AFN #2018002288 Recorded Nov 19, 2018 01:13 PM DocType: DEATH Filed by: Jeana M McGlasson, ESQ. Dunn Carney LLP Page: 1 of 3 File Fee: $39.00 Auditor Robert J. Waymire Skamania County, WA

WHEN RECORDED RETURN TO:

Jeana M. McGlasson, Esq.

Dunn Carney LLP

851 SW Sixth Avenue, Suite 1500

Portland, OR 97204

DOCUMENT TITLE(S)

Certificate of Death

REFERENCE NUMBER(S) *of Documents assigned or released:*

N/A

[ ] Additional numbers on page _____ of document.

GRANTOR(S):

N/A

[ ] Additional names on page _____ of document.

GRANTEE(S):

N/A

[ ] Additional names on page _____ of document.

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

N/A

[ ] Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

N/A

[ ] 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.

Unofficial Copy

STATE OF OREGON
CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

836621 — I.D. TAG NO.

136-2018-021039 — STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

Legal Name: First: Kenneth; Middle: Newton; Last: Winger; Suffix:

Death Date: August 09, 2018

Sex: Male

Age: 60 years

Social Security Number: [redacted]

County of Death: Multnomah

Birthdate: August 08, 1958

Birthplace: San Diego, California

Was Decedent Ever in U.S. Armed Forces? Yes

Residence: 4806 SW 42nd Avenue

City/Town: Portland

Residence County: Multnomah

State or Foreign Country: Oregon

Zip Code + 4: 97221

Inside City Limits? Yes

Marital Status at Time of Death: Married

Spouse's Name Prior to First Marriage: Sandra Marilyn Heath

Father's Name: Jack Winger

Mother's Name Prior to First Marriage: Sarah Martinez

Informant's Name: Sandy Winger

Telephone Number: Not Available

Relationship to Decedent: Spouse

Mailing Address: 4806 SW 42nd Avenue, Portland, OR 97221

Place of Death: Hospice Facility

Facility Name: Legacy Hopewell House Hospice

Location of Death: 6171 SW Capitol Highway

City/Town or Location of Death: Portland

State: Oregon

Zip Code + 4: 97239-2649

Method of Disposition: Cremation

Place of Disposition: Springer & Son Aloha Crematory

Location (City/Town and State): Aloha, Oregon

Name and Complete Address of Funeral Facility: Springer & Son Aloha Funeral Home, 4150 SW 185th, Aloha, Oregon 97007

Date of Disposition: August 10, 2018

Funeral Director's Signature: ▶ Danielle E Davis — *Electronically Signed*

OR License Number: CO-3978

Registrar's Signature: ▶ Jennifer A. Woodward

Date Received: August 10, 2018

Local File Number:

Amendment:

TO BE COMPLETED BY MEDICAL CERTIFIER

Was case referred to Medical Examiner? No

Autopsy? No

Were autopsy findings available to complete the cause of death?

Time of Death: 1151

CAUSE OF DEATH

		Approximate Interval: Onset to Death
IMMEDIATE CAUSE ↓ a.	Chloangiocarcinoma of the liver	years
Due to (or as a consequence of) ↓ b.		
Due to (or as a consequence of) ↓ c.		
Due to (or as a consequence of) ↓ d.		

Other significant conditions contributing to death:

Manner of Death: Natural

If Female: Not Applicable

Did tobacco use contribute to death? No

Date of Injury:

Time of Injury:

Place of Injury:

Injury at Work?

Location of Injury:

Describe how injury occurred:

If transportation injury, specify:

Name and Address of Certifier: Craig Tanner, 815 NE Davis Street, Portland, Oregon 97232

Name and Title of Attending Physician If Other than Certifier:

Date Signed: August 10, 2018

Medical Certifier: Craig Tanner — *Electronically Signed*

Title of Certifier: M.D.

License Number: MD150779

Amendment:

45-2CC (01/06)

20180811636

STATE OF OREGON 1859 — THE UNION

OREGON HEALTH AUTHORITY ★ PUBLIC HEALTH DIVISION

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: August 13, 2018

Jennifer A. Woodward
JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

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

VERITRACK

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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