202508290088
08/29/2025 04:09 PM Pages: 1 of 3 Fees: $20.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20252014
AUG 29 2025
Amount Paid $Ø
Skagit Co. Treasurer
By KD Deputy

Document Title:
DEATH CERTIFICATE

Reference Number :

Grantor(s): ☐ additional grantor names on page ___.

1. STATE OF OREGON

2.

Grantee(s): ☐ additional grantee names on page___.

1. DORA JANE WILSON

2.

Abbreviated legal description: ☐ full legal on page(s) ___.

PTN SE SW 27-33-4

Assessor Parcel / Tax ID Number: ☐ additional tax parcel number(s) on page ___.

112974

UNOFFICIAL DOCUMENT

STATE OF OREGON
CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

837741 — I.D. TAG NO.
136-2018-032542 — STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

Legal Name: Dora (First)	Jane (Middle)	Wilson (Last)	Suffix	Death Date: November 28, 2018
Sex: Female	Age: 82 years	Social Security Number: [redacted]		County of Death: Klamath
[redacted]	Birthplace: Great Falls, Montana			Was Decedent Ever in U.S. Armed Forces? No
Residence: 2437 Kane Street 109			City/Town: Klamath Falls	
Residence County: Klamath	State or Foreign Country: Oregon		Zip Code + 4: 97603-6891	Inside City Limits? No
Marital Status at Time of Death: Widowed	Spouse's Name Prior to First Marriage: David C Wilson			
Father's Name: Howard - Nelson		Mother's Name Prior to First Marriage: Velma [redacted]		
Informant's Name: Craig Steven Barta	Telephone Number: Not Available	Relationship to Decedent: Son	Mailing Address: 5119 Glenwood Drive, Klamath Falls, OR 97603-8513	
Place of Death: Licensed Assisted Living Facility	Facility Name: Rogue River Place			
Location of Death: 2437 Kane St	City/Town or Location of Death: Klamath Falls	State: Oregon	Zip Code + 4: 97603	
Method of Disposition: Cremation	Place of Disposition: Pyramid Cremations	Location (City/Town and State): Klamath Falls, Oregon		
Name and Complete Address of Funeral Facility: Davenport's Chapel of The Good Shepherd 2680 Memorial Drive, Klamath Falls, Oregon 97601				
Date of Disposition: TBD	Funeral Director's Signature: *William F Davenport* (Electronically Signed)	OR License Number: CO-3104		
Registrar's Signature: */S/ Jessica F Dale*	Date Received: December 04, 2018	Local File Number: 18 - 256		
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: 0416
CAUSE OF DEATH IMMEDIATE CAUSE a. Endometrial Cancer			Approximate Interval: Onset to Death 2016, 2 Years
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			
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: Gwen Patricia Smith — 4745 S 6th Street, Klamath Falls, Oregon 97603			
Name and Title of Attending Physician If Other than Certifier			Date Signed: December 03, 2018
Medical Certifier: */S/ Gwen Patricia Smith*	Title of Certifier: N.P.		License Number: 201703928NP-PP
Amendment			

45-2CC (01/06)

20250216363

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: April 10, 2025

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

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