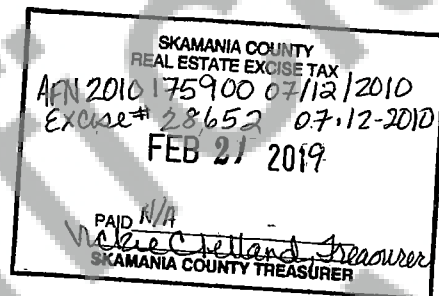


AFTER RECORDING RETURN TO:

Amerititle
PO BOX 735
White Salmon WA 98672

Document Title(s): Death Certificate

Reference Number(s) of Related Documents:



Grantor(s): Jacklyn Maddux and Arthur Pierson, joint tenants with right of survivorship

Grantee(s): Jacklyn Maddux, as her separate estate

Legal Description as follows:

That portion of Section 2, Township 3 North, Range 10 East of the Willamette Meridian in the County of Skamania, State of Washington, commonly known as Cabin Site No. 11, Northwestern Lake, PacificCorp leased property. Together with any improvements and leasehold interest thereof.

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

43100200041100

Skamania County Assessor

Date 2-2019 Parcel# 43100200041100
Jm

The County Auditor will rely on the information provided on this form. The Staff will not read the document to verify the accuracy and completeness of the indexing information provided herein.

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

824014

I.D. TAG NO.

STATE FILE NUMBER

1. Legal Name First: Arthur Middle: Campbell Last: Pierson		2. Death Date July 24, 2018	
3. Sex Male	4. Age 76 years	5. Social Security Number	6. County of Death Multnomah
7. Birthdate August 27, 1941	8. Birthplace New York, New York	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? Yes	13. Residence: Number and Street 4805 NE 15th Avenue	14. City/Town Portland
15. Residence County Multnomah	16. State or Foreign Country Oregon	17. Zip Code + 4 97211	18. Inside City Limits? Yes
19. Marital Status at Time of Death Married	20. Spouse's Name Prior to First Marriage Jacklyn Louise Maddux	21. Usual Occupation Painter/Sculptor	22. Kind of Business/Industry Art
23. Father's Name Henry Pierson	24. Mother's Name Prior to First Marriage Cornelia Blagden	25. Informant's Name Jacklyn Louise Maddux	26. Telephone Number Not Available
27. Relationship to Decedent Spouse	28. Mailing Address 4805 NE 15th Avenue, Portland, OR 97211	29. Place of Death Hospital-Inpatient	30. Facility Name Providence Portland Medical Center
31. Location of Death 4805 NE Glisan Street	32. City/Town or Location of Death Portland	33. State Oregon	34. Zip Code + 4 97213
35. Method of Disposition Cremation	36. Place of Disposition Portland Cremation Center, LLC	37. Location Portland, Oregon	38. Name and Complete Address of Funeral Facility Rose City Funeral Home, 5625 NE Fremont Street, Portland, Oregon 97213
39. Date of Disposition TBD	40. Funeral Director's Signature Joel S. Heinzen	41. OR License Number CO-3849	42. Registrar's Signature Deborah Taylor
43. Date Received AUG 02 2018	44. Local File No. 03689	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 07:45 AM			
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. <u>Cardiopulmonary arrest</u> b. <u>Cardiac arrest</u> c. <u>Unintentional drug overdose</u> d. <u>Unintentional drug overdose</u>			<u>Hours</u> <u>Days</u>
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: <u>Parkinson's</u>			
52. Manner of Death <input 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 type="checkbox"/> No <input type="checkbox"/> Unknown		55. Date of Injury (month/year)	
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) <u>Elizabeth Balos, The Oregon Clinic</u>			
63. Name and Title of Attending Physician if Other than Certifier <u>Dr. WE SP Jr, M.D. Portland, OR 97220</u>			
64. Title of Certifier <u>MD</u>			
65. License Number <u>182156</u>			
66. Date Signed (month/year) <u>08/01/2018</u>			
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.

AUG 02 2018

DATE ISSUED:

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

Unofficial
Copy



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