AFN #2016002369 Recorded Nov 09, 2016 03:02 PM DocType: DEATH Filed by: Hunt & Associates, PC Page: 1 of 2 File Fee: \$34.00 Auditor Robert J. Waymire Skamania County, WA

WHEN RECORDED RETURN TO:	
Hunt & Associates, PC	
101 SW Main Street, Ste. 805	
Portland, OR 97204	

DOCUMENT TITLE(S)	
Death Certificate	
REFERENCE NUMBER(S) of Documents assigned or released: 2004153177 [] Additional numbers on page of document.	
Daniel J. Rawley	
[] Additional names on page of document.	
Daniel J. Rawley [] Additional names on page of document.	
LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section	n, Township, Range, Quarter):
Lot 2 of the Arthur Markuson Short Plat, filed December	14, 1993, under File No. 118227,
in Book 3, page 233 [] Complete legal on page of document.	
1 Additional parcel numbers on page of document.	
The Auditor/Recorder will rely on the information provided on this form	m. The staff will not read the document to
verify the accuracy or completeness of the indexing information.	

AFN #2016002369 Page: 2 of 2

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	egal Name First nclude AKAs, if eny) Jeann I		RAWLEY			Dec	. 31, 2011	
3. 8	Sex (M/F) 4a. Age - Last Birth		4c. Under 1 Day		curity Number	6. County of De	eath tnomah	
7. E		Birthplace (ChyTown, or Country Da		(State or Foreign Country Washir		9. Decedent's Ed Master's	ucation degree (ME	1)
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FUNERAL 19.	Residence County Multnomah	16. State or Fo	oreign Country Oregon		97219		City Limits?	
N 19.	Marital Status at Time of Death Married		Spouse's Name (if marri	Danie	el J. Rawley			
≻ 21. m	Usual Occupation (indicate type of	work done during most of working to Teacher	ife. DO NOT USE "RETIRED."			ivate Educa		
Q E 23.	Father's Name (First, Middle, Last, S And r	ew Seresun				lyn Baker		
	Informant's Name aniel J. Rawley	26. Telephone Numb			g Address (Number & Stree SW Oak Cree	k Dr., Port	land, OR 9	7219
O 29.	Place of Death	- Inpatient	30. Facility Na	Lega	cy Emanuel	Hospital		
⊕ ⊙ 31.	Location of Death (Give address.) 2801 N. Gante	nbein Street		n or Location of Dea Portland	0re		de + 4) 7 2 2 7	3
	Method of Disposition Cremation	Rivervie	w Abbey Cres	natorium	37. Location Po	rtland, Ore	gon	
\R1	Name and Complete Address verview Abbey Fu	neral Mome, (1319 S.W. Ta	vlors Ferry	Road, Port	land, Orego	on 97219-40	668
39.	Date of Disposition (MON DD YYYY) TBD	40 Funeral Direct	er's Signature	Justel		co-	3501	
42.	Registrar's Signature	dans	47	Date Received (M JAN		44. Local File Nu	15.376	
	Record /	100000000000000000000000000000000000000	* **				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
L	Amendment Was case referred to Medical	Examiner? 47. Aut	op:v2 48 We	re autoosy findings	available to complete	the cause of death?	49. Time of Death	\dashv
40.					- All- III	Y 1	1429	· .
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