

Hello Ms. Berger

I am writing regarding House Bill 4056 which is schedule for a hearing February 3rd @ 3:00 pm. As I understand the bill, it is design to correct HB 2093 as it relates to prohibiting county clerks from recording death certificates that contain cause of death. This is a provision that is unenforceable because as you may know other states; including California will not issue or reissue a death certificate in the "short form".

This is a problem for me because I attempted to record my father's death certificate in Tillamook county last week and was told I could not because of HB 2093 (he died while on vacation in California). The results are that I cannot transfer title, sell the property or borrow money to improve the property.

I will be at the hearing to testify and insist this unreasonable condition be removed. I am very grateful for your support in correcting this error in the law.

Regards,
Alan B. Koloen

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3200133009796

STATE OF CALIFORNIA
STATE FILE NUMBER _____ USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00) LOCAL REGISTRATION NUMBER _____

DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) WILLIAM		2. MIDDLE EUGENE		3. LAST (FAMILY) KOLOEN	
	4. DATE OF BIRTH M/M/DD/C C Y Y 01/29/1933		5. AGE YRS. 68		7. DATE OF DEATH M/M/DD/C C Y Y 10/25/2001	
	9. STATE OF BIRTH OREGON		10. SOCIAL SECURITY NO. 543-32-8326		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
	14. RACE WHITE		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER CATERPILLAR COMPANY	
USUAL RESIDENCE	17. OCCUPATION INVENTORY CLERK		18. KIND OF BUSINESS MANUFACTURING CATERPILLARS		19. YEARS IN OCCUPATION 30	
	20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 1186 S E EUBANK STREET					
	21. CITY DALLAS		22. COUNTY POLK		23. ZIP CODE 97338	
INFORMANT	26. NAME, RELATIONSHIP MARGARET KOLOEN - WIFE			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 1186 S E EUBANK STREET, DALLAS, OREGON 97338		
	28. NAME OF SURVIVING SPOUSE—FIRST MARGARET		29. MIDDLE ANN		30. LAST (MAIDEN NAME) DUNAWAY	
SPOUSE AND PARENT INFORMATION	31. NAME OF FATHER—FIRST OSCAR		32. MIDDLE W		33. LAST KOLOEN	
	35. NAME OF MOTHER—FIRST ANNA		36. MIDDLE -		37. LAST (MAIDEN) OVERLUND	
DISPOSITION(S)	39. DATE M/M/DD/C C Y Y 10/30/2001		40. PLACE OF FINAL DISPOSITION DALLAS CEMETERY, 2065 S W FAIRVIEW AVENUE, DALLAS, OREGON 97338			
	41. TYPE OF DISPOSITION(S) TR/BU		42. SIGNATURE OF EMBALMER <i>Raymond J. Creten</i>		43. LICENSE NO. 7195	
FUNERAL DIRECTOR AND LOCAL REGISTRAR	44. NAME OF FUNERAL DIRECTOR PALM SPRINGS MORTUARY, CATHEDRAL CITY		45. LICENSE NO. FD 1513		46. SIGNATURE OF LOCAL REGISTRAR <i>Ray Feldman MD</i>	
	47. DATE M/M/DD/C C Y Y 10/29/2001					
PLACE OF DEATH	101. PLACE OF DEATH CALIF NURSING & REHAB CTR/SNF		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input checked="" type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		103. FACILITY OTHER THAN HOSPITAL: RIVERSIDE	
	105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 2299 N INDIAN CANYON DR		106. CITY PALM SPRINGS			
CAUSE OF DEATH	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) IMMEDIATE CAUSE (A) RESPIRATORY FAILURE				TIME INTERVAL BETWEEN ONSET AND DEATH 1 WEEK	
	DUE TO (B) CHRONIC OBSTRUCTIVE PULMONARY DISEASE				108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	DUE TO (C)				109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	DUE TO (D)				110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO						
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 PNEUMONIA, SPONTANEOUS RIGHT PNEUMOTHORAX						
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. MULTIPLE CHEST TUBES 09/27/2001						
PHYSICIAN'S CERTIFICATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M/M/DD/C C Y Y 10/19/2001		115. SIGNATURE AND TITLE OF CERTIFIER <i>Michael J. Grauel MD</i>		116. LICENSE NO. G 38822	
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP MICHAEL J GRAUEL, MD 1180 N INDIAN CANYON DRIVE, PALM SPRINGS, CA 92262		117. DATE M/M/DD/C C Y Y 10/26/2001			
CORONER'S USE ONLY	120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/DD/C C Y Y		122. HOUR	
	119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		123. PLACE OF INJURY			
	124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)						
126. SIGNATURE OF CORONER OR DEPUTY CORONER			127. DATE M/M/DD/C C Y Y		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR	A	B	C	D	E	F
					FAX AUTH. # 558964	
					CENSUS TRACT	



0 3 3 9 5 1 7 9 0

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, County Clerk-Recorder.

DATE ISSUED APR 27 2009

This copy is not valid unless prepared on engraved border displaying date, seal and signature of the County Clerk-Recorder.

Larry W. Ward

LARRY W. WARD
ASSESSOR-COUNTY CLERK-RECORDER
RIVERSIDE COUNTY, CALIFORNIA



House Bill 4056

Sponsored by Representatives WHISNANT, HOYLE, GOMBERG; Representatives BERGER, BOONE, HICKS, MCLANE, THOMPSON, WHITSETT, Senator BOQUIST (Pre-session filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure as introduced.

Prohibits county clerk or county recording officer from recording document that records death filed in conjunction with owning or having interest in land if document originated in this state and includes medical information related to cause of death.

Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to documents recording a death that are in the custody of a county official; amending ORS
3 432.355; and declaring an emergency.

4 **Be It Enacted by the People of the State of Oregon:**

5 **SECTION 1.** ORS 432.355 is amended to read:

6 432.355. Notwithstanding any other provision of law, a document recording a death filed in
7 conjunction with owning or having a claim or interest in land that is in the custody of a county
8 clerk or county recording officer is open and subject to full disclosure. **A county clerk or county**
9 **recording officer may not record** a document [*recording*] **that records** a death filed in conjunction
10 with owning or having a claim or interest in land [*may not include*] **if the document originated in**
11 **this state and includes** medical information related to the cause of death.

12 **SECTION 2.** **This 2014 Act being necessary for the immediate preservation of the public**
13 **peace, health and safety, an emergency is declared to exist, and this 2014 Act takes effect**
14 **on its passage.**

15

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.