AFN #2016001102 Recorded Jun 13, 2016 12:03 PM DocType: DEATH Filed by: WYERS LAW, PC Page: 1 of 2 File Fee: \$34.00 Auditor Robert J. Waymire Skamania County, WA

## **AFTER RECORDING RETURN TO:**

Name: Wyers Wyers, Attorneys	
Address: P. O. Box 421	
City/State: Bingen, WA 98605-0421	
Document Title(s): (or transactions contained therein)	10
1. Certificate of Death	
Reference Number(s) of Documents assigned or released:	,
☐ Additional numbers on page of document	4
Grantor(s): (Last name first, then first name and initials)	_ \
1. Rutherford, Thomas Raymond	
☐ 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 oquarter/quarter)	or section/township/range/
☐ Complete legal description is on pageof docu	ument
Assessor's Property Tax Parcel/Account Number(s):	

AFN #2016001102 Page: 2 of 2



CERTIFICATION OF VITAL RECORD



750330 I.D. TAG NO.

## OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS

136-2016-007525

CERTIFICATE OF DEATH STATE FILE NUMBER

	Legal Name First Thomas	Middle	nd Rutherfor	٠ Sı	ıffix	Death Date
	THUITIGS	Raymor	ia Rutileitoi	u 		March 26, 2016
	Sex Male	<sup>Age</sup> 72 years	Social Security Number		County of Dea Multnom	
	Birthdate April 24, 1943	Birthplace Haver	, Montana			ecedent Ever in med Forces? No
I	Residence: 322 Hale Road			City/Town Underwood		
	Residence County <b>Skamania</b>	State	or Foreign Country Washington	Zip Code + 4 98651		Inside City Limits?
	Marital Status at Time of Death Married	Spou	use's Name Prior to First Ma	Ċarolgene Ver	na Baumai	
	Father's Name Thomas Alexander Ruth	nerford		Mother's Name Prior to Fire Geraldine Donna	t Marriage Winterrow	d l
ı	Informant's Name Carol Rutherford	Telephone Nun	able Spouse	Decedent Mailing Address 322 Hale F	Road, Unde	rwood, WA 98651
	Place of Death Hospital-Inpatient			uel Medical Center		
	Location of Death 2801 N Gantenbein		City/Town or Locati Portland	on of Death	State Oregon	Zip Code + 4 97227
	Method of Disposition Removal From State		ver Crematory		Location (City/To White Sali	own and State) Mon, Washington
ı	Name and Complete Address of Fun Gardner Funeral Home	eral Facility	1270 N Ma	in, White Salmon, V	- Nashinator	n 98672
	Date of Disposition	Funeral Director's S	Signature	Elec	ronically OR Lic	cense Number CO-3892
٩	March 28, 2016 Registrar's Signature	· ( , d , d ) . (	Derek F. Krentz	Date Received	igned Local I	File Number
	Amendment Jen	nnifer A. Woodw	ara	March 30, 2016		
				· .		
	Was case referred to Medical Exami	ner? Autopsy?	No Were autopsy	findings available to complet	e the cause of de	0753
	CAUSE OF DEATH	Yes	No	4	e the cause of de	0753 Approximate Interval: Onset to Death
	CAUSE OF DEATH	Yes		4	e the cause of de	0753
	CAUSE OF DEATH  IMMEDIATE CAUSE BLUNT F	Yes	No	4	e the cause of de	0753 Approximate Interval: Onset to Death
	CAUSE OF DEATH  IMMEDIATE CAUSE BLUNT For the control of the contr	Yes	No	4	e the cause of de	0753 Approximate Interval: Onset to Death
	CAUSE OF DEATH  IMMEDIATE CAUSE BLUNT F.  Due to (or as a consequence of) \$\$  Due to (or as a consequence of) \$\$  C.  Due to (or as a consequence of) \$\$  d.  Other significant conditions contributed.	Yes ORCE HEAD INJ	No URY WITH SKULL	FRACTURE		O753 Approximate Interval: Onset to Death Not Stated
	CAUSE OF DEATH  IMMEDIATE CAUSE BLUNT F.  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 contribut CORONARY ARTERY DI	Yes  ORCE HEAD INJ	No URY WITH SKULL	FRACTURE	PY (PLAVI)	O753 Approximate Interval: Onset to Death Not Stated
,	CAUSE OF DEATH  IMMEDIATE CAUSE  BLUNT  a.  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 contribut  CORONARY ARTERY DI  Manner of Death  Accident  Date of Injury	Yes  ORCE HEAD INJ  Ing to death SEASE, HYPERT If Female Not Applica me of Injury Place	URY WITH SKULL  ENSION, ANTICO	FRACTURE  AGULATION THERA	PY (PLAVI)	Approximate Interval: Onset to Death Not Stated  X) Coco use contribute to death?  Injury at Work?
,	CAUSE OF DEATH  IMMEDIATE CAUSE  BLUNT F  a.  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 contribut CORONARY ARTERY DI Manner of Death Accident  Date of Injury March 24, 2016  Location of Injury	Yes  ORCE HEAD INJ  Ing to death SEASE, HYPERT If Female Not Application me of injury Jinknown	URY WITH SKULL ENSION, ANTICO able a of Injury Other - Pa	FRACTURE  AGULATION THERA	PY (PLAVI)	Approximate Interval: Onset to Death Not Stated  X)  Coco use contribute to death?
,	CAUSE OF DEATH  IMMEDIATE CAUSE  BLUNT  a.  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 contribut  CORONARY ARTERY DI  Manner of Death  Accident  Date of Injury  March 24, 2016  Location of Injury  50152 Washington Stat  Describe how injury occurred	Yes  ORCE HEAD INJ  Ing to death SEASE, HYPERT If Female Not Application In Flace In Flace In Flace In Flace In Route 14, Stern	URY WITH SKULL ENSION, ANTICO able a of Injury Other - Pa	FRACTURE  AGULATION THERA  rking Lot on 98648	PY (PLAVI)	Approximate Interval: Onset to Death  Not Stated  X)  coo use contribute to death?  Injury at Work? Yes
	CAUSE OF DEATH  IMMEDIATE CAUSE  BLUNT  B.  Due to (or as a consequence of)   c.  Due to (or as a consequence of)   d.  Other significant conditions contribut CORONARY ARTERY DI Manner of Death Accident  Date of Injury  March 24, 2016  Location of Injury  50152 Washington State  Describe how injury occurred Fell from the back of a Name and Address of Certifier	Yes  ORCE HEAD INJ  Ing to death SEASE, HYPERT If Female Not Application In Flace In Flace In Flace In Flace In Route 14, Stern	URY WITH SKULL ENSION, ANTICO able of Injury Other - Pa	FRACTURE  AGULATION THERA  rking Lot  on 98648	PY (PLAVI) Did tobac No	Approximate Interval: Onset to Death Not Stated  X) Coco use contribute to death?  Injury at Work? Yes  ry, specify.
	CAUSE OF DEATH  IMMEDIATE CAUSE  BLUNT  B.  Due to (or as a consequence of)   c.  Due to (or as a consequence of)   d.  Other significant conditions contribut  CORONARY ARTERY DI  Manner of Death  Accident  Date of Injury  March 24, 2016  Location of Injury  50152 Washington Statt  Describe how injury occurred  Fell from the back of a	Yes  ORCE HEAD INJ  SEASE, HYPERT  If Female Not Applica me of injury Jinknown  Re Route 14, Stern  delivery truck	URY WITH SKULL ENSION, ANTICO able of Injury Other - Pa	FRACTURE  AGULATION THERA  rking Lot on 98648	PY (PLAVI) Did tobac No ansportation inju	Approximate Interval: Onset to Death Not Stated  Not Stated  Injury at Work? Yes  Ty, specify.  The property of the property o
	CAUSE OF DEATH  IMMEDIATE CAUSE  BLUNT  B.  Due to (or as a consequence of)   b.  Due to (or as a consequence of)   d.  Other significant conditions contribut  CORONARY ARTERY DI  Manner of Death  Accident  Date of Injury  March 24, 2016  Location of Injury  50152 Washington State  Describe how injury occurred  Fell from the back of a  Name and Address of Certifier  Christopher Ray Young	Yes  ORCE HEAD INJ  SEASE, HYPERT  If Female Not Applica me of injury Jinknown  Re Route 14, Stern  delivery truck	URY WITH SKULL ENSION, ANTICO able of injury Other - Pa venson, Washingto	FRACTURE  AGULATION THERA  rking Lot  on 98648	PY (PLAVI) Did tobac No ansportation inju  O, Clackan Date Sig	Approximate Interval: Onset to Death Not Stated  Not Stated  X)  Coco use contribute to death?  Injury at Work? Yes  ry, specify.  nas, Oregon 97015
	CAUSE OF DEATH  IMMEDIATE CAUSE  a.  Due to (or as a consequence of)  b.  Due to (or as a consequence of)  d.  Cother significant conditions contribut CORONARY ARTERY DI Manner of Death Accident  Date of Injury  March 24, 2016  Location of Injury  50152 Washington Stat  Describe how injury occurred  Fell from the back of a Name and Address of Certifier Christopher Ray Young  Name and Title of Attending Physicial	Yes  ORCE HEAD INJ  SEASE, HYPERT  If Female Not Applica me of injury Jinknown  Re Route 14, Stern  delivery truck	URY WITH SKULL  ENSION, ANTICO  able  a of Injury Other - Pa  venson, Washington	FRACTURE  AGULATION THERA  rking Lot on 98648  SE 84th Avenue 10	PY (PLAVI) Did tobac No ansportation inju  00, Clackan Date Signarc	Approximate Interval: Onset to Death Not Stated  Not Stated  Injury at Work? Yes  Ty, specify.  The death of the property of t
	CAUSE OF DEATH  IMMEDIATE CAUSE  a.  Due to (or as a consequence of)  b.  Due to (or as a consequence of)  d.  Cother significant conditions contribut CORONARY ARTERY DI Manner of Death Accident  Date of Injury  March 24, 2016  Location of Injury  50152 Washington Stat  Describe how injury occurred  Fell from the back of a Name and Address of Certifier Christopher Ray Young  Name and Title of Attending Physicial	Yes  ORCE HEAD INJ  ORCE HEAD INJ  ORCE HEAD INJ  ORCE HEAD INJ  SEASE, HYPERT  If Female, Not Application of Injury  Jinknown  ORCE HEAD INJ  Place  Not Application of Injury  Jinknown  ORCE HEAD INJ  Place  ORCE HEAD INJ  Place  ORCE HEAD INJ  ORCE HEAD INJ	URY WITH SKULL  ENSION, ANTICO  able  of Injury Other - Pa  venson, Washingto  13309	FRACTURE  AGULATION THERA  rking Lot on 98648  FSE 84th Avenue 10	PY (PLAVI) Did tobac No ansportation inju  00, Clackan Date Signarc	Approximate Interval: Onset to Death Not Stated  Not Stated  X) Coo use contribute to death?  Injury at Work? Yes  ry, specify.  nas, Oregon 97015  ned ch 29, 2016 Dense Number
	CAUSE OF DEATH  IMMEDIATE CAUSE  BLUNT F  Due to (or as a consequence of)   b.  Due to (or as a consequence of)   d.  Other significant conditions contribut CORONARY ARTERY DI Manner of Death Accident  Date of Injury  March 24, 2016  Location of Injury  50152 Washington State  Describe how injury occurred Fell from the back of a Name and Address of Certifier Christopher Ray Young  Name and Title of Attending Physicia Medical Certifier  Christophe  Christophe	Yes  ORCE HEAD INJ  ORCE HEAD INJ  ORCE HEAD INJ  ORCE HEAD INJ  SEASE, HYPERT  If Female, Not Application of Injury  Jinknown  ORCE HEAD INJ  Place  Not Application of Injury  Jinknown  ORCE HEAD INJ  Place  ORCE HEAD INJ  Place  ORCE HEAD INJ  ORCE HEAD INJ	URY WITH SKULL  ENSION, ANTICO  able  of Injury Other - Pa  venson, Washingto  13309	FRACTURE  AGULATION THERA  rking Lot on 98648  FSE 84th Avenue 10	PY (PLAVI) Did tobac No ansportation inju  00, Clackan Date Signarc	Approximate Interval: Onset to Death Not Stated  Not Stated  X) Coo use contribute to death?  Injury at Work? Yes  ry, specify.  nas, Oregon 97015  ned ch 29, 2016 Dense Number



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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 VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

April 04, 2016

JENNIFERIA. WOODWARD, Ph.D. STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT OFFICIAL VITAL RECORD FLAG WATERMARK AND HOLOGRAPHIC SEALS.

