



00023268202600001170030035

WHEN RECORDED RETURN TO:
Jeremy Tennison
PO Box 459
North Bonneville WA 98639

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:

AFN # 2009172054 Recorded 02/17/09

clearing life estate

excise # 27911

☐ Additional numbers on page ____ of document.

GRANTOR(S):

1. Jeremy E. Tennison

2. _____

3. _____

4. _____

☐ Additional names on page ____ of document.

GRANTEE(S):

1. Floyd Pete Tennison

2. _____

3. _____

4. _____

☐ Additional names on page ____ of document.

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

Lot 16 Block 8 relocated North Bonneville

9.203 S&FT Book B of Plats page 16

☐ Complete legal on page ____ of document.

Assessor's Property Tax Parcel # 02072034160000

Skamania County Assessor

☐ Additional parcel numbers on page ____ of document.

Date 1/27/26 Parcel # 2-7-20-3-4-1600

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

1086588

I.D. TAG NO.

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-2024-015739

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name	First	Middle	Last	Suffix	Death Date
	Helen		Geneva	Tennison		April 25, 2024
	Sex	Age	Social Security Number	County of Death		
	Female	93 years		Wasco		
	Birthdate	Birthplace	Was Decedent Ever in U.S. Armed Forces?			
	March 05, 1931	Poplar Bluff, Missouri	No			
	Residence:	City/Town				
	1023 W 25th Street	The Dalles				
	Residence County:	State or Foreign Country	Zip Code + 4	Inside City Limits?		
	Wasco	Oregon	97058	Yes		
	Marital Status at Time of Death	Spouse's Name Prior to First Marriage				
	Widowed	Met Return Tennison				
	Father's Name	Mother's Name Prior to First Marriage				
	Raymond Patterson	Lena Unknown				
	Informant's Name	Telephone Number	Relationship to Decedent	Mailing Address		
Floyd Pete Tennison	Not Available	Son	PO Box 729, Stevenson, WA 98648			
Place of Death	Facility Name					
Nursing Facility	The Dalles Health and Rehabilitation Center					
Location of Death	City/Town or Location of Death		State	Zip Code + 4		
1023 W 25th	The Dalles		Oregon	97058		
Method of Disposition	Place of Disposition	Location (City/Town and State)				
Cremation	Monarch Crematory	Tualatin, Oregon				
Name and Complete Address of Funeral Facility						
Heritage Memorial 6705 SE 14th Avenue, Portland, Oregon 97202						
Date of Disposition	Funeral Director's Signature	Electronically Signed	OR License Number			
TBD	Samantha R Haxton		CO-3994			
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			0350	
	CAUSE OF DEATH				Approximate Interval: Onset to Death	
	IMMEDIATE CAUSE				1 week	
	a. undetermined natural causes					
	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					
	congestive heart failure, cerebral vascular event, hypertension, atrial fibrillation					
	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						
Nicole Pashek 551 Lone Pine Boulevard 201, The Dalles, Oregon 97058						
Name and Title of Attending Physician if Other than Certifier				Date Signed		
				May 22, 2024		
Medical Certifier	Electronically Signed	Title of Certifier	License Number			
Nicole Pashek		N.P.	200850161NP			
Amendment						



20240617138

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.

June 13, 2024

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Unofficial
Copy



* 0 0 7 - 9 5 6 4 8 0 *

007956480