

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

1119

LOCAL FILE NUMBER

113874

1072 Health
CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: Henry Middle: Mason Last: BOHMBACH				2. SEX (M / F) Male		3. DEATH DATE (Mo. Day, Yr.) April 24, 1992	
4. AGE LAST BIRTH DAY (Yr.) 76		5. UNDER 1 YEAR WKS DAYS HRS		6. UNDER 1 DAY HRS		7. BIRTHDATE (Mo. Day, Yr.) Dec. 14, 1915	
8. BIRTHPLACE (City, State of Birth or Country) Minneapolis/St. Paul, MN				9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		10. COUNTY OF DEATH Spokane	
11. CITY, TOWN OR LOCATION OF DEATH Spokane				12. PLACE OF DEATH - IN BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 () HOME 2 () IN TRANSPORT 3 () EMERG. MOUNTAIN 4 (X) HOSP. 5 () NUR HOME 6 () OTHER PLACE St. Luke's Memorial Hospital			
13. SMOKING IN LAST 15 YEARS? (Yes / No) No							
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (if wife, give maiden name) Gladys Chamberlain		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (13-12) College (14 or 16) 2	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Mechanical Engineer		19. KIND OF BUSINESS OR INDUSTRY Aviation		20. Was Decedent of Hispanic or other descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify No		21. RACE (Specify) White	
22. RESIDENCE—NUMBER AND STREET 4411 Inverness Drive		23. CITY/TOWN OR LOCATION Post Falls		24. INSIDE CITY LIMITS? (Yes / No) Yes		25. COUNTY Kootenai	
26. LENGTH OF RES. IN CO. 12yrs		27. STATE Idaho		28. ZIP CODE 83854			
29. FATHER'S NAME—FIRST, MIDDLE, LAST Gordon Mason Bohmbach				30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Georgia Blaisdell			
31. INFORMANT—NAME Holly Armstrong				32. MAILING ADDRESS—STREET OR RFD NO. CITY OR TOWN STATE ZIP 3129 Indian Way, Lafayette, CA 94549			
33. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		34. DATE (Mo. Day, Yr.) April 28, 1992		35. CEMETERY/CREMATORY—NAME Ball & Dodd Crematory		36. LOCATION—CITY/TOWN STATE Spokane, Washington	
37. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		38. NAME OF FACILITY Ball & Dodd Funeral Home, Inc.		39. ADDRESS OF FACILITY 421 South Division Street Spokane, WA 99202-1331			
40. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>[Signature]</i> 41. DATE SIGNED (Mo. Day, Yr.) 4/27/92 42. HOUR OF DEATH (24 Hrs.) 1900 43. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 44. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) 400 E. 5 th Ave., SPOKANE, WA 99202				45. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE X 46. DATE SIGNED (Mo. Day, Yr.) 47. HOUR OF DEATH (24 Hrs.) 48. HOUR PRONOUNCED DEAD (24 Hrs.) 49. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) REX T. HOFFMEISTER MD 400 E. 5 th Ave., SPOKANE, WA 99202 50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. A. <i>Idiopathic Pulmonary Interstitial Fibrosis</i> B. DUE TO, OR AS A CONSEQUENCE OF. C. DUE TO, OR AS A CONSEQUENCE OF. D. DUE TO, OR AS A CONSEQUENCE OF. 51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE <i>Rheumatoid Arthritis</i> 52. AUTOPSY? (Yes / No) No 53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes 54. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify) 55. INJURY DATE (Mo. Day, Yr.) 56. HOUR OF INJURY (24 Hrs.) 57. DESCRIBE HOW INJURY OCCURRED 58. INJURY AT WORK? (Yes / No) 59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify) 60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE 61. RECORD AMENDMENT (Register or use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE #164256 70 <i>[Signature]</i> 5-4-92 62. REGISTRAR SIGNATURE <i>[Signature]</i> 63. DATE RECEIVED (Mo. Day, Yr.) APR 27 1992			

DOH 110-008 (Rev. 7/87) (D.H. 01, 09/03/1992)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

JUL 1 11 23 AM '92

Henry
GARRETT OLSON

Last Will and Testament BOOK 129 PAGE 523

of
HENRY M. BOHMBACH

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

I, HENRY M. BOHMBACH, of Kootenai County, State of Idaho, being over the age of eighteen (18) years, of sound mind and memory and not acting under menace, fraud or undue influence of any person or persons whomever, do hereby make, publish and declare this my Last Will and Testament and hereby revoke any prior Wills or codicils made by me at any time heretofore.

ARTICLE ONE

I hereby declare that I am married to GLADYS M. BOHMBACH. I further declare that at the date of the execution of this Will, I have the following children:

SUSAN MARILYN BOHMBACH	adult	(natural child)
NIKKI LEE HOUGEN	adult	(step-child)
OLLIE HANSON HOUGEN	adult	(step-child)
HOLLY ANN ARMSTRONG	adult	(step-child)
OLEN SYLVAN HOUGEN	adult	(step-child)

ARTICLE TWO

I direct that my personal representative, as soon as practical after my death, and when funds are available therefor shall pay the expenses of my last illness and burial, and all of my just debts insofar as they are mature and uncontested obligations.

I direct that all estate, inheritance, transfer, legacy, succession and other death taxes payable by reason of my death, which may be assessed with respect to property passing and taxable because of my death, shall be paid out of my estate as an expense of administration, and no part of these taxes shall be apportioned or prorated to any devisee or any other person owning or receiving any property of mine.

ARTICLE THREE

I give such items of tangible personal property to such people as I may designate, either now or hereafter, in accordance with a separate written statement signed by me, pursuant to the provisions of Sec. 15-2-513 of the Idaho Code.

page 1 of 4 pages

LL
B.J.

Henry M. Bohmbach
HENRY M. BOHMBACH, TESTATOR
REAL ESTATE EXCISE TAX

JUL 02 1992
PAID Exempt 15071
SKAMANIA COUNTY TREASURER

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

ARTICLE FOUR

I give the remainder of my estate to my spouse, GLADYS M. BOHMBACH, if she survives me for thirty (30) days. If she does not survive me for thirty (30) days, then the remainder of my estate will be distributed as follows:

a) I give three life insurance policies which name her as beneficiary to my daughter, SUSAN MARILYN BOHMBACH;

b) I give a specific bequest of FOUR THOUSAND DOLLARS (\$4,000.00) to my wife's former step-child, PAMELA ESTELLE INGHAM;

c) The remainder of my real and personal property is to be divided equally among my natural child and step-children, namely: SUSAN MARILYN BOHMBACH, HOLLY ANN ARMSTRONG, NIKKI LEE HOUGEN, OLLIE HANSON HOUGEN, AND OLEN SYLVAN HOUGEN. My children may agree as to the division of the property, however, if they are unable to agree within six (6) months after the appointment of my personal representative, the personal representative will make the division of the property in approximately equal values.

If any of the above-named children predecease me, the remaining children will receive a larger share rather than the decease's issue taking by representation.

ARTICLE FIVE

All matters pertaining to identification, distribution or division of property as set forth above shall be determined by my personal representative, and her determination shall be final and binding upon all persons having an interest in my estate.

ARTICLE SIX

I hereby nominate and appoint GLADYS M. BOHMBACH, as Personal Representative of my estate and direct that she be allowed to serve without bond. I hereby empower my Personal Representative to sell, mortgage, lease and convey any and all of my estate in such a manner and on such terms as she shall deem wise and just, and I direct that she settle my estate without the intervention of any court, except to the extent required by law.

In the event my Personal Representative, GLADYS M. BOHMBACH, cannot or will not serve as my Personal Representative, then in that event, I nominate and appoint HOLLY ANN ARMSTRONG, to serve as alternate Personal Representative with the same rights and privileges as previously set out.

page 2 of 4 pages

LW
B2.

Henry M. Bohmbach
HENRY M. BOHMBACH, TESTATOR

ARTICLE SEVEN

I herein renounce any general power of appointment which I may have at the time of my death.

ARTICLE EIGHT

If any person dies within thirty (30) days after my death or under circumstances that there is not, in the judgment of my personal representative whose decision shall be conclusive, sufficient evidence to determine whether such person has died within thirty (30) days after my death, I shall be deemed to have survived such person.

ARTICLE NINE

The laws of Idaho shall govern all questions as to validity and construction of this Will.

ARTICLE TEN

Words in any gender shall be deemed to include the other gender; the singular shall be deemed to include the plural and vice versa, the word "give" shall also mean devise and bequeath, which shall not mean appoint; the word "pay" and "distribute" shall also mean assign and convey.

IN WITNESS WHEREOF, I have hereunto set my hand this 26 day of November, 1985, to this instrument, consisting of 4 type-written pages, including this page to which I have subscribed my name.

Henry M. Bohmbach
HENRY M. BOHMBACH, TESTATOR

The foregoing instrument consisting of ___ pages, including the page signed by the undersigned witnesses, was, on the date hereof signed, published, and declared by the Testator to be the Testator's Last Will and Testament and in the presence of us, who at the Testator's request and in the Testator's presence and in the presence of each other and on the same date have subscribed our names as witnesses thereto.

Lois Hanne residing at Hayden Lake, Ida.

Barbara Hays residing at Coeur d'Alene, Idaho

page 3 of 4 pages

W.H.
B.J.

Henry M. Bohmbach
HENRY M. BOHMBACH, TESTATOR

STATE OF IDAHO)
) ss
 County of Kootenai)

We, HENRY M. BOHMBACH, Lois Nanni, and Barbara Lloyd, the TESTATOR and the witnesses, respectively, whose names are signed to the attached or foregoing instrument, being first duly sworn, do hereby declare to the undersigned authority that the Testator signed and executed the Testator's last Will and that the Testator had signed willingly or directed another to sign on the Testator's behalf, and the Testator executed it as a free and voluntary act for the purposes therein expressed, and that each of the witnesses, in the presence and hearing of the Testator, signed the Will as witnesses and that to the best of their knowledge the Testator was, at that time, an adult of sound mind and undergoing no constraint or undue influence.

Henry M. Bohmbach

Lois Nanni

Barbara Lloyd

STATE OF IDAHO)
) ss
 County of Kootenai)

On this 26th day of November, 1985, before me, the undersigned Notary Public for the State of Idaho, did personally appear, HENRY M. BOHMBACH, Lois Nanni and Barbara Lloyd, known to me to be the persons whose names are subscribed to the foregoing instrument and they have acknowledged to me having executed the same.

Barbara Beecher Kane
 Notary Public for Idaho
 Residing at: Hayden Lake, Id.
 Comm. expires: 8/15/91

Henry M. Bohmbach
 HENRY M. BOHMBACH, TESTATOR