AFN #2018001900 Recorded Sep 17, 2018 11:41 AM DocType: DEATH Filed by: Wyers/Wyers Page: 1 of 3 File Fee: $39.00 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)

1. Certificate of Death

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)

1. Cunningham, Mary Ann

☐ 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 or section/township/ range/quarter/quarter)

☐ Complete legal description is on page _____of document

Assessor's Property Tax Parcel/Account Number(s):

STATE OF OREGON
CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

810826 I.D. TAG NO.

STATE FILE NUMBER

7033231

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name: First: Mary	Middle: Ann	Last: Cunningham	Suffix	2. Death Date: June 24, 2018	
3. Sex: Female	4. Age: 87 years	5. Social Security Number: [redacted]		6. County of Death: Multnomah	
7. Birthdate: August 19, 1930	8. Birthplace: Carneiro, Kansas			9. Decedent's Education: Some college	
10. Was Decedent of Hispanic Origin? No	11. Decedent's Race(s): White			12. Was Decedent Ever in U.S. Armed Forces? No	
13. Residence: Number and Street: 82 Wilkinson Road			14. City/Town: Carson		
15. Residence County: Skamania	16. State or Foreign Country: Washington	17. Zip Code + 4: 98610		18. Inside City Limits? No	
19. Marital Status at Time of Death: Widowed	20. Spouse's Name Prior to First Marriage: Robert Oakley Cunningham				
21. Usual Occupation: Shop Owner		22. Kind of Business/Industry: Quilting			
23. Father's Name: Theodore Roosevelt Wires		24. Mother's Name Prior to First Marriage: Ethel Katherine Smith			
25. Informant's Name: Cathy Stermer	26. Telephone Number: Not Available	27. Relationship to Decedent: Daughter	28. Mailing Address: 1121 NE 84 Avenue, Portland, OR 97220		
29. Place of Death: Nursing Facility	30. Facility Name: Laurelhurst Village Rehabilitation Center				
31. Location of Death: 3060 SE Stark St	32. City/Town or Location of Death: Portland		33. State: Oregon	34. Zip Code + 4: 97214	
35. Method of Disposition: Removal From State	36. Place of Disposition: Columbia River Crematory		37. Location: White Salmon, Washington		
38. Name and Complete Address of Funeral Facility: Gardner Funeral Home 1270 N Main White Salmon, Washington 98672					
39. Date of Disposition: June 24, 2018	40. Funeral Director's Signature: ▶ Derek F. Krentz Electronically Signed		41. OR License Number: CO-3892		
42. Registrar's Signature: ▶ Deborah Taylor	43. Date Received: AUG 10 2018		44. Local File Number: 03822		
45. Amendment					

TO BE COMPLETED BY MEDICAL CERTIFIER

46. Was case referred to Medical Examiner? ■ Yes ■ No	47. Autopsy? ■ Yes ■ No	48. Were autopsy findings available to complete the cause of death? ■ Yes ■ No	49. Time of Death: 2130

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 →	IMMEDIATE CAUSE ↓ a. Acute Respiratory Failure	4 days
Sequentially list conditions, if any, leading to the cause listed on line a.	Due to (or as a consequence of) ↓ b. Acute Systolic Heart Failure	30 days
ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).	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:

52. Manner of Death: ■ Natural ■ Homicide ■ Accident ■ Undetermined ■ Suicide ■ Pending	53. If Female: ■ Not pregnant within past year ■ Not pregnant, but pregnant 43 days to 1 year before death ■ Pregnant at time of death ■ Unknown if pregnant within the past year ■ Not pregnant, but pregnant within 42 days before death	54. Did tobacco use contribute to death? ■ Yes ■ Probably ■ No ■ 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? ■ Yes ■ No ■ 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: ■ Driver/Operator ■ Passenger ■ Pedestrian ■ Other (Specify)

62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4)

63. Name and Title of Attending Physician if Other than Certifier: Preston Peterson MD 2701 NW Vaughn ST Suite 160 Portland OR 97210

64. Title of Certifier: Physician	65. License Number: MD25755	66. Date Signed (MON DD YYYY): 08/08/2018

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

45-2DP (01/06)

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED: AUG 10 2018

Jennifer A. Woodward
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

STATE OF OREGON 1859 VERIFIABLE

OREGON HEALTH AUTHORITY PUBLIC HEALTH DIVISION

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