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STATE OF OREGON
CERTIFICATION OF VITAL RECORD

943664

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-2021-028867

I.D. TAG NO.

STATE FILE NUMBER

| | | | | | | | | |
|--|---------------------------------|--------------------------------|---------------------------------------|--------------------------------|---|--------------------------------|---------------------|--|
| TO BE COMPLETED BY FUNERAL FACILITY | Legal Name | | First | Middle | Last | Suffix | Death Date | |
| | | | Joshua | Lee | Wandell | | Found May 17, 2021 | |
| | Sex | Age | | Social Security Number | | County of Death | | |
| | Male | 42 years | | | | Klamath | | |
| | Birthdate | | Birthplace | | Was Decedent Ever in U.S. Armed Forces? | | | |
| | November 06, 1978 | | Westlake Village, California | | No | | | |
| | Residence: | | | | City/Town | | | |
| | 135928 Hwy. 97 N | | | | Crescent | | | |
| | Residence County | | State or Foreign Country | | Zip Code + 4 | | Inside City Limits? | |
| | Klamath | | Oregon | | 97733 | | No | |
| | Marital Status at Time of Death | | Spouse's Name Prior to First Marriage | | | | | |
| | Never married | | | | | | | |
| | Father's Name | | | | Mother's Name Prior to First Marriage | | | |
| | Larry Edwin Wandell | | | | Cathy Marie Hollis | | | |
| | Informant's Name | | Telephone Number | | Relationship to Decedent | | Mailing Address | |
| Cathy Wandell | | Not Available | | Mother | | PO Box 863, Crescent, OR 97733 | | |
| Place of Death | | Facility Name | | | | | | |
| Other - Forested Area | | | | | | | | |
| Location of Death | | City/Town or Location of Death | | State | | Zip Code + 4 | | |
| 135937 Hwy. 97 N | | Crescent | | Oregon | | 97733 | | |
| Method of Disposition | | Place of Disposition | | Location (City/Town and State) | | | | |
| Cremation | | Pyramid Cremations | | Klamath Falls, Oregon | | | | |
| Name and Complete Address of Funeral Facility | | | | | | | | |
| Cascade Cremation & Burial 1229 E Main Street, Klamath Falls, Oregon 97601 | | | | | | | | |
| Date of Disposition | | Funeral Director's Signature | | | | OR License Number | | |
| TBD | | Travis D Sandusky | | | | CO-3705 | | |
| Registrar's Signature | | Date Received | | Local File Number | | | | |
| Jennifer A. Woodward | | September 16, 2021 | | | | | | |
| Amendment | | | | | | | | |

45-2CCS (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.

February 11, 2022

DATE ISSUED:

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