

WHEN RECORDED RETURN TO:

Daniel Allen

622 Orchard Ln

Underwood, WA 98651

DOCUMENT TITLE(S)

Certificate of Death

REFERENCE NUMBER(S) of Documents assigned or released:

597571

☐ Additional numbers on page ____ of document.

GRANTOR(S):

Herne Newell

☐ Additional names on page ____ of document.

GRANTEE(S):

Daniel Allen

☐ Additional names on page ____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

Refer to attached deeds, exhibit 'A'

☐ Complete legal on page ____ of document.

TAX PARCEL NUMBER(S):

03101500120000 ym 2/27/17

☐ 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.

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK

597571

I.D. TAG NO.

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

STATE FILE NUMBER

1. Legal Name (Include AKA's, if any) First: Verne Middle: Archie Last: Newell Suffix:										2. Death Date (MON DD YYYY) May 29, 2013			
3. Sex (MF) Male		4a. Age - Last Birthday 87		4b. Under 1 Year Months: Days:		4c. Under 1 Day Hours: Minutes:		5. Social Security Number		6. County of Death Wasco			
7. Birthdate (MON DD YYYY) July 2, 1925		8a. Birthplace (City/Town, or County) Edgerton				8b. (State or Foreign Country) Alberta Canada		9. Decedent's Education High School Graduate					
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) 622 Orchard Lane						14. City/Town Underwood							
15. Residence County Skamania				16. State or Foreign Country Washington				17. Zip Code + 4 98651		18. Inside City Limits? <input type="checkbox"/> Yes <input checked="" 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.) Charlene Henderson									
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED") Saw Filer						22. Kind of Business/Industry (DO NOT USE COMPANY NAME) Lumber/Timber							
23. Father's Name (First, Middle, Last, Suffix) Paul A. Newell						24. Mother's Name Prior to First Marriage (First, Middle, Last) Alma Edna Asbury							
25. Informant's Name Charlene Newell		26. Telephone Number 541-370-4139		27. Relation to Decedent Wife		28. Mailing Address (Number & Street, City/Town, State, Zip + 4) PO Box 15 Grass Valley, OR 97029							
29. Place of Death Nursing Home				30. Facility Name Columbia Basin Care Facility									
31. Location of Death (Give address.) 1015 Webber St.				32. City/Town or Location of Death The Dalles				33. State OR		34. Zip Code + 4 97058			
35. Method of Disposition Removal From State				36. Place of Disposition (Name of cemetery, crematory, or other place) Chris Zada Cemetery				37. Location Underwood, Washington					
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) Gardner Funeral Home 1270 N. Main Ave./POB 390 White Salmon, WA 98672													
39. Date of Disposition (MON DD YYYY)				40. Funeral Director's Signature <i>[Signature]</i>				41. OR License Number RR64					
42. Registrar's Signature <i>[Signature]</i>				43. Date Received (MON DD YYYY) June 4, 2013				44. Local File Number 102					
45. Record Amendment													
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" 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 1945			
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: 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).										IMMEDIATE CAUSE a. <i>Undetermined natural causes</i> Due to (or as a consequence of) ↓ b. Due to (or as a consequence of) ↓ c. Due to (or as a consequence of) ↓ d.		2 days	
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: <i>Vascular Dementia, cerebral vascular accident, Hypertension</i>													
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 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 (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? <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) Nicole Pashek 1825 E. 19th St. The Dalles, OR 97058													
63. Name and Title of Attending Physician if Other than Certifier													
64. Title of Certifier Nicole Pashek ANP				65. License Number 200850161NP				66. Date Signed (MON DD YYYY) 5/31/2013					
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>[Signature]</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													

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

ORIGINAL - VITAL RECORDS COPY

45-2 (01/11)

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:

JUN 4 2013

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



Exhibit A

Doc # 2004153687
 Page 1 of 2
 Date: 07/14/2004 12:23P
 Filed by: SKAMANIA COUNTY TITLE
 Filed & Recorded in Official Records
 of SKAMANIA COUNTY
 J. MICHAEL GARVISON
 AUDITOR
 Fee: \$28.00

AFTER RECORDING MAIL TO:

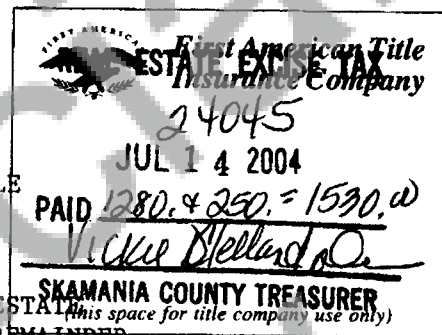
Name Daniel Scott Allen
 Address PO Box 1506
 City/State White Salmon, WA 98672
SCR 26858

Statutory Warranty Deed

THE GRANTOR VERNE A. NEWELL, A MARRIED MAN
 AS HIS SEPARATE ESTATE

for and in consideration of TEN DOLLARS AND OTHER VALUABLE
 CONSIDERATIONS

in hand paid, conveys and warrants to VERNE A. NEWELL, A
 MARRIED MAN AS HIS SEPARATE ESTATE AS TO A LIFE ESTATE
 & DANIEL SCOTT ALLEN, A SINGLE PERSON AS TO THE REMAINDER
 the following described real estate, situated in the County of Skamania, State of Washington:



The North 208.7 feet of the East 521.8 feet of the West 881.8 feet of the
 Northwest Quarter of the Southeast Quarter of Section 15, Township 3
 North, Range 10 East of the Willamette Meridian, in the County of Skamania,
 State of Washington.

Except that portion conveyed to Skamania County By instrument recorded in
 Book 68, Page 689.

"THIS CONVEYANCE IS SUBJECT TO COVENANTS, CONDITIONS, RESTRICTIONS AND
 EASEMENTS, IF ANY, AFFECTING TITLE, WHICH MAY APPEAR IN THE PUBLIC RECORD,
 INCLUDING THOSE SHOWN ON ANY RECORDED PLAT OR SURVEY"

Skamania County Assessor
 Date 2-27-17 Parcel# 3-10-15-1200
gm

Assessor's Property Tax Parcel/Account Number(s): 03-10-15-0-0-1200-00

Gary H. Martin, Skamania County Assessor

Dated July 14, 2004
Verne A. Newell
 Verne A. Newell

Date 7-4-04 Parcel # 3-10-15-1200
gm