FILED FOR RECORD
SKAMANIA CO. WASH
BY Dexter Maust

FEB 5 1 25 PM '96
Gary
AUDITOR
GARY M. OLSON

AFFIDAVIT OF DEATH AND HEIRSHIP
OF RAYMOND C. MAUST and ERMA MAUST

124400

BOOK 155 PAGE 196

STATE OF OREGON)
)ss.
County of Washington)

We, Dexter C. Maust residing at 6091 N. W. Bony Rd., Yamhill, OR 97148, Evan D. Maust residing at 4330 Winding Woods Way Fair Oaks, Ca 95628, and Lynn R. Floyd residing at 124 Coatbridge Cir, Cary, NC 27511 being first duly sworn, depose and say from personal knowledge:

That Raymond C. Maust and Erma Maust were our mother and father;

That Raymond C. Maust died on September 12, 1969 in Pacific County, Washington;

That Erma Maust died on February 27, 1993 in Washington County, Oregon;

That the estate of Raymond C. Maust is not being probated; Erma Maust was his surviving spouse and all property was held jointly and passed to Erma Maust;

That the estate of Erma Maust is not being probated by virtue of The Erma Maust Trust executed on November 27, 1989;

That there are no debts, funeral expenses or taxes of any kind remaining unpaid;

Gary H. Nistin, Skamania County Assessor
Date 2-5-96 Parcel # 2-5-27-201

Registered
Indexed, Dir
Indirect
Filmed
Mailed

That all the heirs who might have a claim to the property of either Raymond C. Maust or Erma Maust as described in Exhibit A attached is a party hereto.

Dated this 1 day of Nov, 1995.

Dexter C. Maust

Evan D. Maust

Lynn R. Floyd

SIGNED AND SWORN to by Dexter C. Maust before me this 1 day of November, 1995.

OFFICIAL SEAL
ALICE M. LEWIS
NOTARY PUBLIC-OREGON
COMMISSION NO. 023040
MY COMMISSION EXPIRES APRIL 12, 1997

Alice M. Lewis
Notary Public for Oregon
My Commission Expires: 4/04/97

SIGNED AND SWORN to by Evan D. Maust before me this 20 day of November, 1995.

GABRIEL E. GENDRON
COMM. # 1025817
Notary Public — California
SACRAMENTO COUNTY
My Comm. Expires MAY 8, 1998

Gabriel E. Gendron
Notary Public for California
My Commission Expires: 5-8-98

SIGNED AND SWORN to by Lynn R. Floyd before me this 30 day of November, 1995.

LOUISE S. MARION
NOTARY PUBLIC
WAKE COUNTY, N.C.

Louise S. Marion
Notary Public for Wake Co. N.C.
My Commission Expires: 12-22-97

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

BOOK 155 PAGE 198

WASHINGTON STATE DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

STATE FILE NUMBER 21805

LOCAL FILE NUMBER 69

1. DECEDENT—NAME: Raymond C. MAUST
2. SEX: Male
3. DATE OF DEATH (MONTH, DAY, YEAR): Sept. 12, 1969
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.): White
5a. AGE—LAST BIRTHDAY (YEARS): 56
5b. UNDER 1 YEAR—MOS.
5c. UNDER 1 DAY—HOURS
5d. UNDER 1 DAY—MIN.
5. DATE OF BIRTH (MONTH, DAY, YEAR): Jan. 19, 1-13
6. COUNTY OF DEATH: Pacific
7. CITY, TOWN, OR LOCATION OF DEATH: Ilwaco
7a. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7b. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): DOA Hospital
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Oregon
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Erma Niquettmayer
12. SOCIAL SECURITY NUMBER: 347-05-5169
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): President & General Mgr.
13b. KIND OF BUSINESS OR INDUSTRY: Master Engravers Inc.
14. RESIDENCE—STATE: Oregon
14a. COUNTY: Washington
14b. CITY, TOWN, OR LOCATION: Portland
14c. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
14d. STREET AND NUMBER: 3180 SW 97th Avenue
15. FATHER—NAME: O.C. Maust
16. MOTHER—MAIDEN NAME: Susie Campbell
17a. INFORMANT—NAME: Mrs. Erma Maust
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 3180 SW 97th Ave. Portland, Oregon

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE (a): Cardiac Arrest
DUE TO, OR AS A CONSEQUENCE OF (b): Acute Myocardial Infarction
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST
DUE TO, OR AS A CONSEQUENCE OF (c):

PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a).

19. AUTOPSY (YES OR NO): No
20. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:

21. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
22. DATE OF INJURY (MONTH, DAY, YEAR):
23. HOUR:
24. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18.):
25. INJURY AT WORK (SPECIFY YES OR NO):
26. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC.) (SPECIFY):
27. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE): OCT 10 1969

28. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR): Not Seen Ante-mortem
28a. AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR):
28b. I DID/DID NOT VIEW THE BODY AFTER DEATH: Did
28c. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED: 7:00p M.
29. 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. — THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR)
29a. CERTIFIER—NAME (TYPE OR PRINT): John Hooper
SIGNATURE: John Crawford
DEGREE OR TITLE: M.D.
DATE SIGNED (MONTH, DAY, YEAR): 22 Sept 69
29b. MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO.): 72th and South Pacific
CITY OR TOWN: Long Beach
STATE: Washington 98631

30. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
30a. CEMETERY OR CREMATORY—NAME: Valley Memorial Park
30b. LOCATION (CITY OR TOWN, STATE): Hillsboro, Oregon 97005
31. DATE (MONTH, DAY, YEAR): Sept. 12, 1969
31a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Pegg, Paxson & Springer Chapel, 165 SW Watson Beaverton Ore.
32. FUNERAL DIRECTOR—SIGNATURE:
33. REGISTRAR—SIGNATURE: Lauren H. Lucke MD
34. DATE RECEIVED BY LOCAL REGISTRAR:

DOH 01-003 (7/6)

No 152870
CERTIFIED
RENETA WILSON
STATE REGISTRAR
OF VITAL RECORDS
AUG 16 1970
DO NOT DESTROY
022171 F

CERTIFICATION OF VITAL RECORD

I.D. FILE NO. 365 (Local File Number)

HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136- (State File Number)

1. DECEDENT'S NAME First	Middle	Last	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Erma	-	MAUST	Female	Feb. 27, 1993

4. SOCIAL SECURITY NUMBER	5a. AGE-Last Birthday (Years)	5b. Under 1 Year Mos. / Days	5c. Under 1 Day Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country)	7. DATE OF BIRTH (Month, Day, Year)
347-05-5169	76			Medford, Oregon	September 22, 1916

DECEDENT

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No

9a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
5145 SW Normandy	Beaverton	Washington

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	12. SPOUSE (If Married, Widowed)
Homemaker	Own Home	Widowed	Ray C.

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER
Oregon	Washington	Beaverton	5145 SW Normandy

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)
☒ Yes ☐ No	97005	☐ Yes ☐ No	White	1

PARENTS

17. FATHER - NAME first middle last	18. MOTHER - NAME first middle maiden	19. INFORMANT - NAME and relationship to deceased
Ernest Niedermeyer	Ora Stout	Dexter Maust-Son

DISPOSITION

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION - City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	Valley Memorial Cem.	Hillsboro, OR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER (Of Licensee)	22. NAME, ADDRESS AND ZIP OF FACILITY
Richard Hauser	47 3505	Pegg Paxson and Springer Chapel 4675 SW Watson Bvtn, OR 97005

REGISTRAR

23. DATE FILED (Month, Day, Year)	24. REGISTRAR'S SIGNATURE
MAR 0 5 1993	Jimmie E. Bennett

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?	26. WAS GIFT MADE?
☐ YES ☐ NO ☒ N/A	☐ YES ☐ NO ☒ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH	28. WAS MEDICAL EXAMINER NOTIFIED?
3:15 A M	☒ Yes ☐ No

29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)

30. DATE SIGNED (Month, Day, Year): 3.3.93

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
M	M

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)

33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)
Dr. Christopher Nogeire MD, 6464 SW Borland Rd. #C-5 Tualatin, OR 97062

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

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) CANCER OF THE BREAST — Interval between onset and death: 2 years
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death

PART II — OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.

37. Did tobacco use contribute to the death?	38. AUTOPSY	39. If YES were findings considered in determining cause of death?
☐ Yes ☐ Probably ☒ No ☐ Unknown	☐ Yes ☒ No	☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY	41c. INJURY AT WORK?	41d. DESCRIBE HOW INJURY OCCURRED
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention		M	☐ Yes ☐ No	

41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)

41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

BOOK 155 PAGE 199

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 4-92

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

DATE ISSUED MAR 0 8 1993

Jimmie E. Bennett
COUNTY REGISTRAR
WASHINGTON COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE