



WHEN RECORDED RETURN TO:

Rachel Kinney
P.O. Box 9690
Stevenson, WA 98648

38127
FEB 03 2026
PAID Exempt
AS-Depot
SKAMANIA COUNTY TREASURER

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)

Seed ^{PK} Death Certificate

REFERENCE NUMBER(S) of Documents assigned or released:

2026-001299

Additional numbers on page ____ of document.

GRANTOR(S):

- 1. Wright, Catherine A.
- 2. _____
- 3. _____
- 4. _____

Additional names on page ____ of document.

GRANTEE(S):

- 1. Kinney, Rachel A.
- 2. Renfro, Jacquelyn M.
- 3. _____
- 4. _____

Additional names on page ____ of document.

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

Lot 1, Meldan Acres

Complete legal on page ____ of document.

Assessor's Property Tax Parcel #

03073644180000

Skamania County Assessor *DM*

Additional parcel numbers on page ____ of document.

Date: 2/3/26 Parcel# 03073644180000

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

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

1021103
I.D. TAG NO.

136-2022-029394
STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

Legal Name		First Catherine	Middle Ann	Last Wright	Suffix	Death Date September 05, 2022	
Sex Female	Age 67 years	Social Security Number [REDACTED]		County of Death Multnomah			
Birthdate January 03, 1955		Birthplace Hood River, Oregon			Was Decedent Ever in U.S. Armed Forces? No		
Residence: 15323 SE Bybee Drive				City/Town Portland			
Residence County Multnomah		State or Foreign Country Oregon		Zip Code + 4 97236	Inside City Limits? Yes		
Marital Status at Time of Death Divorced		Spouse's Name Prior to First Marriage					
Father's Name John Morrison Wright				Mother's Name Prior to First Marriage Kathryn Susan Adams			
Informant's Name Rachel Kinney		Telephone Number Not Available	Relationship to Decedent Daughter	Mailing Address 2002 NE 138th Place, Portland, OR 97230			
Place of Death Decedent's Residence			Facility Name				
Location of Death 15323 SE Bybee Drive		City/Town or Location of Death Portland		State Oregon	Zip Code + 4 97236		
Method of Disposition Removal From State		Place of Disposition Stevenson Cemetery		Location (City/Town and State) Stevenson, Washington			
Name and Complete Address of Funeral Facility Straub's Funeral Home 325 NE 3rd Avenue, Camas, Washington 98607							
Date of Disposition September 15, 2022		Funeral Director's Signature <i>Christian M Dierckx</i>		Electronically Signed	OR License Number RR-1812		
Registrar's Signature <i>Jennifer A. Woodward</i>			Date Received September 15, 2022		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 2111		
CAUSE OF DEATH IMMEDIATE CAUSE ↓ a. Metastatic lung cancer with liver, brain and lymph node involvement							Approximate Interval: Onset to Death months
Due to (or as a consequence of) ↓ b.							
Due to (or as a consequence of) ↓ c.							
Due to (or as a consequence of) ↓ d.							
Other significant conditions contributing to death: Diabetes, Coronary artery disease							
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: Elizabeth Levesque 2701 NW Vaughn Street 140, Portland, Oregon 97210							
Name and Title of Attending Physician If Other than Certifier					Date Signed September 15, 2022		
Medical Certifier <i>Elizabeth Levesque</i>		Electronically Signed	Title of Certifier D.O.		License Number D028780		
Amendment							

20220921711

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: September 20, 2022

Jennifer A. Woodward
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



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