WHEN RECORDED RETURN TO:

Jerome F. Eline II
1010 Esther Street
Vancouver, WA 98660
(360) 737-1978

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

2022-001111
05/31/2022 01:35 PM

Request of: JEROME F. ELINE II

0001321420220001111003003 7

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)

Certificate of Death

REFERENCE NUMBER(S) of Documents assigned or released:

[ ] Additional numbers on page _____ of document.

GRANTOR(S):

1. Millie Louise Taylor
2.
3.
4.

[ ] Additional names on page _____ of document.

GRANTEE(S):

1. Public
2.
3.
4.

[ ] Additional names on page _____ of document.

Skamania County
Real Estate Excise Tax
N/A
MAY 31 2022
PAID N/A
Skamania County Treasurer
Vicki Stellana, Treasurer

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

Lot 2 Woodrow Taylor SP BK 3 Pg 138
Records of Skamania County

[ ] Complete legal on page _____ of document.

Assessor's Property Tax Parcel # 02052240030000

Skamania County Assessor YM

[ ] Additional parcel numbers on page _____ of document.

Date 5-31-22 Parcel# 02052240030000 02052240030005

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 herby 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.

Unofficial Copy

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS

994866
I.D. TAG NO.

CERTIFICATE OF DEATH

136-2022-010420
STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

Legal Name	First	Middle	Last	Suffix	Death Date
	Millie	Louise	Taylor		March 11, 2022

Sex	Age	Social Security Number	County of Death
Female	74 years	[redacted]	Multnomah

Birthdate	Birthplace	Was Decedent Ever in U.S. Armed Forces?
December 18, 1947	Phoenix, Arizona	No

Residence	City/Town
14772 Washougal River Road	Washougal

Residence County	State or Foreign Country	Zip Code + 4	Inside City Limits?
Skamania	Washington	98671	No

Marital Status at Time of Death	Spouse's Name Prior to First Marriage
Married	Gary Gene Taylor

Father's Name	Mother's Name Prior to First Marriage
Todd Carver Smith	Grace Stoffel

Informant's Name	Telephone Number	Relationship to Decedent	Mailing Address
Katy Ronspiess	Not Available	Daughter	2414 NW 129th Street, Vancouver, WA 98685

Place of Death	Facility Name
Hospital-Inpatient	Legacy Emanuel Medical Center

Location of Death	City/Town or Location of Death	State	Zip Code + 4
2801 N Gantenbein Avenue	Portland	Oregon	97227

Method of Disposition	Place of Disposition	Location (City/Town and State)
Cremation	PFS Crematory	Portland, Oregon

Name and Complete Address of Funeral Facility: Davies Cremation and Burial Services 301 E McLoughlin Boulevard E, Vancouver, Washington 98663

Date of Disposition	Funeral Director's Signature	OR License Number
TBD	▶ *Pamela J De Miers* Electronically Signed	WA-2413

Registrar's Signature	Date Received	Local File Number
▶ *Jennifer A. Woodward*	April 01, 2022	

Amendment: Resident Address-County formerly Clark; amended electronically by F.Dir., J.A. Woodward, State Reg, nb, 4/20/2022.

TO BE COMPLETED BY MEDICAL CERTIFIER

Was case referred to Medical Examiner?	Autopsy?	Were autopsy findings available to complete the cause of death?	Time of Death
Yes	No		0823

CAUSE OF DEATH

		Approximate Interval: Onset to Death
IMMEDIATE CAUSE ↓ a.	COMPLICATIONS OF MULTIPLE CERVICAL FRACTURES	Days
Due to (or as a consequence of) ↓ b.	BLUNT TRAUMA OF THE HEAD AND NECK	Days
Due to (or as a consequence of) ↓ c.	FALL FROM HEIGHT	Days
Due to (or as a consequence of) ↓ d.		

Other significant conditions contributing to death: Inhalational thermal injury

Manner of Death	If Female	Did tobacco use contribute to death?
Accident	Not Applicable	No

Date of Injury	Time of Injury	Place of Injury	Injury at Work?
February 28, 2022	0523	Home	No

Location of Injury: 14772 Washougal River Road, Washougal, Washington 98671

Describe how injury occurred	If transportation injury, specify.
The decedent sustained blunt and inhalational injuries due to a house fire	Not Applicable

Name and Address of Certifier: Sean P Hurst 13309 SE 84th Avenue 100, Clackamas, Oregon 97015

Name and Title of Attending Physician if Other than Certifier	Date Signed
	March 14, 2022

Medical Certifier	Title of Certifier	License Number
Sean P Hurst Electronically Signed	M.D., M.E.	MD188694

Amendment

45-2CC (01/06)

20220521908

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.

DATE ISSUED: May 18, 2022

Jennifer A. Woodward
JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

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

STATE OF OREGON 1859

OREGON HEALTH AUTHORITY PUBLIC HEALTH DIVISION

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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Unofficial Copy

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