



201803160051

Skagit County Auditor

\$35.00

3/16/2018 Page

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2 9:35AM

WHEN RECORDED RETURN TO:

Land Use and Escrow

02-166425-OE, 02-166425-OE

DOCUMENT TITLE(S):
Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
STATE OF ~~WASHINGTON~~
Oregon

GRANTEE:
JAMES A WEAVER

ABBREVIATED LEGAL DESCRIPTION:
Lot 5, Skyline #22, A Condo.

TAX PARCEL NUMBER(S):
4464-000-005-0006/P82971

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

H90019

I.D. TAG NO.

STATE FILE NUMBER

1. Legal Name First: James, Middle: A., Last: Weaver, Suffix:			2. Death Date March 05, 2010	
3. Sex Male	4. Age 68 years	5. Social Security Number		6. County of Death Union
7. Birthdate	8. Birthplace McCloud, California		9. Decedent's Education High school grad. or GED	
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White		12. Was Decedent Ever in U.S. Armed Forces? No
13. Residence: Number and Street 63432 Owsley Canyon Road		14. City/Town La Grande		
15. Residence County Union	16. State or Foreign Country Oregon	17. Zip Code + 4 97850	18. Inside City Limits? No	
19. Marital Status at Time of Death Married		20. Spouse's Name Prior to First Marriage Carol Ricker		
21. Usual Occupation Contractor		22. Kind of Business/Industry Road Building		
23. Father's Name Roy A. Weaver		24. Mother's Name Prior to First Marriage Alberta		
25. Informant's Name Carol Weaver		26. Telephone Number Not Available	27. Relationship to Decedent Spouse	28. Mailing Address 63432 Owsley Canyon Road, La Grande, OR 97850
29. Place of Death Decedent's Residence		30. Facility Name		
31. Location of Death 63432 Owsley Canyon Road		32. City/Town or Location of Death La Grande		33. State Oregon
				34. Zip Code + 4 97850
35. Method of Disposition Cremation		36. Place of Disposition Loveland Crematory		37. Location La Grande, Oregon
38. Name and Complete Address of Funeral Facility Loveland Funeral Chapel, 1508 4th Street, La Grande, Oregon 97850				
39. Date of Disposition March 15, 2010		40. Funeral Director's Signature Kevin B. Loveland		41. OR License Number CO-3600
42. Registrar's Signature Garnet L. Shaw		43. Date Received March 16, 2010		44. Local File Number 044
45. Amendment				

243135

TO BE COMPLETED BY FUNERAL FACILITY

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 7:20 PM
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 ↓ Cholelithiasis		1 year	
Sequentially list conditions, if any, leading to the cause listed on line a.		Due to (or as a consequence of) ↓			
ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		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:					
52. Manner of 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		53. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
55. Date of Injury (MM/DD/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 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) Stephen Bump MD, 506 4th St, LaGrande, OR 97850					
63. Name and Title of Attending Physician if Other than Certifier					
64. Title of Certifier MD		65. License Number 16028		66. Date Signed (MM/DD/YYYY) 3/12/10	
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					

TO BE COMPLETED BY MEDICAL CERTIFIER

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE UNION COUNTY REGISTRAR.

DATE ISSUED:

March 17, 2010

THIS COPY IS NOT VALID WITHOUT INTACT (IO STATE SEAL AND) BORDER.

Garnet L. Shaw
GARNET L. SHAW
COUNTY REGISTRAR
UNION COUNTY, OREGON



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE