funeral Home — 5625 NE Fremont Street, Portland, Oregon 97213				
39. Date of Disposition: TBD	40. Funeral Director's Signature: Scotti J Cabeceiras (Electronically Signed)		41. OR License Number: CO-3850	
42. Registrar's Signature: [signature]	43. Date Received: DEC 21 2012		44. Local File Number: [illegible]	
45. Amendment				

TO BE COMPLETED BY MEDICAL CERTIFIER

46. Was case referred to Medical Examiner? ☐ Yes ☒ No	47. Autopsy? ☐ Yes ☒ No	48. Were autopsy findings available to complete the cause of death? ☐ Yes ☐ No	49. Time of Death: 1145

CAUSE OF DEATH

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.

Final disease or condition resulting in death → Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		Approximate Interval: Onset to Death
IMMEDIATE CAUSE	a. Breast Cancer Infiltrating Ductal	2 years
Due to (or as a consequence of)	b.	
Due to (or as a consequence of)	c.	
Due to (or as a consequence of)	d.	

51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:

52. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending	53. If Female: ☒ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Unknown if pregnant within the past year ☐ Not pregnant, but pregnant within 42 days before death	54. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☒ No ☐ Unknown

55. Date of Injury (MON DD YYYY)	56. Time of Injury	57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	58. Injury at Work? ☐ Yes ☐ No ☐ 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: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4): Louise Clark MD 2701 NW Vaughn St #140 Portland, OR 97210

63. Name and Title of Attending Physician if Other than Certifier

64. Title of Certifier: MD	65. License Number: MD00029505	66. Date Signed (MON DD YYYY): 12 19 12

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. [signature]

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

45-2DR

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: DEC 21 2012

Jennifer A. Woodward
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

UNOFFICIAL