

**WHEN RECORDED RETURN TO:**

Dale W. Midland

111 Simmons Road

Stevenson, WA 98648

Skamania County, WA

Total:\$42.00

DEATH

Pgs=4

**2022-000864**

04/26/2022 07:48 AM

Request of: DALE W. MIDLAND

00012878202200008640040048

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

**REFERENCE NUMBER(S)** of Documents assigned or released:

CPA BOOK 69 PAGE 141-142 AFN 79861 DATED 06-27-1975

☐ Additional numbers on page \_\_\_\_\_ of document.

Skamania County

Real Estate Excise Tax

**GRANTOR(S):**1. TEDDI RAE MIDLAND

2. \_\_\_\_\_

APR 25 2022

3. \_\_\_\_\_

4. \_\_\_\_\_

PAID

Skamania County Treasurer

☐ Additional names on page \_\_\_\_\_ of document.**GRANTEE(S):**1. DALE W. MIDLAND

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

☐ Additional names on page \_\_\_\_\_ of document.**LEGAL DESCRIPTION** (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

A TRACT OF LAND IN THE North ½ of the NE ¼ of Sec 36, TS 3 N, Range 7 East of the WM SKAM CO

☒ Complete legal on page 3 of document.**Assessor's Property Tax Parcel #**

03073610020100

Skamania County Assessor

Date 4-25-22 Parcel # 03073610020100

jm

☐ 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.

"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.

# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

998203

I.D. TAG NO.

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

136-2022-005254

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name		First Teddi	Middle Rae	Last Midland	Suffix	Death Date February 09, 2022	
	Sex Female	Age 69 years	Social Security Number		County of Death Clackamas			
	Birthdate August 29, 1952		Birthplace Hood River, Oregon		Was Decedent Ever in U.S. Armed Forces? No			
	Residence: 111 Simmons Road				City/Town Stevenson			
	Residence County Skamania		State or Foreign Country Washington		Zip Code + 4 98648	Inside City Limits? No		
	Marital Status at Time of Death Married		Spouse's Name Prior to First Marriage Dale Wayne Midland					
	Father's Name Theodore Laurent		Mother's Name Prior to First Marriage Pauline Unknown					
	Informant's Name Dale Midland		Telephone Number Not Available	Relationship to Decedent Spouse		Mailing Address 111 Simmons Road, Stevenson, WA 98648		
	Place of Death Hospital-Inpatient		Facility Name Kaiser Sunnyside Medical Center					
	Location of Death 10180 SE Sunnyside Road		City/Town or Location of Death Clackamas		State Oregon	Zip Code + 4 97015		
	Method of Disposition Removal From State		Place of Disposition Columbia River Crematory		Location (City/Town and State) White Salmon, Washington			
	Name and Complete Address of Funeral Facility Gardner Funeral Home 1270 N Main, White Salmon, Washington 98672							
	Date of Disposition February 10, 2022		Funeral Director's Signature Victoria R. Lara		Electronic Signed	OR License Number CO-3930		
	Registrar's Signature Jennifer A. Woodward		Date Received February 22, 2022		Local File Number			
	Amendment							

TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner?		No	Autopsy?	No	Were autopsy findings available to complete the cause of death?		Time of Death 0950
	CAUSE OF DEATH							Approximate Interval: Onset to Death
	IMMEDIATE CAUSE ↓ a. sepsis							48 hr
	Due to (or as a consequence of) ↓ b. gallbladder perforation							5 days
	Due to (or as a consequence of) ↓ c. unresectable pancreatic cancer							many months
	Due to (or as a consequence of) ↓ d.							
	Other significant conditions contributing to death no							
	Manner of Death Natural		If Female Not Applicable	Did tobacco use contribute to death? No				
	Date of Injury	Time of Injury	Place of Injury		Injury at Work?			
	Location of Injury							
	Describe how injury occurred							
	If transportation injury, specify.							
	Name and Address of Certifier Michael J O'Toole 10180 SE Sunnyside Road, Clackamas, Oregon 97015							
	Name and Title of Attending Physician if Other than Certifier							
	Medical Certifier Michael J O'Toole		Electronic Signed	Title of Certifier M.D.		Date Signed February 20, 2022	License Number MD23149	
Amendment								



\*20220228088\*

45-2CC (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.

February 22, 2022

DATE ISSUED:

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



Unofficial  
Copy



\*007495690\*

007495690



