

Skamania County, WA  
Total:\$41.00  
DEATH  
Pgs=3

**2021-001732**

05/17/2021 02:47 PM

Request of: COLUMBIA GORGE TITLE



00008714202100017320030036

**WHEN RECORDED RETURN TO:**

Columbia Gorge Title  
PO Box 277  
Stevenson WA 98648

**DOCUMENT TITLE(S):**

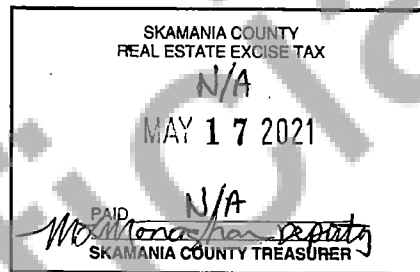
Death Certificate

**GRANTOR :**

Georgianne Kimberley

**GRANTEE:**

The Public



**ABBREVIATED LEGAL DESCRIPTION:**

Lot 4 maple View Acres Bk B/Pg 66, records of Skamania County, Washington.

**TAX PARCEL NUMBER(S):**

01-05-06-1-0-1503-00

# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

### OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

720961

ID TAG NO:

STATE FILE NUMBER

1. Legal Name First: <u>Georgianne</u> Middle: <u>Kimberley</u> Last: <u>Kimberley</u> Suffix: <u></u>		2. Death Date <u>August 23, 2015</u>	
3. Sex <u>Female</u>	4. Age <u>62 years</u>	5. Social Security Number <u></u>	6. County of Death <u>Multnomah</u>
7. Birthdate <u>August 31, 1952</u>	8. Birthplace <u>Portland, Oregon</u>		9. Decedent's Education <u>Bachelor's degree</u>
10. Was Decedent of Hispanic Origin? <u>No</u>		11. Decedent's Race(s) <u>White</u>	12. Was Decedent Ever in U.S. Armed Forces? <u>No</u>
13. Residence: Number and Street <u>5937 NE 30th Avenue</u>		14. City/Town <u>Portland</u>	15. Residence County <u>Multnomah</u>
16. State or Foreign Country <u>Oregon</u>		17. Zip Code +4 <u>97211</u>	18. Inside City Limits? <u>Yes</u>
19. Marital Status at Time of Death <u>Married</u>		20. Spouse's Name Prior to First Marriage <u>Ogden Kimberley</u>	
21. Usual Occupation <u>Software engineer</u>		22. Kind of Business/Industry <u>Communications</u>	
23. Father's Name <u>Herbert Schmuckal</u>		24. Mother's Name Prior to First Marriage <u>Catherine Margaretta</u>	
25. Informant's Name <u>Ogden Kimberley</u>	26. Telephone Number <u>Not Available</u>	27. Relationship to Decedent <u>Spouse</u>	28. Mailing Address <u>5937 NE 30th Avenue, Portland, OR 97211</u>
29. Place of Death <u>Hospice Facility</u>		30. Facility Name <u>Legacy Hopewell House Hospice</u>	
31. Location of Death <u>6171 SW Capitol Highway</u>		32. City/Town or Location of Death <u>Portland</u>	33. State <u>Oregon</u>
34. Zip Code +4 <u>97239-2649</u>		35. Method of Disposition <u>Cremation</u>	
36. Place of Disposition <u>Portland Cremation Center, LLC</u>		37. Location <u>Portland, Oregon</u>	
38. Name and Complete Address of Funeral Facility <u>Rose City Funeral Home 5625 NE Fremont Street, Portland, Oregon 97213</u>			
39. Date of Disposition <u>September 12, 2015</u>		40. Funeral Director's Signature <u>Joel S. Heinzen</u>	41. OR License Number <u>CO-3849</u>
42. Registrar's Signature <u>[Signature]</u>		43. Date Received <u>SEP 01 2015</u>	44. Local File Number <u>04413</u>
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 <u>6:50 AM</u>		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.			
Final disease or condition resulting in death: a. <u>multiple myeloma</u> Due to (or as a consequence of) ↓ b. <u></u> Due to (or as a consequence of) ↓ c. <u></u> Due to (or as a consequence of) ↓ d. <u></u>		Approximate Interval: Onset to Death: <u>years</u>	
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:			
52. Manner of Death <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		55. Date of Injury (month/year) <u></u>	
56. Time of Injury <u></u>		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) <u></u>	
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) <u></u>			
60. Describe how injury occurred <u></u>		61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) <u></u>	
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip +4) <u>Regan Duffy 9135 SW Barnes Rd #261, Portland, OR 97225</u>			
63. Name and Title of Attending Physician if Other than Certifier <u></u>			
64. Title of Certifier <u>Physician</u>		65. License Number <u>MD 28919</u>	66. Date Signed (month/year) <u>08/26/2015</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. <u>[Signature]</u>		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. <u></u>	
69. Amendment			

\*4507390\*

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

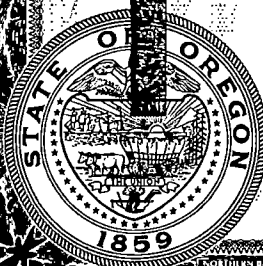
I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS OR A DELEGATED LOCAL OFFICE.

DATE ISSUED:

SEP 01 2015

JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR

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



Unofficial  
Copy



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