103306 BOOK 105 PAGE 272

STATE OF WASHINGTON)
) ss
County of Skamania)

AFFIDAVIT OF RAMONA A. BENNETT

I, RAMONA A. BENNETT, first being duly sworn on oath, depose and state:

I am (RE.) the STEP daughter of John Cornelius Baars, who died on March 4, 1968 at Washougal, Washington. A true and correct copy of the death certificate of John Cornelius Baars is attached hereto as Exhibit A.

Ramona A. Bennett
RAMONA A. BENNETT

SUBSCRIBED AND SWORN to before me this 4th day of June, 1987.

Shirley Ann Lewis
Notary Public in and for the State of Washington, residing at Stevenson.

My commission expires Sept. 01, 1989

SHIRLEY ANN LEWIS NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES SEPT. 1, 1989

FILED FOR RECORD
SKAMANIA CO. WASH
BY BILL KIRKPATRICK

JUN 4 3 19 PM '87
AUDITOR
GARY M. OLSON

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EXHIBIT "A" BOOK 105 PAGE 573

S. F. No. 8191—OS

WASHINGTON STATE DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

TYPE, OR PRINT IN PERMANENT INK

D-2 LOCAL FILE NUMBER (R-D)

STATE FILE NUMBER

DECEASED

1. DECEASED—NAME: FIRST CORNELIUS MIDDLE BAARS LAST
2. SEX: Male
3. DATE OF DEATH (MONTH, DAY, YEAR): March 4, 1968
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.): White
5. AGE—LAST BIRTHDAY (YEARS): 75
5a. UNDER 1 YEAR — MOS. / DAYS
5b. UNDER 1 DAY — HOURS / MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): May 7, 1892
7. COUNTY OF DEATH: Skamania
7a. CITY, TOWN, OR LOCATION OF DEATH: Route 2, Box 254, Washougal
7b. INSIDE CITY LIMITS (SPECIFY YES OR NO): No
7c. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Route 2, Box 254, Washougal, Wash. 98671
8. STATE OR FOREIGN COUNTRY OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Iowa
9. CITIZEN OF WHAT COUNTRY: United States
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Inez M. Turner
12. SOCIAL SECURITY NUMBER: [redacted]
13. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Dairy Farmer
13a. KIND OF BUSINESS OR INDUSTRY: Agriculture
14. USUAL RESIDENCE (WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.)
14a. RESIDENCE—STATE: Wash.
14b. COUNTY: Skamania
14c. CITY, TOWN, OR LOCATION: Washougal
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): No
14e. STREET AND NUMBER: Route 2, Box 254

PARENTS

15. FATHER—NAME: FIRST Martin MIDDLE ---- LAST Baars
16. MOTHER—MAIDEN NAME: FIRST Maria MIDDLE ---- LAST DeGroote

17a. INFORMANT—NAME: Mrs. Inez M. Baars
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Rte. 2, Box 254, Washougal, Wash. 98671

CAUSE

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE: (a)	Acute Coronary Occlusion	5 min.
DUE TO, OR AS A CONSEQUENCE OF: (b)	Coronary Art Sclerosis	Yrs.
DUE TO, OR AS A CONSEQUENCE OF: (c)	Arteriosclerosis with Hypertension	Yrs.

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a). — AUTOPSY (YES OR NO): — IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:

19. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
20. DATE OF INJURY (MONTH, DAY, YEAR)
20a. HOUR
20b. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18.)
20c. INJURY AT WORK (SPECIFY YES OR NO)
20d. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC.)
20e. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

CERTIFIER

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM Feb. 2 1968 TO March 4 1968
21b. I LAST SAW HIM/HER ALIVE ON Jan. 1 68
21c. I DID/DID NOT VIEW THE BODY AFTER DEATH. yes
21d. DEATH OCCURRED AT (HOUR) 10:1 M
22a. CERTIFICATION—CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. HOUR OF DEATH M
22b. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR M
23a. CERTIFIER—NAME (TYPE OR PRINT): D. S. CHAMPAIGN
23b. SIGNATURE: D. A. Champaign M.D.
23c. DEGREE OR TITLE
23d. DATE SIGNED (MONTH, DAY, YEAR)
23e. MAILING ADDRESS—CERTIFIER: P.O. Box [illegible] STREET OR R.F.D. NO. [illegible] CITY OR TOWN Vancouver STATE Wash. ZIP

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY OR CREMATORY—NAME: Camas, Cemetery
24c. LOCATION: CITY OR TOWN Camas, STATE Washington
24d. DATE (MONTH, DAY, YEAR): March 8, 1968
24e. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Swank Memorial Chapel, 325 NE 3rd Ave. Camas, Wash.
25. FUNERAL DIRECTOR—SIGNATURE: Lee Swank
26. REGISTRAR—SIGNATURE: D.A. Champaign M.D.
26a. DATE RECEIVED BY LOCAL REGISTRAR: MAR 7 1968

THIS IS TO CERTIFY, that the foregoing is a true copy (photographic)

of a record on file with the Department of Health, Vancouver, Washington.

D.A. Champaign M.D.

SEAL

MAR 7 1968

Donald A. Champaign, M.D.
District Health Officer

By Shirley Weese
Clerk

EXHIBIT "A"