

Request of: COLUMBIA GORGE TITLE



WHEN RECORDED RETURN TO:

WFG National Title

5101 NE 82nd Avenue, Suite 102

Vancouver, WA 98660

DOCUMENT TITLE(S)

Death Certificate

REFERENCE NUMBER(S) of Documents assigned or released:

Book 76/Page 802

[] Additional numbers on page _____ of document.

GRANTOR(S):

Olga Holmberg

[] Additional names on page _____ of document.

GRANTEE(S):

Judith W. Jones

[] Additional names on page ____ of document.

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

Ptn. Sec 23, T4N, R7E W.M.

[] Complete legal on page ____ of document.

TAX PARCEL NUMBER(S):

04-07-23-3-4-2600-00

☐ 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.

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
N/A
DEC 28 2020
refer to Excise
35019 clearing title
PAID *M. Maghan Deputy*
SKAMANIA COUNTY TREASURER

CERTIFICATE OF DEATH

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Local File Number

State File Number

DECEASED—NAME		First	Middle	Last	DATE OF DEATH (month, day, year)	
1 OLGA		MYRTLE		HOLMBERG	2 January 5 1978	
RACE White, Black, American Indian, etc.(specify)	SEX	AGE—Last birthday (years)	Under 1 year mos. days		Under 1 day hours min.	
3 white	4 female	5a 65	5b		6 October 8 1912	
COUNTY OF DEATH	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)		IF HOSP. OR INST. indicate DOA, OP/Emer., Am., Inpatient (Specify)	
7a Multnomah	7b Portland		7c Emanuel Medical Center		7d Inpatient	
STATE OF BIRTH (If not in U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8 Montana	9 USA	10 widowed		11 LeRoy J. Holmberg		12 no
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY			
13	14a Owner-Tad's Chicken & Dumplin		14b Restaurant			
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D., ZIP		Inside City Limits (specify yes or no)
15a Oregon	15b Multnomah	15c Portland		15d 2337 NE 17th Ave. 97212		15e yes
FATHER—NAME first middle last	MOTHER—Maiden Name first middle last		INFORMANT—NAME and relationship to deceased			
16 Edward Kennedy	17 Selma Hedin		18 Judy Jones daughter			
BURIAL, CREMATION, REMOVAL, MAUS, (specify)	CEMETERY OR CREMATORY—NAME		LOCATION city or town state			
19a burial	19b Lincoln Memorial Park		19c Portland Oregon			
FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature)	NAME AND ADDRESS OF FACILITY					
20a	20b P.O. Box 232 Gresham Oregon 97030					
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated, 21a (Signature)			DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b			January 10, 1978		21c 5:00 PM	
NAME AND ADDRESS OF CERTIFIER (Type or Print)						
21d F. W. Carter 265 N. Broadway Portland Oregon						
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						
21e						
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			REGISTRAR			
22a JAN 13 1978			22b [Signature]			
23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).]						
PART I (a) Acute Respiratory & Cardiac Arrest						Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(b) Cirrhosis of the Liver						Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(c) Bilateral Ovarian Cystadenoma						Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)						AUTOPSY (Specify Yes or No)
24						25 (Specify Yes or No)
ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo, Day, Yr)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED			
26a no	26b	26c	26d			
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO. CITY OR TOWN STATE			
26e no	26f	26g				

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-1-78 P-65412

STATE OF OREGON)

Date JAN 13 1978

COUNTY OF MULTNOMAH)

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Division of Public Health.

Registrar of Vital Statistics

(Seal)

By

Deputy Registrar of Vital Statistics