

AFTER RECORDING RETURN TO:

Name: Wyers|Wyers, Attorneys
Address: P. O. Box 421
City/State: Bingen, WA 98605-0421

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

31585
DEC 15 2015

PAID

Exempt
cy. 2/2/14
SKAMANIA COUNTY TREASURER

Document Title(s): (or transactions contained therein)

1. Certificate of Death

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)

1. Chevalier, Raymond Albert

☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1. The Public

☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/
quarter/quarter) Lots 2 & 3, Blk 3, Hamilton's First to Underwood

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel/Account Number(s): 03 10 23 22 0600 00

Skamania County Assessor

Date 12-14-15 Parcel# 03-10-23-22-0600-00

2m

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

693772

I.D. TAG NO.

136-2015-028560

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

Legal Name	First Raymond	Middle Albert	Last Chevalier	Suffix	Death Date October 29, 2015
Sex Male	Age 95 years	Social Security Number [REDACTED]		County of Death Wasco	
Birthdate September 06, 1920	Birthplace Foley, Minnesota			Was Decedent Ever in U.S. Armed Forces? Yes	
Residence: 82 Hamilton			City/Town Underwood		
Residence County Skamania		State or Foreign Country Washington		Zip Code + 4 98651	Inside City Limits? No
Marital Status at Time of Death Widowed		Spouse's Name Prior to First Marriage Elnora Rose Chevalier			
Father's Name William B Chevalier			Mother's Name Prior to First Marriage Rose Milton		
Informant's Name Roy Chevalier		Telephone Number Not Available	Relationship to Decedent Son	Mailing Address 13710 NE 94th Circle, Vancouver, WA 98682	
Place of Death Nursing Facility		Facility Name Oregon Veterans' Home			
Location of Death 700 Veterans Dr		City/Town or Location of Death The Dalles		State Oregon	Zip Code + 4 97058
Method of Disposition Removal From State		Place of Disposition Columbia River Crematory		Location (City/Town and State) White Salmon, Washington	
Name and Complete Address of Funeral Facility Gardner Funeral Home 1270 N Main, White Salmon, Washington 98672					
Date of Disposition October 29, 2015	Funeral Director's Signature Derek F. Krentz		Electronically Signed	OR License Number CO-3892	
Registrar's Signature Jennifer A. Woodward		Date Received November 06, 2015		Local File Number	
Amendment					

TO BE COMPLETED BY MEDICAL CERTIFIER

Was case referred to Medical Examiner? No	Autopsy? No	Were autopsy findings available to complete the cause of death?		Time of Death 09:00 AM
CAUSE OF DEATH IMMEDIATE CAUSE ↓ a. undetermined natural causes				Approximate Interval: Onset to Death 3 days
Due to (or as a consequence of) ↓ b.				
Due to (or as a consequence of) ↓ c.				
Due to (or as a consequence of) ↓ d.				
Other significant conditions contributing to death				
Manner of Death Natural	If Female Not Applicable		Did tobacco use contribute to death? 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 Valerie A Hiveley-Blatz 1015 Webber Street 100, The Dalles, Oregon 97058				
Name and Title of Attending Physician if Other than Certifier			Date Signed November 06, 2015	
Medical Certifier Valerie A Hiveley-Blatz		Electronically Signed	Title of Certifier N.P.	License Number 088007756N4
Amendment				



20151107125

45-2CC (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:

November 09, 2015

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

