

Real Estate Excise Tax Affidavit (RCW 82.45 WAC 458-61A)

Only for sales in a single location code on or after January 1, 2020.
This affidavit will not be accepted unless all areas on all pages are fully completed.
This form is your receipt when stamped by cashier. Please type or print.

Check box if the sale occurred in more than one location code. Check box if partial sale, indicate % _____ sold.
List percentage of ownership acquired next to each name.

1 Seller/Grantor
Name The Pat and Altamae Whitehill Revocable Trust; Karen Whitehill, Trustee
Mailing address 4916 SE Ash St
City/state/zip Portland OR 97215
Phone (including area code) 503-853-6704

2 Buyer/Grantee
Name Barry Whitehill
Kai Whitehill
Mailing address 2771 Larissa Dr
City/state/zip Fairbanks AK 99712
Phone (including area code) 907-385-5995

3 Send all property tax correspondence to Same as Buyer/Grantee
Name _____
Mailing address _____
City/state/zip _____

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
<u>1-143-06-604-6007</u>	<input checked="" type="checkbox"/>	<u>\$ 35,000</u>
	<input type="checkbox"/>	\$ 0.00
	<input type="checkbox"/>	\$ 0.00

4 Street address of property Dave land
This property is located in Asotin County (for unincorporated locations please select your county)
 Check box if any of the listed parcels are being segregated from another parcel, are part of a boundary line adjustment or parcels being merged.
Legal description of property (if you need more space, attach a separate sheet to each page of the affidavit).

Lot No. 4; Boggan's Oasis First Addition

5 Select land use code(s) 01
Enter any additional codes _____
(see back of last page for instructions)
Was the seller receiving a property tax exemption or deferral under RCW 84.36, 84.37, or 84.38 (nonprofit org., senior citizen or disabled person, homeowner with limited income)? Yes No
Is this property predominantly used for timber (as classified under RCW 84.84 and 84.33) or agriculture (as classified under RCW 84.34.020)? See ETA 3215. Yes No
If yes, complete the predominate use calculator (see instructions for section 5).

7 List all personal property (tangible and intangible) included in selling price.
If claiming an exemption, list WAC number and reason for exemption.
WAC number (section/subsection) WAC 458-61A-205(b)(1)
Reason for exemption Gift; no consideration

6 Is this property designated as forest land per RCW 84.33? Yes No
Is this property classified as current use (open space, farm and agricultural, or timber) land per RCW 84.34? Yes No
Is this property receiving special valuation as historical property per RCW 84.26? Yes No

Type of document Quit Claim Deed
Date of document 1/11/2021

Gross selling price	<u>0.00</u>	0.00
*Personal property (deduct)		0.00
Exemption claimed (deduct)		0.00
Taxable selling price		0.00
Excise tax: state		
Less than \$500,000.01 at 1.1%		0.00
From \$500,000.01 to \$1,500,000 at 1.28%		0.00
From \$1,500,000.01 to \$3,000,000 at 2.75%		0.00
Above \$3,000,000 at 3%		0.00
Agricultural and timberland at 1.28%		0.00
Total excise tax: state		0.00
<u>0.0000</u> Local		0.00
*Delinquent interest: state		0.00
Local		0.00
*Delinquent penalty		0.00
Subtotal		0.00
*State technology fee		5.00
Affidavit processing fee		5.00
Total due		10.00

If any answers are yes, complete as instructed below.
(1) NOTICE OF CONTINUANCE (FOREST LAND OR CURRENT USE)
NEW OWNER(S): To continue the current designation as forest land or classification as current use (open space, farm and agriculture, or timber) land, you must sign on (3) below. The county assessor must then determine if the land transferred continues to qualify and will indicate by signing below. If the land no longer qualifies or you do not wish to continue the designation or classification, it will be removed and the compensating or additional taxes will be due and payable by the seller or transferor at the time of sale (RCW 84.33.140 or 84.34.108). Prior to signing (3) below, you may contact your local county assessor for more information.

This land: does does not qualify for continuance.
Deputy assessor signature _____ Date _____

(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY)
NEW OWNER(S): To continue special valuation as historic property, sign (3) below. If the new owner(s) doesn't wish to continue, all additional tax calculated pursuant to RCW 84.26, shall be due and payable by the seller or transferor at the time of sale.

(3) NEW OWNER(S) SIGNATURE
Signature _____ Signature _____
Print name _____ Print name _____

8 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT
Signature of grantor or agent Karen Whitehill, Trustee Signature of grantee or agent Barry Whitehill
Name (print) Karen Whitehill, Trustee Name (print) Barry Whitehill
Date & city of signing 1/25/21 Portland OR Date & city of signing 1/26/21 Fairbanks AK

Perjury is a class C felony which is punishable by imprisonment in the state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than \$5000, or by both imprisonment and fine (RCW 9A.20.020(1c)).
To ask about the availability of this publication in an alternate format for the visually impaired, please call 360-705-6705. Teletype (TTY) users may use the WA Relay Service by calling 711.

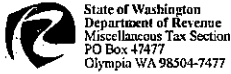
REV 84 0001a (11/06/2020) THIS SPACE TREASURER'S USE ONLY COUNTY ASSESSOR

FEB 04 2021

ASOTIN COUNTY
TREASURER

053902

Pat & Altamae Whitehill Trust CE# 0507



REAL ESTATE EXCISE TAX SUPPLEMENTAL STATEMENT (WAC 458-61A-304)

PLEASE NOTE: This completed document cannot be saved to your hard drive without the full version of Adobe Acrobat...

This form must be submitted with the Real Estate Excise Tax Affidavit (FORM REV 84 0001A for deeded transfers and Form REV 84 0001B for controlling interest transfers) for claims of tax exemption as provided below.

AUDIT: Information you provide on this form is subject to audit by the Department of Revenue. In the event of an audit, it is the taxpayers' responsibility to provide documentation to support the selling price or any exemption claimed.

PERJURY: Perjury is a class C felony which is punishable by imprisonment in a state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).



The persons signing below do hereby declare under penalty of perjury that the following is true (check appropriate statement):

1. DATE OF SALE: (WAC 458-61A-306(2))

I, (print name) _____ certify that the _____ (type of instrument), dated _____, was delivered to me in escrow by _____ (seller's name). NOTE: Agent named here must sign below and indicate name of firm. The payment of the tax is considered current if it is not more than 90 days beyond the date shown on the instrument. If it is past 90 days, interest and penalties apply to the date of the instrument. Reasons held in escrow _____

Signature _____ Firm Name _____

2. GIFTS: (WAC 458-61A-201) The gift of equity is non-taxable; however, any consideration received is not a gift and is taxable. The value exchanged or paid for equity plus the amount of debt equals the taxable amount. One of the boxes below must be checked. Both Grantor (seller) and Grantee (buyer) must sign below.

Grantor (seller) gifts equity valued at \$ _____ to grantee (buyer).

NOTE: Examples of different transfer types are provided on the back. This is to assist you with correctly completing this form and paying your tax.

"Consideration" means money or anything of value, either tangible (boats, motor homes, etc) or intangible, paid or delivered, or contracted to be paid or delivered, including performance of services, in return for the transfer of real property. The term includes the amount of any lien, mortgage, contract indebtedness, or other encumbrance, given to secure the purchase price, or any part thereof, or remaining unpaid on the property at the time of sale. "Consideration" includes the assumption of an underlying debt on the property by the buyer at the time of transfer.

A. Gifts with consideration

- 1. Grantor (seller) has made and will continue to make all payments after this transfer on the total debt of \$ _____ and has received from the grantee (buyer) \$ _____ (include in this figure the value of any items received in exchange for property). Any consideration received by grantor is taxable.
2. Grantee (buyer) will make payments on _____ % of total debt of \$ _____ for which grantor (seller) is liable and pay grantor (seller) \$ _____ (include in this figure the value of any items received in exchange for property). Any consideration received by grantor is taxable.

B. Gifts without consideration

- 1. There is no debt on the property; Grantor (seller) has not received any consideration towards equity. No tax is due.
2. Grantor (seller) has made and will continue to make 100% of the payments on the total debt of \$ _____ and has not received any consideration towards equity. No tax is due.
3. Grantee (buyer) has made and will continue to make 100% of the payments on total debt of \$ _____ and has not paid grantor (seller) any consideration towards equity. No tax is due.
4. Grantor (seller) and grantee (buyer) have made and will continue to make payments from joint account on total debt before and after the transfer. Grantee (buyer) has not paid grantor (seller) any consideration towards equity. No tax is due.

Has there been or will there be a refinance of the debt? YES NO (If yes, please call 360-704-5905 to see if this transfer is taxable). If grantor (seller) was on title as co-signor only, please see WAC 458-61A-215 for exemption requirements.

The undersigned acknowledge this transaction may be subject to audit and have read the above information regarding record-keeping requirements and evasion penalties.

Karen Whitehill, Trustee 1/20/21
Grantor's Signature Date
Karen Whitehill
Grantor's Name (print)

[Signature] 1/20/21
Grantee's Signature Date
Barry Whitehill
Grantee's Name (print)

3. IRS "TAX DEFERRED" EXCHANGE (WAC 458-61A-213)

I, (print name) _____, certify that I am acting as an Exchange Facilitator in transferring real property to _____ pursuant to IRC Section 1031, and in accordance with WAC 458-61A-213. NOTE: Exchange Facilitator must sign below.

Exchange Facilitator's Signature _____ Date _____ Exchange Facilitator's Name (print) _____

For tax assistance, contact your local County Treasurer/Recorder or visit dor.wa.gov/ret. To ask about the availability of this publication in an alternate format for the visually impaired, please call 360-705-6705. Teletype (TTY) users may use the WA Relay Service by calling 711.



53902

CERTIFICATION OF TRUST

I, Karen Whitehill, Trustee of The Pat and Altamae Whitehill Revocable Trust dated July 19, 2004, make this certification pursuant to the Oregon Uniform Trust Code.

1. Trust. The The Pat and Altamae Whitehill Revocable Trust is presently in existence. It was executed on July 19, 2004.
2. Settlor. The settlors, Altamae Whitehill and Patrick Whitehill, are both deceased.
3. Trustee's Identity and Address. The currently acting trustee is Karen Whitehill. The trustee's address is 4916 SE Ash St., Portland, OR 97215.
4. Trust Powers. Under the terms of the trust agreement, the trustee is given powers granted a trustee under the Oregon Uniform Trust Code set forth in ORS 130.650 - 130.730, including the right to sell, exchange, assign, lease, encumber or otherwise alienate all or any part of the trust estate on such terms as the trustee shall determine.
5. Trust is Irrevocable. The trust is irrevocable.
6. Modification of Trust. The trust may not be modified or amended.
7. One Trustee Only. I am acting alone as trustee and have authority to exercise trust powers alone.
8. Taxpayer Identification Number. The trust taxpayer identification number is 84-7131455.
9. Title to Trust Property. Trust property is to be titled as follows:

"Karen Whitehill, Trustee, or the successor(s) in trust, under The Pat and Altamae Whitehill Revocable Trust dated July 19, 2004 and any amendments thereto."
10. Trust Jurisdiction. This trust is being administered under the laws of the State of Oregon.

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53902

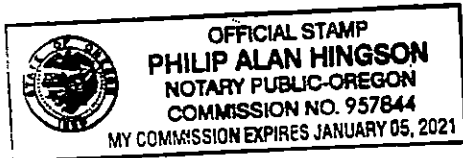
11. No Change in Trust. The trust has not been revoked, modified or amended in any manner that would cause the representations contained in this certification to be incorrect.

DATED: March 19, 2020.

Karen Whitehill, Trustee
Karen Whitehill, Trustee

STATE OF OREGON)
) ss:
County of Washington)

Karen Whitehill appeared before me on this 19th day of March, 2020, and acknowledged voluntarily executing this instrument, as acting trustee.



Philip Alan Hingson
Notary Public for Oregon

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS
State of Idaho HEALTH STATISTICS
CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE
MAILED SEAL, SHALL BE USED AS PROOF OF THIS DEATH (UNLESS 24 HR AND 27 HOUR IDAHO LOCAL REG. NO.)

DECEDENT	* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) MILLARD PATRICK WHITEHILL		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 82 (Years)		4b. UNDER 1 YEAR 4c. UNDER 1 DAY 5. DATE OF BIRTH (Mo/Day/Yr) [REDACTED]	
MORTICIAN: Complete/Verify and File Within 5 Days of Death	7a. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON		7b. COUNTY ASOTIN	
	7c. CITY OR TOWN CLARKSTON		7d. STREET AND NUMBER 1636 SWALLOWS CREST LOOP	
PARENTS	8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) ALTAMAE S. SIMS	
	10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11. BIRTHPLACE (State, Territory, or Foreign Country) NEBRASKA	
INFORMANT	13a. INFORMANT'S NAME (Type or print) ALTAMAE WHITEHILL		13b. RELATIONSHIP TO DECEDENT WIFE	
	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 1636 SWALLOWS CREST LOOP CLARKSTON, WA 99403		13d. ZIP CODE 99403	
DISPOSITION	14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET LEWISTON, IDAHO 83501	
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: GERALD E. BARTLOW		17b. LICENSE NUMBER (Of licensee) M0771	
PLACE OF DEATH	* 19a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)		PLACE OF DEATH (19-22)	
	* 20. FACILITY NAME (If not facility, give street and number) LIFE CARE CENTER OF LEWISTON		* 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE LEWISTON, ID 83501	
DATE OF DEATH	* 23. DATE OF DEATH (Mo/Day/Yr) (Spell month) February 25, 2012		* 24. TIME OF DEATH (24hr) 13:40	
	* 25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) February 25, 2012		* 26. TIME PRONOUNCED DEAD (24hr) 13:40	
CAUSE OF DEATH	PART I. 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. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. PARKINSON'S DISEASE DUE TO (or as a consequence of):		Approximate Interval: Onset to Death 16 YRS	
	Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (Last disease or injury that initiated the events resulting in death) → b. ENCEPHALOPATHY DUE TO (or as a consequence of):		16 YRS	
CERTIFIER: Complete Within 72 Hours of Death	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. UTI GERD ASPIRATION PNEUMONIA		27a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	28. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ITEMS 32-34 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		33. TIME OF INJURY (24hr)	
	34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)		35. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
CERTIFIER	37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable		38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
	39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE PROFESSIONAL NURSE - To the best of my knowledge, death occurred at the time, date, and place, and due to the nature cause(s)/manner stated.		39b. LICENSE NUMBER M-03283	
REGISTRAR	Signature and Title of Certifier → ELECTRONICALLY SIGNED: CHRISTINA R. BJORNSTAD, M.D.		39c. DATE SIGNED 2 / 27 / 2012 MM DD YYYY	
	* 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) CHRISTINA R. BJORNSTAD, 625 SIXTH AVENUE LEWISTON, ID 83501		40b. DATE SIGNED 2 / 28 / 2012 MM DD YYYY	

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: **FEB 29 2012**

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

James B. Galtte
JAMES B. AYDELOTTE
STATE REGISTRAR
53902





* 0 0 0 0 9 5 4 5 2 *

STATE OF IDAHO County of Nez Perce

This copy of a death certificate was issued
by the District Health Department on behalf
of the Bureau of Vital Records and Health
Statistics.

Pauline Durst

Local Vital Statistics Registration Official

53902

STATE OF OREGON

CERTIFICATE OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

841811
I.D. TAG NO.

STATE FILE NUMBER

1. Legal Name First: <u>Altamae</u> Middle: _____ Last: <u>Whitehill</u> Suffix: _____				2. Death Date <u>February 13, 2020</u>	
3. Sex <u>Female</u>		4. Age <u>90 years</u>	5. Social Security Number ██████████		6. County of Death <u>Multnomah</u>
7. Birthdate ██████████		8. Birthplace <u>Spokane, Washington</u>		9. Decedent's Education <u>Master's degree</u>	
10. Was Decedent of Hispanic Origin? <u>No</u>			11. Decedent's Race(s) <u>White</u>		12. Was Decedent Ever in U.S. Armed Forces? <u>No</u>
13. Residence: Number and Street <u>4916 SE Ash Street</u>				14. City/Town <u>Portland</u>	
15. Residence County <u>Multnomah</u>		16. State or Foreign Country <u>Oregon</u>		17. Zip Code + 4 <u>97215</u>	18. Inside City Limits? <u>Yes</u>
19. Marital Status at Time of Death <u>Widowed</u>			20. Spouse's Name Prior to First Marriage <u>Millard Patrick Whitehill</u>		
21. Usual Occupation <u>Middle School Teacher</u>				22. Kind of Business/Industry <u>Public School</u>	
23. Father's Name <u>Leone Simms</u>			24. Mother's Name Prior to First Marriage <u>Edna Callison</u>		
25. Informant's Name <u>Terry Whitehill</u>		26. Telephone Number <u>Not Available</u>	27. Relationship to Decedent <u>Son</u>	28. Mailing Address <u>4916 SE Ash Street, Portland, OR 97215</u>	
29. Place of Death <u>Licensed Adult Foster Home</u>			30. Facility Name <u>Noble House Inc.</u>		
31. Location of Death <u>18540 SE Tibbets Court</u>			32. City/Town or Location of Death <u>Gresham</u>		33. State <u>Oregon</u>
34. Zip Code + 4 <u>97030</u>			35. Method of Disposition <u>Cremation</u>	36. Place of Disposition <u>Portland Cremation Center, LLC</u>	
37. Location <u>Portland, Oregon</u>			38. Name and Complete Address of Funeral Facility <u>Mt. Scott Funeral Home 4205 SE 59th Ave, Portland, Oregon 97206</u>		
39. Date of Disposition <u>Feb 13 2020</u>		40. Funeral Director's Signature <u>Andrea J White-Whatt</u>		41. OR License Number <u>FS-0528</u>	42. Registrar's Signature <i>[Signature]</i>
43. Date Received <u>FEB 25 2020</u>		44. Local File Number <u>00517</u>		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 <u>10:10 Military</u>					50. 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 →		IMMEDIATE CAUSE ↓			Unknown
Due to (or as a consequence of) ↓		<u>cardiac arrest</u>			
Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		Due to (or as a consequence of) ↓			
		<u>chronic diastolic congestive heart failure</u>			
		Due to (or as a consequence of) ↓			
		Due to (or as a consequence of) ↓			
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: <u>Alzheimer's disease</u>					
52. Manner of Death		53. If Female		54. Did tobacco use contribute to 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		<input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
55. Date of Injury (mch yy 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 checked="" 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) <u>CHRYSTA STAFF-LEWIS 5330 NE OLIVER AVE SUITE 100 PORTLAND OR 97213</u>					
63. Name and Title of Attending Physician if Other than Certifier					
64. Title of Certifier <u>MD</u>		65. License Number <u>MD 20547</u>		66. Date Signed (mch yy yyyy) <u>2/21/20</u>	
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.			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					

7255084

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

45-2DP (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: _____

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

Jennifer A. Woodward
JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR
53402

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





006860581

53902