



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 G 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

91203 SAFT 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 # 27-20-3-4-1600

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.

136-2024-015739

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

Legal Name Helen	First Geneva	Middle Tennison	Last /	Suffix /	Death Date April 25, 2024
Sex Female	Age 93 years	Social Security Number [REDACTED]		County of Death Wasco	
Birthday March 05, 1931	Birthplace Poplar Bluff, Missouri				Was Decedent Ever in U.S. Armed Forces? No
Residence: 1023 W 25th Street				City/Town The Dalles	
Residence County: Wasco	State or Foreign County Oregon		Zip Code + 4 97058		Inside City Limits? Yes
Marital Status at Time of Death Widowed	Spouse's Name Prior to First Marriage Met Return Tennison				
Father's Name Raymond Patterson				Mother's Name Prior to First Marriage Lena Unknown	
Informant's Name Floyd Pete Tennison	Telephone Number Not Available	Relationship to Decedent Son	Mailing Address PO Box 729, Stevenson, WA 98648		
Place of Death Nursing Facility	Facility Name The Dalles Health and Rehabilitation Center				
Location of Death 1023 W 25th	City/Town or Location of Death The Dalles			State Oregon	Zip Code + 4 97058
Method of Disposition Cremation	Place of Disposition Monarch Crematory			Location (City/Town and State) Tualatin, Oregon	
Name and Complete Address of Funeral Facility Heritage Memorial				6705 SE 14th Avenue, Portland, Oregon 97202	
Date of Disposition TBD	Funeral Director's Signature Samantha R. Maxton			Electronically Signed	OR License Number CO-3994
Registrar's Signature Jennifer A. Woodward				Date Received May 22, 2024	Local File Number
Amendment					
Was case referred to Medical Examiner? No	Autopsy? No	Were autopsy findings available to complete the cause of death?			Time of Death 0350
CAUSE OF DEATH					
IMMEDIATE CAUSE a. undetermined natural causes					
Due to (or as a consequence of) ↓ b.				Approximate Interval: Onset to Death 1 week	
Due to (or as a consequence of) ↓ c.					
Due to (or as a consequence of) ↓ d.					
Other significant conditions contributing to death congestive heart failure, cerebral vascular event, hypertension, atrial fibrillation					
Manner of Death Natural	If Female Not Applicable				Did tobacco use contribute to death? 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 Nicole Pashek	Electronically Signed	Title of Certifier N.P.	License Number 200850161NP		
Amendment					

45-2CC-(01/06)

20240617138

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

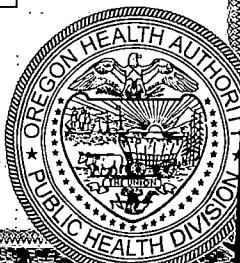
DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

Jennifer A. Woodward, Ph.D.

JENNIFER A. WOODWARD, PH.D.

STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Unofficial
Copy



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