

Full Name	Age	Relationship
Full Name	Age	Relationship
Full Name	Age	Relationship

X Jane Crispien
Affiant's Signature

Jane Crispien
Printed Name of Affiant

8800 SW Jefferson View Place
Terrebonne, OR 97760
Address

State of: Oregon

County of: Jefferson Deschutes

I certify that I know or have satisfactory evidence that Jane Crispien is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 4-10-17

Catherine Brown
Signature

notary
Title

My appointment expires: 1-3-20

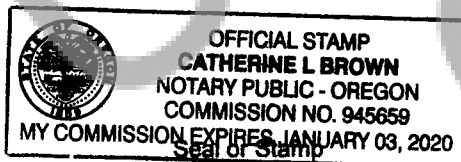


EXHIBIT "A"

Lot 4 of MAY BRESLIN SHORT PLAT AS RECORDED ON SEPTEMBER 21, 2004 IN AUDITOR'S FILE
NO. 2004154523, SKAMANIA COUNTY, WASHINGTON

Unofficial
Copy

CERTIFICATION OF VITAL RECORD

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

520313

I.D. TAG NO.

STATE FILE NUMBER

1. Legal Name First: William Middle: Herbert Last: Crispien			2. Death Date March 20, 2009	
3. Sex Male	4. Age 91 years	5. Social Security Number	6. County of Death Jefferson	
7. Birthdate June 22, 1917	8. Birthplace Rose Lodge, Oregon	9. Decedent's Education High school grad. or GED		12. Was Decedent Ever in U.S. Armed Forces? Yes
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White		14. City/Town Crooked River Ranch
13. Residence: Number and Street 8800 Jefferson View Place		15. Residence County Jefferson	16. State or Foreign Country Oregon	17. Zip Code + 4 97760
19. Marital Status at Time of Death Married		20. Spouse's Name Prior to First Marriage Jane E. Cover		18. Inside City Limits? No
21. Usual Occupation Camera Repairman		22. Kind of Business/Industry Self Employed		
23. Father's Name William Crispien		24. Mother's Name Prior to First Marriage Anna Manthey		
25. Informant's Name Jane Crispien		26. Telephone Number Not Available	27. Relationship to Decedent Spouse	28. Mailing Address 8800 Jefferson View Place, Crooked River Ranch, OR 97760
29. Place of Death Decedent's Residence		30. Facility Name		
31. Location of Death 8800 Jefferson View Place		32. City/Town or Location of Death Crooked River Ranch		33. State Oregon
35. Method of Disposition Cremation		36. Place of Disposition Funeral Alternatives Crematory, Bend		34. Zip Code + 4 97760
37. Location Bend, Oregon				
38. Name and Complete Address of Funeral Facility Redmond Memorial Chapel 717 SW 6th Street, Redmond, Oregon 97756				
39. Date of Disposition March 25, 2009		40. Funeral Director's Signature Brett E. Edgerly		41. OR License Number CO-3631
42. Registrar's Signature Kimberly K. Symons		43. Date Received 03/26/2009		44. Local File Number 51
45. 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 1:05 PM				
CAUSE OF DEATH				
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 →				
a. <i>Cerebrovascular accident</i>				
Due to (or as a consequence of) ↓				
b. <i>hypertension</i>				
Due to (or as a consequence of) ↓				
c.				
Due to (or as a consequence of) ↓				
d.				
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: <i>coronary artery disease, dementia, prostate cancer</i>				
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Accident <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 (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 or RFD No., 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 or RFD No., City/Town, State, Zip + 4) Joe T. McCook MD 211 NW Larch Avenue Redmond, Oregon 97756				
63. Name and Title of Attending Physician if Other than Certifier				
64. Title of Certifier MD		65. License Number ND26830		66. Date Signed (MM/DD/YYYY) March 24, 2009
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.				
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. Amendment				

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.

DATE ISSUED:

April 1, 2009

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR