

**WHEN RECORDED RETURN TO:**

Tabi Ana Traugher  
28190 Iceland Avenue  
Wilsonville, OR 97070

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:

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

**GRANTOR(S):**

1. William C. Perkins, Trustee  
(deceased)

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

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

**GRANTEE(S):**

1. Maria Myrna Perkins, Trustee

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

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

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

Sect 23, T4N, R7 East, Skamania County, Washington

☐ Complete legal on page \_\_\_\_ of document.

**Assessor's Property Tax Parcel #**

Parcel No. 04072334020000

☐ 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



820305

I.D. TAG NO.

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

136-2017-033436

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

Legal Name	First William	Middle Clayton	Last Perkins	Suffix	Death Date December 12, 2017
Sex Male	Age 79 years	Social Security Number	County of Death Multnomah		
Birthdate December 03, 1938	Birthplace Portland, Oregon		Was Decedent Ever in U.S. Armed Forces? Yes		
Residence: 2039 SE 45th Avenue			City/Town Portland		
Residence County Multnomah	State or Foreign Country Oregon		Zip Code + 4 97215	Inside City Limits? Yes	
Marital Status at Time of Death Married	Spouse's Name Prior to First Marriage Maria Myrna Tabino				
Father's Name Clayton Douglas Perkins			Mother's Name Prior to First Marriage Opal Christine Fuson		
Informant's Name Myrna Perkins	Telephone Number Not Available	Relationship to Decedent Spouse	Mailing Address 2039 SE 45th Avenue, Portland, OR 97215		
Place of Death Decedent's Residence - Hospice		Facility Name			
Location of Death 2039 SE 45th Avenue		City/Town or Location of Death Portland		State Oregon	Zip Code + 4 97215
Method of Disposition Cremation	Place of Disposition Cascade Cremation Center		Location (City/Town and State) Tualatin, Oregon		
Name and Complete Address of Funeral Facility Crown Memorial Center, Cremation & Burial - Portland 832 NE Broadway Street, Portland, Oregon 97232					
Date of Disposition TBD	Funeral Director's Signature Michelle S Bradley		Electronically Signed	OR License Number FS-0644	
Registrar's Signature Jennifer A. Woodward		Date Received December 15, 2017		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 08:05 PM
CAUSE OF DEATH IMMEDIATE CAUSE ↓ a. Stage IV gliosarcoma of the brain				Approximate Interval: Onset to Death 2 months
b. Due to (or as a consequence of) ↓				
c. Due to (or as a consequence of) ↓				
d. Due to (or as a consequence of) ↓				
Other significant conditions contributing to death				
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 Christina A Kemper 7632 SW Durham Road 130, Tigard, Oregon 97224				
Name and Title of Attending Physician if Other than Certifier			Date Signed December 15, 2017	
Medical Certifier Christina A Kemper	Electronically Signed	Title of Certifier M.D.	License Number MD152863	
Amendment				



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.

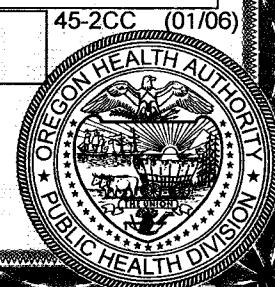
DATE ISSUED:

December 22, 2017

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR



Unofficial  
Copy



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