

BOOK 170 PAGE 350

FILED FOR RECORD
SKAMANIA CO. WASH
BY *Shawn MacPherson*

Oct 27 3 04 PM '97

P. Olsson
AUDITOR
GARY M. OLSON

Deceased Party: Burton L. Merrill
Surviving Spouse: Elizabeth M. Merrill
Legal Description (Abbrev.) Lot 12, Marble Mountain Retreat.
Assessor's Tax Parcel ID# 07 06 184 0 0312 00

Assessor's Tax Parcel ID# 07 06 1840 0312 00

280 10/27/97

ELIZABETH M. MERRILL, being first duly sworn, on oath, deposes and says:

This affidavit is made for the purpose of supplying information of record pertaining to that certain Community Property Agreement executed by BURTON L. MERRILL and ELIZABETH M. MERRILL, husband and wife, dated ~~June 8, 1994~~ ^{August 29, 1975}, and recorded in the office of the Auditor of Skamania County, Washington, on ~~September~~ ^{October} 27, 1997, under Auditor's File Number 129610 Vol 120 Pg 347; that the information set forth in this affidavit may be relied upon by any person in dealing with property, real or personal, the title to which is deraigned through said Community Property Agreement.

1. That **BURTON L. MERRILL** died on or about the 20th day of August, 1997, in Vancouver, Washington, being, at the time of his death, a resident of Camas, Clark County, Washington.

2. That the parties to said Community Property Agreement did no act which would rescind or abrogate such agreement, nor did they, or either of them, execute any testamentary writing which would have the effect of nullifying or abrogating such agreement; that said Community Property Agreement was valid in all respects, and was in full force and effect at the date of death of BURTON L. MERRILL, one of the parties thereto.

3. That the community estate of BURTON L. MERRILL and ELIZABETH M. MERRILL did not owe any estate tax to the federal government.

[Faint, illegible markings]

4. That included among the assets of the community estate of BURTON L. MERRILL and ELIZABETH M. MERRILL was the following real property situate in the County of Skamania, State of Washington:

County of Skamania, State of Washington

Lot 12, MARBLE MOUNTAIN RETREAT, according to the Plat thereof, recorded in Book "G" of Plats Page 5, records of Skamania County, Washington.

Assessed Value - \$36,000.00
Fair Market Value as of August 20, 1997

\$94,000.00

5. That said decedent, at the time of death, owned no separate property of any kind nor held any interest in any separate property

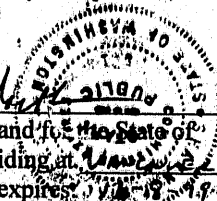
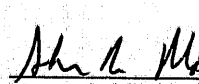
6. That all obligations of the marital community composed of BURTON L. MERRILL and ELIZABETH M. MERRILL, husband and wife, and all separate obligations of the said BURTON L. MERRILL have been paid in full, and all expenses of last illness and for funeral services have been paid.

7. That in addition to ELIZABETH M. MERRILL, the surviving spouse, the said BURTON L. MERRILL, was survived by the following named children: Michael D. Merrill, Bruce A. Merrill, Linda R. Middagh, Lori R. Gohern, Kathie J. Nichols, and Alan D. Merrill.

IN WITNESS WHEREOF, I have hereunto set my hand this 29th day of September, 1997.


Elizabeth M. Merrill

SUBSCRIBED and SWORN to before me this 29th day of September, 1997.



Notary Public in and for the State of
Washington, Residing at Washouli, WA
My appointment expires 10-18-99

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Health

BOOK 170 PAGE 352

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CERTIFICATE OF DEATH

STATE FILE NUMBER

OFFICE
USE
ONLY

1. DISTRICT

2. COPIES

3. HOSPITAL

4. OCCURRENCE

5. RESIDENCE

6. TRACT

7. OCCURRENCE

8. TRACT

9. TRACT

10. TRACT

11. TRACT

12. TRACT

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27. TRACT

28. TRACT

29. TRACT

30. TRACT

LOCAL FILE NUMBER

1. NAME Burton LeRoy MERRILL				2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) August 20, 1997	
4. AGE LAST BIRTHDAY (Yrs) 66 Yrs.		5. UNDER 1 YEAR MOS		6. UNDER 1 DAY HOURS		7. BIRTHDATE (Mo, Day, Yr) 9-5-1930	
8. BIRTHPLACE (City, State or Foreign Country) Clearwater, Minn.		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes		10. COUNTY OF DEATH Clark		11. CITY, TOWN OR LOCATION OF DEATH Vancouver	
12. PLACE OF DEATH—30 BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME Southwest Washington Medical Center		13. COOKING 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) Elizabeth M. Siebert	
16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) 12		18. USUAL OCCUPATION (If no kind of work done during most of working life, DO NOT USE RETIRED) Maintenance Specialist		19. KIND OF BUSINESS OR INDUSTRY Fiberweb	
20. *As Decedent of Hispanic origin or descent? (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 22111 N.E. 28th St.		23. CITY/TOWN, OR LOCATION Camas	
24. INSIDE CITY LIMITS? (Yes / No) Yes		25. COUNTY Clark		26. LENGTH OF RES. IN CO. 60 Yrs.		27. ZIP CODE WA. 98607	
28. FATHER'S NAME—FIRST, MIDDLE, LAST Gerold Merrill				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Effie Miller			
30. INFORMANT—NAME Elizabeth Merrill				31. MAILING ADDRESS 22111 N.E. 28th ST. Camas, Washington 98607			
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		33. DATE (Mo, Day, Yr) 8-25-1997		34. CEMETERY/CREMATORY—NAME Camas Cemetery		35. LOCATION—CITY/TOWN, STATE Camas, Washington	
36. FUNERAL DIRECTOR SIGNATURE X Ron Brown		37. NAME OF FACILITY Brown's Funeral Home		38. ADDRESS OF FACILITY 410 N.E. Garfield St. Camas, WA. 98607		39. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN	
39. 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 X Nelson Alexander MD				40. 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			
41. DATE SIGNED (Mo, Day, Yr) 8-22-97		42. HOUR OF DEATH (24 Hrs.) 0658		43. DATE SIGNED (Mo, Day, Yr)		44. HOUR OF DEATH (24 Hrs.)	
45. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dr. Twombly Kaiser-Fishers Landing				46. PROPOSED DEAD (Mo, Day, Yr)		47. HOUR PROPOSED DEAD (24 Hrs.)	
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Dr. Twombly Kaiser-Fishers Landing 16703 S.E. McGilivray Blvd. Vancouver, WA.				49. MEAT/ORGAN FILE NUMBER			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death) Chronic obstructive Pulmonary disease		DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DO NOT ENTER THE MODE OF DYING, SUCH AS SUICIDE 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.		DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO, OR AS A CONSEQUENCE OF:		DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO, OR AS A CONSEQUENCE OF:		DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH		INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE. Hypertension, post pulmonary embolus				52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes	
54. ACC. SUICIDE, HOMICIDE, UNDER, 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, CITY/TOWN, STATE		61. RECORD AMENDMENT (Reg's for use only)	
ITEM		DOCUMENTARY EVIDENCE		REVIEWED BY		DATE	
						63. DATE RECEIVED (Mo, Day, Yr) AUG 22 1997	

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly OSHS 9-150)

AOH 01-003 (8/96)

THIS IS A CLERKED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY
ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES		FILE NUMBER		INITIALS	DATE	AFFIDAVIT NUMBER	
STATE OFFICE USE ONLY					STATE OFFICE USE ONLY		
The record of		Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with		1 STATE FILE NUMBER		BOOK 170 PAGE 353 for	
2. NAME				3 DATE OF EVENT		4 PLACE OF EVENT (City and County)	
5. FATHER'S FULL NAME (if Birth), FUSBAND (if Marriage/Dissolution)				6. MOTHER'S FULL MAIDEN NAME (if Birth), WIFE (if Marriage/Dissolution)			
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS. THE RECORD NOW SHOWS:							
7.				8.			
9.				10.			
11.				12.			
13.				14.			
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY 15							
PHONE NUMBER: _____							
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.							
16. SIGNATURE				17. DATE		18. ADDRESS	

DCH 110-007 (Rev. 6/86)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

- All changes must be established by documentary proof submitted with the affidavit.
- Only a parent, legal guardian or the adult (18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- The proof(s) for names must be five (or more) years old, while proof(s) for dates, places, or ages must have been established within five years of birth.
- Examples of documents of proof:

Baptismal Certificate	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card
Hospital Records	Military Record (DD-214)	(if it bears an effective date)
Insurance Records	Your Child's Birth Record	Passport
- Surname changes require a certified copy of a court ordered name change, except that minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name with only their signature until the child's 18th birthday.
- This affidavit cannot be used to add a father to a birth certificate.

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

This is a legal document.
 Complete in ink and do not alter.

CERTIFIED

AUG 22 1997

Karen Steingart, M.D.

Dr. Karen Steingart
 Health District Officer
 S.W. Wash Health Dist.

EE298305