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

00013214202200011110030037

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 Christian, 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.

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: Millie	Middle: Louise	Last: Taylor	Suffix:	Death Date: March 11, 2022
Sex: Female	Age: 74 years	Social Security Number: [redacted]	County of Death: Multnomah	
Birthdate: December 18, 1947	Birthplace: Phoenix, Arizona		Was Decedent Ever in U.S. Armed Forces?: No	
Residence: 14772 Washougal River Road		City/Town: Washougal		
Residence County: Skamania	State or Foreign Country: Washington	Zip Code + 4: 98671	Inside City Limits?: No	
Marital Status at Time of Death: Married	Spouse's Name Prior to First Marriage: Gary Gene Taylor			
Father's Name: Todd Carver Smith		Mother's Name Prior to First Marriage: Grace Stoffel		
Informant's Name: Katy Ronspiess	Telephone Number: Not Available	Relationship to Decedent: Daughter	Mailing Address: 2414 NW 129th Street, Vancouver, WA 98685	
Place of Death: Hospital-Inpatient	Facility Name: Legacy Emanuel Medical Center			
Location of Death: 2801 N Gantenbein Avenue	City/Town or Location of Death: Portland	State: Oregon	Zip Code + 4: 97227	
Method of Disposition: Cremation	Place of Disposition: PFS Crematory	Location (City/Town and State): 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: TBD	Funeral Director's Signature: ▶ *Pamela J De Miers* Electronically Signed	OR License Number: WA-2413		
Registrar's Signature: ▶ *Jennifer A. Woodward*	Date Received: April 01, 2022	Local File Number:		

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?: Yes	Autopsy?: No	Were autopsy findings available to complete the cause of death?:	Time of Death: 0823

CAUSE OF DEATH

IMMEDIATE CAUSE ↓ a.	COMPLICATIONS OF MULTIPLE CERVICAL FRACTURES	Approximate Interval: Onset to Death: 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: Accident	If Female: Not Applicable		Did tobacco use contribute to death?: No	
Date of Injury: February 28, 2022	Time of Injury: 0523	Place of Injury: Home		Injury at Work?: No
Location of Injury: 14772 Washougal River Road, Washougal, Washington 98671				
Describe how injury occurred: The decedent sustained blunt and inhalational injuries due to a house fire			If transportation injury, specify.: 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: *Sean P Hurst* Electronically Signed		Title of Certifier: M.D., M.E.	License Number: MD188694	
Amendment:				

20220521908

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.

May 18, 2022
DATE ISSUED:

Jennifer A. Woodward
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