

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.

GRANTOR(S):

Daniel J. Rawley

☐ Additional names on page ____ of document.

GRANTEE(S):

Daniel J. Rawley

☐ Additional names on page ____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, 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.

TAX PARCEL NUMBER(S):

03-10-20-0-0-0703-00

fm 11/9/16

✓

☐ Additional parcel numbers on page ____ of document.

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK.

599713
I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

STATE FILE NUMBER

1. Legal Name (Include AKAs, if any) First Middle Last Suffix Jeannie Lynne RAWLEY				2. Death Date (MM/DD/YYYY) Dec. 31, 2011	
3. Sex (MF) F	4a. Age - Last Birthday 54	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Multnomah
7. Birthdate (MM/DD/YYYY) June 29, 1957		8a. Birthplace (City/Town, or County) Cooley Dam		8b. (State or Foreign Country) Washington	
9. Decedent's Education Master's degree (MEd)		10. Was Decedent of Hispanic Origin? (Yes or No. If yes, specify.) No		11. Decedent's Race(s) White	
12. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13. Residence: Number and Street (e.g., 824 SE 5th Street, Apt. No. 8) 11625 SW Oak Creek Drive		14. City/Town Portland	
15. Residence County Multnomah		16. State or Foreign Country Oregon		17. Zip Code + 4 97219	
18. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. Marital Status at Time of Death Married		20. Spouse's Name (If married or widowed, give name prior to first marriage.) Daniel J. Rawley	
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") Teacher		22. Kind of Business/Industry (DO NOT USE COMPANY NAME) Private Education		23. Father's Name (First, Middle, Last, Suffix) Andrew Seresun	
24. Mother's Name Prior to First Marriage (First, Middle, Last) Gwendolyn Baker		25. Informant's Name Daniel J. Rawley		26. Telephone Number 503/452-3903	
27. Relation to Decedent Spouse		28. Mailing Address (Number & Street, City/Town, State, Zip + 4) 11625 SW Oak Creek Dr., Portland, OR 97219		29. Place of Death Hospital - Inpatient	
30. Facility Name Legacy Emanuel Hospital		31. Location of Death (Give address.) 2801 N. Gantenbein Street		32. City/Town or Location of Death Portland	
33. State Oregon		34. Zip Code + 4 97227		35. Method of Disposition Cremation	
36. Place of Disposition (Name of cemetery, crematory, or other place) Riverview Abbey Crematorium		37. Location Portland, Oregon		38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) Riverview Abbey Funeral Home, 0319 S.W. Taylors Ferry Road, Portland, Oregon 97219-4668	
39. Date of Disposition (MM/DD/YYYY) TBD		40. Funeral Director's Signature <i>James R. Montoya</i>		41. OR License Number CO-3501	
42. Registrar's Signature <i>[Signature]</i>		43. Date Received (MM/DD/YYYY) JAN 19 2012		44. Local File Number 005316	
45. Record Amendment					
46. Was case referred to Medical Examiner? <input checked="" type="checkbox"/> Yes <input 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 1429					
CAUSE OF DEATH (See instructions and examples.)					
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.					Approximate Interval: Onset to Death
Final disease or condition resulting in death: IMMEDIATE CAUSE a. Multiple Cardiac Arrests Due to (or as a consequence of) Cerebral Edema b. Large Subarachnoid Hemorrhage Due to (or as a consequence of) Likely Cerebral Arteriovenous Rupture c. d.					hours hours hours
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"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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, 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, City/Town, State, Zip + 4) Ameen Ramzy, MD, 2801 N. Gantenbein Street, Portland, Oregon 97227					
63. Name and Title of Attending Physician if Other than Certifier					
64. Title of Certifier MD		65. License Number MD 22704		66. Date Signed (MM/DD/YYYY) January 11, 2012	
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. <i>Ameen Ramzy, MD</i>				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. Record Amendment					

ORIGINAL - VITAL RECORDS COPY

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:

JAN 19 2012

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