

**WHEN RECORDED RETURN TO:**

Sarah Swaney

62515 Stenkamp Road

Bend, OR 97701

Skamania County, WA  
Total: \$20.00  
DEATH  
Pgs=3**2023-001447**

10/05/2023 01:47 PM

Request of SARAH SWANEY



00016991202300014470030036

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. Marilyn E. Stevenson, Trustee  
(Deceased)

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

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

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

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX

N/A

OCT 05 2023

PAID

N/A  
M. H. H. H. Deputy  
SKAMANIA COUNTY TREASURER☐ Additional names on page \_\_\_\_ of document.**GRANTEE(S):**

Sarah E. Swaney and Robert D. Swaney, Trustees of the Swaney Family 1993 Trust

1. \_\_\_\_\_

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

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

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

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

Wauna Lake, Cabin 8 Sec. 15 of T2N, R7E, W.M.

☐ Complete legal on page \_\_\_\_ of document.**Assessor's Property Tax Parcel #**

32071500150800

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

JM 10-5-23

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."

**NOT REQUIRED**\_\_\_\_\_  
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 CERTIFICATE OF DEATH

991234  
I.D. TAG NO.

STATE FILE NUMBER

1. Legal Name First: Marilyn Middle: Estelle Last: Stevenson Suffix:		2. Death Date March 11, 2022	
3. Sex Female	4. Age 93 years	5. Social Security Number	
7. Birthdate April 20, 1928		8. Birthplace Bellingham, Washington	
9. Decedent's Education Master's degree		10. Was Decedent of Hispanic Origin? No	
11. Decedent's Race(s) White		12. Was Decedent Ever in U.S. Armed Forces? No	
13. Residence: Number and Street 3815 SW 50th Avenue		14. City/Town Portland	
15. Residence County Multnomah		16. State or Foreign Country Oregon	
17. Zip Code + 4 97221		18. Inside City Limits? Yes	
19. Marital Status at Time of Death Widowed		20. Spouse's Name Prior to First Marriage John Lyons Stevenson Jr.	
21. Usual Occupation Small Business Owner		22. Kind of Business/Industry Sewing Products	
23. Father's Name Ray Clarence Melson		24. Mother's Name Prior to First Marriage Sarah Eleanor Jeffcoat	
25. Informant's Name Sarah Swaney		26. Telephone Number Not Available	
27. Relationship to Decedent Daughter		28. Mailing Address 62515 Stenkamp Road, Bend, OR 97701	
29. Place of Death Licensed Adult Foster Home		30. Facility Name Capitol Adult Care Home	
31. Location of Death 11375 SW Capitol Highway		32. City/Town or Location of Death Portland	
33. State Oregon		34. Zip Code + 4 97219	
35. Method of Disposition Cremation		36. Place of Disposition Portland Cremation Center, LLC	
37. Location Portland, Oregon		38. Name and Complete Address of Funeral Facility Cornerstone Funeral Services & Cremation LLC, 18635 SE Bakers Ferry Road, Boring, Oregon 97009	
39. Date of Disposition TBD		40. Funeral Director's Signature Elizabeth Fournier Potts	
41. OR License Number FS-0507		42. Registrar's Signature Reborah Taylor	
43. Date Received APR 08 2022		44. Local File Number C1884	
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 1231 AM			
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.			Approximate Interval: Onset to Death
Final disease or condition resulting in death -> a. Immediate Cause: Late onset Alzheimer's Dementia			5 years
Due to (or as a consequence of) -> b. Underlying Cause: Chronic Atrial Fibrillation, Recurrent Urine Infection			
Due to (or as a consequence of) -> c. Contributing Cause: Chronic Atrial Fibrillation, Recurrent Urine Infection			
Due to (or as a consequence of) -> d. Contributing Cause: Chronic Atrial Fibrillation, Recurrent Urine Infection			
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: Chronic Atrial Fibrillation, Recurrent Urine Infection			
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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		55. Date of Injury (mm/dd/yyyy)	
56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)	
60. Describe how injury occurred		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) 19515 SW 65th Ave Apt 100 Tualatin OR 97062 Srividya Venigalla			
63. Name and Title of Attending Physician if Other than Certifier			
64. Title of Certifier MD		65. License Number MD 25891	
66. Date Signed (mm/dd/yyyy) MAR 17 2022		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. Sundya V	
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			

\*7528667\*

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

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:

APR 08 2022

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

45-2DP (01/06)



Unofficial  
Copy



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