Skamania County, WA
Total:$108.50
MISC
Pgs=6
Request of: DONALD J ASHBY

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

00000750201900014870060063

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, 2825QFT

[ ] Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):
02072034240000

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

[ ] 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.

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.

SEAL

Clackamas County Court Administrator

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.

SEAL

Clackamas County Court Administrator

By _____ Deputy

STATE OF OREGON
CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

817879 — LO. 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	6. 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. Soler	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

69. 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

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

Local File Number 001997

CERTIFICATE OF DEATH

136- State File Number

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

DECEDENT

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

REGISTRAR

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

23. DATE FILED (Month, Day, Year): SEP 30 2005

24. REGISTRAR'S SIGNATURE: Debra J Abbott

RESERVED FOR REGISTRAR'S USE

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): [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 Ooccurred

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)

RESERVED FOR REGISTRAR'S USE

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

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

000224340