



00018569202400006660040046

WHEN RECORDED RETURN TO:

Autumn Walker

P.O. Box 213

Husum, WA

98623

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)

2018-001320 Death Certificate

REFERENCE NUMBER(S) of Documents assigned or released:☐ Additional numbers on page ____ of document.**GRANTOR(S):**

1. John R Siders

2. _____

3. _____

4. _____

Skamania County

Real Estate Excise Tax

☐ Additional names on page ____ of document.

37203

GRANTEE(S):

JUN 03 2024

1. Autumn Walker

2. _____

PAID

N/A

3. _____

4. _____

Skamania County Treasurer

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

See exhibit A.

☐ Complete legal on page ____ of document.**Assessor's Property Tax Parcel #** 03-10-03-0-0-0102-00☐ 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

1085997

I.D. TAG NO.

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-2024-015616

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

Legal Name	First	Middle	Last	Suffix	Death Date
John	Robert	Siders			May 15, 2024
Sex	Age	Social Security Number	County of Death		
Male	75 years		Multnomah		
Birthdate	Birthplace	Was Decedent Ever in U.S. Armed Forces?			
June 18, 1948	Los Angeles, California	No			
Residence:	City/Town				
85 Lakeview Road	White Salmon				
Residence County	State or Foreign Country	Zip Code + 4	Inside City Limits?		
Skamania	Washington	98672	No		
Marital Status at Time of Death	Spouse's Name Prior to First Marriage				
Divorced					
Father's Name	Mother's Name Prior to First Marriage				
Robert David Siders	Lue Jean England				
Informant's Name	Telephone Number	Relationship to Decedent	Mailing Address		
Autumn Walker	Not Available	Daughter	PO Box 163, Husum, WA 98623		
Place of Death	Facility Name				
Hospital-Inpatient	Adventist Medical Center				
Location of Death	City/Town or Location of Death		State	Zip Code + 4	
10123 SE Market Street	Portland		Oregon	97216	
Method of Disposition	Place of Disposition		Location (City/Town and State)		
Cremation	Omega Crematory		Portland, Oregon		
Name and Complete Address of Funeral Facility					
Omega Funeral & Cremation Service 223 SE 122nd Ave, Portland, Oregon 97233					
Date of Disposition	Funeral Director's Signature		Electronically Signed	OR License Number	
TBD	Patrick Cornelius			CO-3932	
Registrar's Signature	Date Received		Local File Number		
Jennifer A. Woodward	May 22, 2024				
Amendment					

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
No	No			1046
CAUSE OF DEATH				Approximate Interval: Onset to Death
IMMEDIATE CAUSE ↓ a. Ventricular fibrillation cardiac arrest				seconds
Due to (or as a consequence of) ↓ b. End stage renal disease				months
Due to (or as a consequence of) ↓ c.				
Due to (or as a consequence of) ↓ d.				
Other significant conditions contributing to death				
Manner of Death	If Female	Did tobacco use contribute to death?		
Natural	Not Applicable	Unknown		
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				
Kevin Jocham 10123 SE Market Street, Portland, Oregon 97216				
Name and Title of Attending Physician if Other than Certifier				Date Signed
				May 21, 2024
Medical Certifier	Electronically Signed	Title of Certifier	License Number	
Kevin Jocham		M.D.	MD206925	
Amendment				



20240531355

45-2CC (01/06)

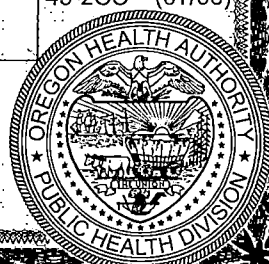
I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED: May 22, 2024

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



008797274

008797274

Exhibit A

Beginning at a point which is 628.89 feet South of the common section corner of Sections 34, 35, 3 and 2 of Township 3 North, Range 10 East, W.M., thence West 330 feet to the true point of beginning; thence South $2^{\circ} 26' 22''$ East 658.61 feet; thence South $89^{\circ} 54' 53''$ West 475.80 feet; thence North $5^{\circ} 52' 48''$ East 660.92 feet; thence North $89^{\circ} 48' 28''$ East 380.00 feet to the true point of beginning.

Tax Parcel Number: 03 10 03 0 0 0102 00

Skamania County Assessor
Date 6-27-18 Parcel# 03-10-03-0-0-0102-00
jm

Subject to and together with those liens, easements, covenants, conditions and restrictions of record.

Skamania County Assessor
Date 6/3/24 Parcel# 03-100300010200
jm