

WHEN RECORDED RETURN TO:

Karen Lucas
1620 Fernwood Drive
Lake Oswego, OR
97034

DOCUMENT TITLE(S)

Death certificates

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

N/A
MAR 25 2019

REFERENCE NUMBER(S) of Documents assigned or released:

PAID *N/A*
SKAMANIA COUNTY TREASURER

☐ Additional numbers on page _____ of document.

GRANTOR(S):

John William Gaeth & Adeline Marie Gaeth

☐ Additional names on page _____ of document.

GRANTEE(S):

Karen A. Lucas Trustee

☐ Additional names on page _____ of document.

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

Lot 1 of Iman Rock Creek Tracts
Lots 16, 17, 18 & 19 of Iman Rock Creek Tracts

☐ Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

03073514070000 & 03073623040400

Skamania County Assessor

gm
03073514070000

☐ Additional parcel numbers on page _____ of document. Date: *3-25-19* Parcel# *03073623040400*

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.

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recorded processing requirements may cover up or otherwise obscure some part of the text of the original document.

Company Name: _____

Signature/Title: _____

CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK

351905

I.D. TAG NO.

005759

Local File Number

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

136-

State File Number

1. DECEDENT'S NAME First: John Middle: William Last: GAETH		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) October 31, 2002
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE-Last Birthday (Years) 76	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Mukilteo, Washington
7. DATE OF BIRTH (Month, Day, Year) July 31, 1926		9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9b. CITY, TOWN, OR LOCATION OF DEATH Portland	
9c. COUNTY OF DEATH Multnomah		10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Supervisor	
10b. KIND OF BUSINESS/INDUSTRY Electronics		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed, Divorced (Specify) Adeline Gaeth		13a. RESIDENCE - STATE Oregon	
13b. COUNTY Multnomah		13c. CITY, TOWN OR LOCATION Portland	
13d. STREET AND NUMBER 13122 N.E. Rose Parkway		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 1	
17. FATHER - NAME first middle last John Frederick Gaeth		18. MOTHER - NAME first middle maiden Victoria - Goralski	
19. INFORMANT - NAME and relationship to deceased Adeline Gaeth - Wife		20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Mt. Calvary Cemetery		20c. LOCATION - City or Town, State Portland, Oregon	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. OREGON LICENSE NO. (If Licensed) 3719	
22. NAME, ADDRESS AND ZIP OF FACILITY Zeller Chapel of the Roses 2107 N.E. Broadway Portland, OR 97232		23. DATE FILED (Month, Day, Year) NOV 12 2002	
24. REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. RESERVED FOR REGISTRAR'S USE	
26. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH 3:15 P.M.		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>			
30. DATE SIGNED (Month, Day, Year) 11/5/02		31. TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)		33. DATE SIGNED (Month, Day, Year)	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Michael C. Bower, M.D. 1321 N.E. 99th Ste 100 Portland, Oregon 97220		35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)			
PART I (a) <i>Arteriosclerotic Heart Disease</i>		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.			
37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
39. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other	
41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY	
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41d. DESCRIBE HOW INJURY OCCURRED	
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
25. RESERVED FOR REGISTRAR'S USE			

ORIGINAL-VITAL STATISTICS COPY

45-2-Rev (3/00)

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

NOV 13 2002

DATE ISSUED:

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

Lila Wickham RN MS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

510436

I.D. TAG NO.

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-2019-003581

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

Legal Name	First Adeline	Middle Marie	Last Gaeth	Suffix	Death Date February 07, 2019
Sex Female	Age 89 years	Social Security Number [REDACTED]		County of Death Clackamas	
Birthdate June 11, 1929	Birthplace Portland, Oregon		Was Decedent Ever in U.S. Armed Forces? No		
Residence: 10155 SE Forton Place			City/Town Happy Valley		
Residence County Clackamas		State or Foreign Country Oregon	Zip Code + 4 97086	Inside City Limits? Yes	
Marital Status at Time of Death Widowed		Spouse's Name Prior to First Marriage John William Gaeth			
Father's Name Joseph Marino		Mother's Name Prior to First Marriage Concetta Rosino Donato			
Informant's Name Karen Lucas		Telephone Number Not Available	Relationship to Decedent Daughter	Mailing Address 1620 Fernwood Drive, Lake Oswego, OR 97034	
Place of Death Decedent's Residence - Hospice		Facility Name			
Location of Death 10155 SE Forton Place		City/Town or Location of Death Happy Valley		State Oregon	Zip Code + 4 97086
Method of Disposition Burial		Place of Disposition Mt. Calvary Catholic Cemetery		Location (City/Town and State) Portland, Oregon	
Name and Complete Address of Funeral Facility Zeller Chapel Of The Roses 2107 NE Broadway St. Portland, Oregon 97232					
Date of Disposition TBD	Funeral Director's Signature Brittini L. Smith		Electronically Signed	OR License Number CO-3897	
Registrar's Signature Jennifer A. Woodward		Date Received February 18, 2019		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 05:17 PM
CAUSE OF DEATH				Approximate Interval: Onset to Death
IMMEDIATE CAUSE a. Proctocolitis				Over one week
b. Due to (or as a consequence of) Clostridium difficile infection				Two weeks
c. Due to (or as a consequence of)				
d. Due to (or as a consequence of)				
Other significant conditions contributing to death: Past history of Aerococcus urinary tract infection treated with Augmentin. Chronic diastolic heart failure, late-onset Alzheimer's disease.				
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 Aimee F Cama 6410 NE Halsey Street, Portland, Oregon 97213				
Name and Title of Attending Physician if Other than Certifier			Date Signed February 13, 2019	
Medical Certifier Aimee F Cama	Electronically Signed	Title of Certifier N.P.	License Number 201608737NP-PP	
Amendment				



20190219209

45-2CC (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.

February 20, 2019

DATE ISSUED:

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

JENNIFERA WOODWARD, Ph.D.
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE