

WHEN RECORDED RETURN TO:LISA K. DAY17150 University Ave, St 302Sandy, OR 97055Skamania County, WA
Total: \$41.00
DEATH
Pgs=3**2022-000772**

04/14/2022 10:27 AM

Request of: LISA K. DAY



00012768202200007720030039

Please print or type information **Washington State Recorder's Cover Sheet** (RCW 65.04)**DOCUMENT TITLE(S)** (or transaction contained therein) (all areas applicable to your document must be filled in)DEATH CERTIFICATE FOR ALTA PERRY**REFERENCE NUMBER(S)** of Documents assigned or released:☐ Additional numbers on page ____ of document.**GRANTOR(S):**1. Kim Steward, Successor2. Trustee for the Perry Family3. Cabin Trust☐ Additional names on page ____ of document.**GRANTEE(S):**1. PERRY CABIN LLC

3. _____

☐ Additional names on page ____ of document.**LEGAL DESCRIPTION** (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):LOT 20, SWIFT CREEK ESTRecorded Bk B, Pg 72☐ Complete legal on page ____ of document.**Assessor's Property Tax Parcel #** 07063522012000

Skamania County Assessor

☐ Additional parcel numbers on page ____ of document.Date 4-14-22 Parcel # 07063522012000

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.

"I am signing below and paying an additional \$50.00 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Signature of Requesting Party

Note to Submitter: Do NOT sign above nor pay additional \$50 fee if the document meets margin/formatting requirements.

CERTIFICATION OF VITAL RECORD

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

531562

I.D. TAG NO.

STATE FILE NUMBER

| | | | | | |
|---|--|---|--|--|---|
| 1. Legal Name First: <u>Alta</u> Middle: <u>Ilene</u> Last: <u>Perry</u> Suffix: | | | 2. Death Date <u>September 09, 2008</u> | | |
| 3. Sex <u>Female</u> | | 4. Age <u>83 years</u> | | 5. Social Security Number [REDACTED] | |
| 7. Birthdate <u>August 28, 1925</u> | | 8. Birthplace <u>Hardin, Montana</u> | | 6. County of Death <u>Clackamas</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>3722 SE Rex Street</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>97202</u> | |
| 19. Marital Status at Time of Death <u>Widowed</u> | | | 20. Spouse's Name Prior to First Marriage <u>George Earl Perry</u> | | |
| 21. Usual Occupation <u>Homemaker</u> | | | 22. Kind of Business/Industry <u>Own Home</u> | | |
| 23. Father's Name <u>Hawley E. Robbins</u> | | | 24. Mother's Name Prior to First Marriage <u>Alta I. Gilman</u> | | |
| 25. Informant's Name <u>Kim I Steward</u> | | 26. Telephone Number <u>Not Available</u> | | 27. Relationship to Decedent <u>Daughter</u> | |
| 29. Place of Death <u>Adult Foster Care</u> | | | 30. Facility Name <u>A Caring Home</u> | | |
| 31. Location of Death <u>11835 Danee Place</u> | | | 32. City/Town or Location of Death <u>Oregon City</u> | | 33. State <u>OR</u> |
| 35. Method of Disposition <u>Cremation</u> | | | 36. Place of Disposition <u>Portland Memorial Crematory</u> | | 37. Location <u>Portland, Oregon</u> |
| 38. Name and Complete Address of Funeral Facility <u>Sunnyside Little Chapel Of The Chimes</u> <u>11667 SE Stevens Road, Portland, Oregon 97266</u> | | | | | |
| 39. Date of Disposition <u>September 12, 2008</u> | | 40. Funeral Director's Signature <u>To Ann O Trapp</u> | | 41. OR License Number <u>FS-0472</u> | |
| 42. Registrar's Signature <u>Debra Abbott</u> | | 43. Date Received <u>SEP 12 2008</u> | | 44. Local File Number <u>001723</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>9:08 2310</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 → | | IMMEDIATE CAUSE ↓ <u>a. RESPIRATORY FAILURE</u> | | | |
| 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) ↓ <u>b. ACUTE SEPTIC DEFECT WITH LEFT VENTRICULAR FAILURE</u> | | | |
| | | Due to (or as a consequence of) ↓ <u>c. OVARIAN UNRESECTABLE CANCER</u> | | | |
| | | Due to (or as a consequence of) ↓ <u>d. MYRIAD</u> | | | |
| 51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: <u>MYRIAD</u> | | | | | |
| 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"/> No <input type="checkbox"/> Unknown | |
| 55. Date of Injury (month day year) <u>N/A</u> | | 56. Time of Injury <u>N/A</u> | | 57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) <u>N/A</u> | |
| 58. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | |
| 59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4) <u>N/A</u> | | | | | |
| 60. Describe how injury occurred <u>N/A</u> | | | | | |
| 61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) | | | | | |
| 62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) <u>SUBRAMANIAM SEETHARAMAN 3033, SE MONMOUTH, MILWAUKEE OR 97222</u> | | | | | |
| 63. Name and Title of Attending Physician If Other than Certifier <u>SUBRAMANIAM SEETHARAMAN MD</u> | | | | | |
| 64. Title of Certifier <u>MD</u> | | 65. License Number <u>MD 28023</u> | | 66. Date Signed (month day year) <u>9/10/2008</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. | | |
| 69. Amendment | | | | | |

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

SEP 12 2008 -14

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45-2DP (01/06)

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SEP 12 2008

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Melinda A. Mowery
COUNTY REGISTRAR
CLACKAMAS COUNTY, OREGON

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