Skamania County, WA
Total:$108.50
MISC
Pgs=6

2019-001487
08/19/2019 01:01 PM

Request of: DONALD J ASHBY

0000075020190001487006 0063

WHEN RECORDED RETURN TO:

Donald J Ashby
PO Box 992
Estacada OR 97023

DOCUMENT TITLE(S)
2 death certs
Letters of Testamentary, March 15 2018

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

[ ] Additional numbers on page _____ of document.

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
34023
AUG 19 2019
PAID EXEMPT
SKAMANIA COUNTY TREASURER

GRANTOR(S):
Robert C & Dorothy M Ashby

[ ] Additional names on page _____ of document.

GRANTEE(S):
Donald J Ashby
PR of Estate of Robert Charles Ashby

[ ] Additional names on page _____ of document.

LEGAL DESCRIPTION *(Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):*
Lot 24 Blk 8 relocated NB
11, 282 SQFT

[ ] Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):
02072034240000

Skamania County Assessor
Date 8-19-19 Parcel# 02072034240000
JM

[ ] 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

LPB 01-05

Verified Correct Copy of Original 3/15/2018.

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF CLACKAMAS
Probate Department

In the Matter of the Estate of	**LETTERS TESTAMENTARY**
	Case No. **18PB01866**
ROBERT CHARLES ASHBY, Deceased	

STATE OF OREGON }
}ss.
County of Clackamas }

BY THESE LETTERS TESTAMENTARY BE INFORMED:

That the last will and testament of **ROBERT CHARLES ASHBY**, deceased, has been duly proven in the Circuit Court, County of Clackamas, State of Oregon, and that **DONALD J. ASHBY** has been appointed and is at the date hereof the duly appointed, qualified and acting personal representative of the estate of the decedent. This, therefore, authorizes the said **DONALD J. ASHBY**, to administer the estate of the said deceased, **ROBERT CHARLES ASHBY** according to law.

IN TESTIMONY WHEREOF, I have subscribed my name and affixed the seal of the court at my office on the 15 day of MARCH, 2018.

Clackamas County Court Administrator

SEAL

By _____ Deputy

STATE OF OREGON }
}ss.
County of Clackamas }

I, Clackamas Court Administrator for the Circuit Court, County of Clackamas, State of Oregon, do hereby certify that the foregoing copy of Letters Testamentary has been by me compared with the original, and that it is a correct transcript therefrom, and the whole of such original as the same appears on file and of record in my office and in my care and custody.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of the Circuit Court this 15 day of MAR, 2018.

Clackamas County Court Administrator

SEAL

By _____ Deputy

Unofficial Copy

STATE OF OREGON
CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

817879
I.D. TAG NO.

STATE FILE NUMBER

6973225

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name — First: Robert; Middle: Charles; Last: Ashby; Suffix:
2. Death Date: January 03, 2018
3. Sex: Male
4. Age: 89 years
5. Social Security Number: [redacted]
6. County of Death: Clackamas
7. Birthdate: June 28, 1928
8. Birthplace: Edmonton, Canada
9. Decedent's Education: High school grad. or GED
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: 15850 S Pope Lane
14. City/Town: Oregon City
15. Residence County: Clackamas
16. State or Foreign Country: Oregon
17. Zip Code + 4: 97045
18. Inside City Limits?: Yes
19. Marital Status at Time of Death: Widowed
20. Spouse's Name Prior to First Marriage: Dorothy Margaret Johnson
21. Usual Occupation: Driver
22. Kind of Business/Industry: Transportation
23. Father's Name: Rudolph Ernest Ashby
24. Mother's Name Prior to First Marriage: Alberta Martin
25. Informant's Name: Jackie Paul
26. Telephone Number: Not Available
27. Relationship to Decedent: Daughter
28. Mailing Address: PO Box #1055, Estacada, OR 97023
29. Place of Death: Hospital-Emergency Room/Outpatient
30. Facility Name: Kaiser Sunnyside Medical Center
31. Location of Death: 10180 SE Sunnyside Road
32. City/Town or Location of Death: Clackamas
33. State: Oregon
34. Zip Code + 4: 97015
35. Method of Disposition: Cremation
36. Place of Disposition: First Call Crematory
37. Location: Portland, Oregon
38. Name and Complete Address of Funeral Facility: Care Cremation Service 10754 SE Highway 212, Clackamas, Oregon 97015
39. Date of Disposition: TBD
40. Funeral Director's Signature: ▶ Pamela Suzanne Brown (Electronically Signed)
41. OR License Number: CO-3856
42. Registrar's Signature: ▶ Paula M. Soles
43. Date Received: FEB 13 2018
44. Local File Number:
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: 0916

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. Congestive Heart Failure	
Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).	Due to (or as a consequence of) ↓ b. NSTEMI	
	Due to (or as a consequence of) ↓ c. Aortic Valve Stenosis	
	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 ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
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 R.F.D. 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 R.F.D. No., City/Town, State, Zip + 4): Michael Zimmerman, MD 2020 8th Ave, Suite 100 West Linn OR 97068
63. Name and Title of Attending Physician if Other than Certifier
64. Title of Certifier: PCP
65. License Number: MD27757
66. Date Signed (MON DD YYYY): 1·19·18
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. ▶ MZ
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: Autopsy was blank, autopsy findings was blank, corr. by MD Aff. 1/26/18 S. Olson, Co. Reg., ps

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: FEB 13 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

UNOFFICIAL COPY

Unofficial Copy

006188785

006188785

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS

TYPE OR PRINT IN PERMANENT BLACK INK.

I.D. TAG NO. 444219 001997

Local File Number

CERTIFICATE OF DEATH

136-

State File Number

930105-3

DECEDENT

1. DECEDENT'S NAME First: Dorothy Middle: Margaret Last: ASHBY
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 24, 2005
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-Last Birthday (Years): 78
5b. Under 1 Year: Mos. Days
5c. Under 1 Day: Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country): Alberta Eckville, Canada
7. DATE OF BIRTH (Month, Day, Year): January 31, 1927
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check one only.) HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not an institution, give street and number.): Willamette Falls Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Oregon City
9d. COUNTY OF DEATH: Clackamas
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced. (Specify): Married
12. SPOUSE (If Married, Widowed): Robert
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Clackamas
13c. CITY, TOWN OR LOCATION: Oregon City
13d. STREET AND NUMBER: 15850 Pope Ln
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97045
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes) If yes, specify Cuban, Mexican, Puerto Rican, etc. ☒ No ☐ Yes
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed.) Elementary/Secondary (0-12): 10 College (1-4 or 5+):

PARENTS

17. FATHER'S NAME First Middle Last: Heikki Johnson
18. MOTHER'S NAME First Middle Maiden:
19. INFORMANT'S NAME and relationship to deceased: Robert Ashby - Husband

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Mausoleum ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place.): Oregon Crematory
20c. LOCATION (City or Town, State): Portland, Oregon
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Ronald J Rohde
21b. OREGON LICENSE NO. (Of Licensee): 0417
22. NAME, ADDRESS AND ZIP CODE OF FACILITY: Cochran & Waud Sunset Chapel 260 82nd Dr. Gladstone, OR 97027

REGISTRAR

23. DATE FILED (Month, Day, Year): SEP 30 2005
24. REGISTRAR'S SIGNATURE: Debra J Abbott

RESERVED FOR REGISTRAR'S USE

CERTIFIER

TO BE COMPLETED BY MEDICAL CERTIFIER

27. TIME OF DEATH: 0305 AM
28. WAS MEDICAL EXAMINER NOTIFIED? (The Medical Examiner MUST be notified of all injury and poisoning deaths.) ☐ Yes ☒ 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): MD
30. DATE SIGNED (Month, Day, Year): SEPTEMBER 29, 2005

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
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) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP CODE OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Richard Goldenberg, M.D. 1510 Divison St. Oregon City, OR 97045
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

DESIGNATE CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

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) BILATERAL PLEURAL EFFUSIONS — Interval between onset and death: 6 MONTHS
DUE TO, OR AS A CONSEQUENCE OF:
(b) R/O UNDERLYING MALIGNANCY — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — 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? ☐ Yes ☐ Probably ☐ No ☒ Unknown
38. AUTOPSY: ☐ Yes ☒ No
39. IF YES, were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Investigation Pending ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY M
41c. INJURY AT WORK? ☐ Yes ☐ 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)

CAUSE OF DEATH INSTRUCTIONS ARE ON REVERSE SIDE OF GREEN AND PINK COPY.

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS' COPY

45-2 (12/04)

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

Maryna T. Thompson
MARYNA T. THOMPSON
COUNTY REGISTRAR
CLACKAMAS COUNTY, OREGON

DATE ISSUED: SEP 30 2005

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

STATE OF OREGON 1859

COUNTY OF CLACKAMAS STATE OF OREGON

American Bank Note Company
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE
COPY NOT OFFICIAL

Unofficial Copy

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