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

2022-000403
02/28/2022 02:02 PM

Request of: CLARK COUNTY TITLE

0001231520220000403003003 9

WHEN RECORDED RETURN TO:

Joan Amato
630 SW Grant Street
Portland, OR 97201

CL20238

DOCUMENT TITLE(S)

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

Community Property Agreement Natale S. Amato, deceased to Joan Amato surviving spouse Recorded Book 109, Page 154, April 15, 1988

GRANTOR(S):

Natale S. Amato
Joan Amato — Grantee

Skamania County
Real Estate Excise Tax
N/A
FEB 28 2022

PAID N/A
Skamania County Treasurer

ABBREVIATED LEGAL DESCRIPTION:

PTN SEC 6, T1N, R5EWM & PTN SEC 31 T2N R5EWM

TAX PARCEL NUMBER(S):

01 05 06 1 0 1300 00 , 01 05 06 1 0 0300 00 , 01 05 06 1 0 0300 06 , 01 05 06 0 0 0100 00 , 02 05 31 4 0 1500 00 ,

CERTIFICATION OF VITAL RECORD

TYPE OR PRINT IN PERMANENT BLACK INK

I.D. TAG NO. 351685

Local File Number 004585

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

136- State File Number

DECEDENT

1. DECEDENT'S NAME: First: Natale; Middle: Stephen; Last: AMATO
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): September 1, 2001
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-Last Birthday (Years): 93
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Portland, Oregon
7. DATE OF BIRTH (Month, Day, Year): December 25, 1907
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Hopewell House
9c. CITY, TOWN, OR LOCATION OF DEATH: Portland
9d. COUNTY OF DEATH: Multnomah
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Owner/Operator
10b. KIND OF BUSINESS/INDUSTRY: Service Station
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Joan Amato
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Multnomah
13c. CITY, TOWN OR LOCATION: Portland
13d. STREET AND NUMBER: 630 S.W. Grant
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97201
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 3; College (1-4 or 5 +):

PARENTS

17. FATHER - NAME first middle last: Salvatore - Amato
18. MOTHER - NAME first middle maiden: Concetia - Tarsitano
19. INFORMANT - NAME and relationship to deceased: Joan Amato - Spouse

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): Mt. Calvary Catholic Cemetery
20c. LOCATION - City or Town, State: Portland, Oregon

REGISTRAR

21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
21b. OREGON LICENSE NO. (Of Licensee): 3732
22. NAME, ADDRESS AND ZIP OF FACILITY: Zeller Chapel of the Roses, 2107 NE Broadway, Portland, OR 97232
23. DATE FILED (Month, Day, Year): SEP 17 2001
24. REGISTRAR'S SIGNATURE: Lila Wickham RNMS

RESERVED FOR REGISTRAR'S USE

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 6:35 A M
28. WAS MEDICAL EXAMINER NOTIFIED? ☒ 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)
30. DATE SIGNED (Month, Day, Year): September 6, 2001

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 OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Dr. Jocelyn White, M.D. 6171 S.W. Capitol Hwy. Portland, Oregon 97201
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

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

PART I
(a) Aspiration pneumonitis — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(b) progressive supranuclear palsy — 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 ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention ☐ Other
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 ON REVERSE SIDE OF GREEN AND PINK COPY

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.

DATE ISSUED: SEP 20 2001

Lila Wickham RNMS
LILA WICKHAM, RNMS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

STATE OF OREGON 1859

MULTNOMAH COUNTY OREGON 1854

MIDWEST BANK NOTE COMPANY — ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE