

FEB 5 1 25 PM '96

Deberry

AUDITOR

GARY M. OLSON

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

124400

BOOK 155 PAGE 196

STATE OF OREGON)
County of Washington) ss.

We, Dexter C. Maust residing at 6091 N. W. Bony Rd., Yamhill,
OR 97148, Evan D. Maust residing at 4330 Winding Woods Wy
Fair Oaks, Co. 95628, and Lynn R. Floyd residing at
124 Coathridge Cde, 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;

PAGE 1 - AFFIDAVIT OF DEATH AND HEIRSHIP OF RAY C. MAUST AND ERMA
MAUST

Registered ✓
Indexed, Sir ✓
Indirect ✓
Filmed
Mailed

Gary H. Martin, Skamania County Assessor

Date 2-5-96 Page # 2-5-27-201

W

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
Dexter C. Maust

Evan D. Maust
Evan D. Maust

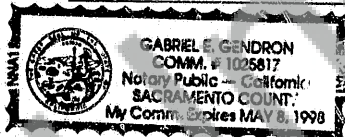
Lynn R. Floyd
Lynn R. Floyd
m.
F

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



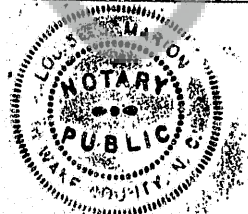
Alice M. Lewis
Notary Public for Oregon
My Commission Expires: 4/12/97

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



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 for Wake Co. N.C.
My Commission Expires: 12-22-97

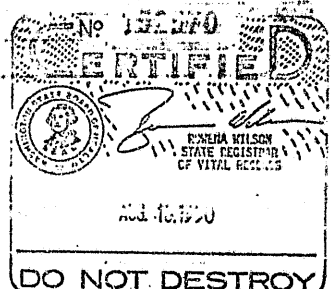
STATE OF WASHINGTON DEPARTMENT OF HEALTH

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WASHINGTON STATE DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS		START FILE NUMBER	21805
DECEASED — NAME		LOCAL FILE NUMBER	05
Raymond C. MAUST		SEX	Male
DATE OF DEATH (MONTH, DAY, YEAR)		Sept. 12, 1969	
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.)		White	
AGE — LAST BIRTHDAY (YEARS, MONTHS, DAYS)		56	
DATE OF BIRTH (MONTH, DAY, YEAR)		Jan. 19, 1913	
CITY, TOWN, OR LOCATION OF DEATH		Pacific	
HOSPITAL OR OTHER INSTITUTION (NAME, STREET AND NUMBER)		DOA Hospital	
CITY, TOWN, OR LOCATION OF DEATH		Ilwaco	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		U.S.A.	
CITIZEN OF WHAT COUNTRY		U.S.A.	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		Married	
SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		Erma Maust	
SOCIAL SECURITY NUMBER		317-05-5169	
USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		President & General Mgr.	
KIND OF BUSINESS OR INDUSTRY		Master Engravers Inc.	
RESIDENCE — STATE		Oregon	
CITY, TOWN, OR LOCATION		Portland	
STREET AND NUMBER		3180 SW 97th Avenue	
FATHER — NAME		D.C. Maust	
MOTHER — MAIDEN NAME		Susie Campbell	
INFORMANT — NAME		Mrs. Erma Maust	
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)	
(a) Cardiac Arrest			
(b) Acute Myocardial Infarction			
(c) TO, OR AS A CONSEQUENCE OF:			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I		AUTOPSY PERFORMED YES NO	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		NO	
DATE OF INJURY (MONTH, DAY, YEAR)		OCT 10 1969	
HOUR		205	
HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART 3, ITEM 18)			
INJURY AT WORK (SPECIFY YES OR NO)		NO	
PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, CHURCH, ETC. (SPECIFY)			
LOCATION			
STREET OR R.F.D. NO., CITY OR TOWN, STATE			
CERTIFICATION — PHYSICIAN		Not a Physician	
MONTH DAY YEAR		Not a Physician	
CERTIFICATION — CORONER, ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE HYSTERIC AN, IN MY OPINION, DEATH OCCURRED ON THE DATE AND FOR THE FOLLOWING REASON:			
HOUR OF DEATH		2100p	
THE DECEASED WAS PRONOUNCED DEAD DAY MONTH YEAR		22 Sept 69	
CERTIFIER — NAME (TYPE OR PRINT)		John Hobart	
SIGNATURE		John Hobart	
MAILING ADDRESS — CITY OR TOWN		Long Beach	
STATE		Washington	
BURIAL, CREMATION, REMOVAL (SPECIFY)		Removal	
CEMETERY OR CREMATORY — NAME		Valley Memorial Park	
LOCATION		Hillsboro, Oregon	
DATE (MONTH, DAY, YEAR)		Sept. 12, 1969	
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. 97005	
FUNERAL DIRECTOR — SIGNATURE		Pegg, Paxson & Springer	
REGISTER — SIGNATURE		H. Lucke	
DATE RECEIVED BY LOCAL REGISTRAR		22 Sept 69	

DOH 01-431 (7/69)

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



DO NOT DESTROY

022171 F

CERTIFICATION OF VITAL RECORD

HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

I.D. # 365

Local File Number

State File Number

1. DECEDENT'S NAME First: Erma Middle: - Last: MAUST		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) Feb. 27, 1993
4. SOCIAL SECURITY NUMBER 347-05-5169	5a. AGE-Last Birthday (Year) 78	5b. Under 1 Year Mos. 0 Days 0 Hours 0 Mins. 0	6. BIRTHPLACE (City and State or Foreign Country) Medford, Oregon
7. DATE OF BIRTH (Month, Day, Year) September 22, 1916		8. PLACE OF DEATH (Check only one) ☐ Hospital ☐ Inpatient ☐ Outpatient ☐ DCA ☐ Other ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)	
9. FACILITY NAME (If not institution, give street and number) 5145 SW Normandy		10. CITY, TOWN, OR LOCATION OF DEATH Beaverton	
11. COUNTY OF DEATH Washington		12. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify) Widowed	
13. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		14. SPOUSE (If Married, Widowed) Ray C.	
15a. RESIDENCE - STATE Oregon	15b. COUNTY Washington	15c. CITY, TOWN OR LOCATION Beaverton	15d. STREET AND NUMBER 5145 SW Normandy
16. INURE CITY LIMITS ☒ Yes ☐ No	17. ZIP CODE 97005	18. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify - Cuban, Mexican, Puerto Rican, etc.) ☐ No ☒ Yes	19. RACE American Indian, Black, White, etc. (Specify) White
20. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (3-12) College (1-4 or 5+) 1		21. FATHER - NAME first middle last Ernest Niedermeyer	
22. MOTHER - NAME first middle maiden Ora Stout		23. INFORMANT - NAME and relationship to decedent Dexter Maust-Son	
24. METHOD OF DISPOSITION ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Other (Specify) Valley Memorial Cem.		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Hillsboro, OR	
26. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		27. LICENSE NUMBER (or Licensee) 47 3505	
28. NAME, ADDRESS AND ZIP OF FACILITY Pegg Paxson and Springer Chapel 4675 SW Watson Bvtn, OR 97005		29. DATE FILED (Month, Day, Year) MAR 0 5 1993	
30. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A		31. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A	
32. TO BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH 3:15 A M		33. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No	
34. TO the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>		35. DATE SIGNED (Month, Day, Year) 3.3.93	
36. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Dr. Christopher Nogueira MD, 6464 SW Borland Rd. #C-5 Tualatin, OR		37. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 97062	
38. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b) AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest. PART I (a) CANCER OF THE BREAST		39. INTERVAL BETWEEN ONSET AND DEATH 2 years	
(b) DUE TO, OR AS A CONSEQUENCE OF:		40. INTERVAL BETWEEN ONSET AND DEATH	
(c) DUE TO, OR AS A CONSEQUENCE OF:		41. 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.		42. DID TOBACCO USE CONTRIBUTE TO THE CAUSE? ☒ Yes ☐ Probably ☐ Unknown ☐ No	
43. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Undetermined ☐ Suicide ☐ Legal Intervention ☐ Homicide		44. DATE OF INJURY (Month, Day, Year) M	
45. TIME OF INJURY M		46. INJURY AT WORK? ☐ Yes ☒ No	
47. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) At home		48. LOCATION (Street and Number or Rural Route Number, City or Town, State) 5145 SW Normandy, Beaverton, OR	

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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 6 1993**

[Signature]
COUNTY REGISTRAR
WASHINGTON COUNTY, OREGON