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} ss.

Grantor's Name and Address

Grantee's Name and Address

Judith Louise Iams, Trustee
15600 SE Bel Air Drive
Clackamas, Oregon 97015

Fee \$ 26⁰⁰ # of Pgs 2 Deputy.

My commission expires 1-22-06

CERTIFICATE OF VITAL RECORD

PERMANENT
INK

215281
I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

18483

Local File Number

State File Number

1. DECEDENT'S NAME First: <u>Neal</u> Middle: <u>Stuart</u> Last: <u>WADLEY</u>			2. SEX <u>Male</u>	3. DATE OF DEATH (Month, Day, Year) <u>May 18, 1996</u>
4. SOCIAL SECURITY NUMBER <u>541-36-0017</u>		5a. AGE-Last Birthday (Years) <u>64</u>	5b. Under 1 Year Mos. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u>	6. BIRTHPLACE (City and State or Foreign Country) <u>Alhambra CA</u>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) <u> </u>		
9b. FACILITY NAME (If not institution, give street and number) <u>383 Oxford</u>			9c. CITY, TOWN, OR LOCATION OF DEATH <u>Ashland</u>	9d. COUNTY OF DEATH <u>Jackson</u>
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Teacher</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Education</u>		11. MARITAL STATUS - <u>Married</u> Never Married, Widowed, Divorced (Specify)
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Jackson</u>	13c. CITY, TOWN OR LOCATION <u>Ashland</u>	13d. STREET AND NUMBER <u>383 Oxford</u>
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE <u>97520</u>	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes <u>No</u>		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>
17. FATHER - NAME first middle last <u>Malcolm K. Wadley</u>		18. MOTHER - NAME first middle maiden <u>Thelma Hull</u>		19. INFORMANT - NAME and relationship to deceased <u>Judith Iams Wife</u>
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <u> </u>		20b. LOCATION - City or town, State <u>Ashland, Oregon</u>		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>[Signature]</u>		21b. LICENSE NUMBER (Of Licensee) <u>3360</u>		
23. DATE FILED (Month, Day, Year) <u>MAY 24 1996</u>		24. REGISTRAR'S SIGNATURE <u>[Signature]</u>		
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		

TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
27. TIME OF DEATH <u>4:45 P.M.</u> M <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	31a. TIME OF DEATH M <u> </u>	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M <u> </u>
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>[Signature]</u>		32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>[Signature]</u>	
30. DATE SIGNED (Month, Day, Year) <u>5-22-96</u>		33. DATE SIGNED (Month, Day, Year) _____ COUNTY _____	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Allen Johnson, MD 628 N. Main Ashland, OR 97520</u>			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) _____			

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.			
PART I (a) <u>Pancreatic carcinoma</u>		Interval between onset and death <u>months</u>	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) _____		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) _____		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Consider as contributing to death but not resulting in the underlying cause given in PART I.			
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal intervention <input type="checkbox"/> Homicide <input type="checkbox"/> Other	41a. DATE OF INJURY (Month, Day, Year) _____	41b. TIME OF INJURY _____	41c. INJURY AT WORK? M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
41d. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify) _____		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State) _____	

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 12/84

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

MAY 24 1996

DATE ISSUED: _____

[Signature]
HENRY COLLINS, JR.
COUNTY REGISTRAR
JACKSON COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE