



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<sup>00</sup>  
Fair Market Value as of August 20, 1997 \$94,000<sup>00</sup>

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. Gohem, Kathie J. Nichols, and Alan D. Merrill.

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

*Elizabeth M. Merrill*  
Elizabeth M. Merrill

SUBSCRIBED and SWORN to before me this 29<sup>th</sup> day of September, 1997.

*John A. Merrill*  
Notary Public in and for the State of Washington, Residing at [unclear]  
My appointment expires: [unclear]

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



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CERTIFICATE OF DEATH

STATE FILE NUMBER

OFFICE USE ONLY

1. DISTRICT

1562  
LOCAL FILE NUMBER

2. COPIES

6

3. HOSPITAL

4. OCCURRENCE

5. RESIDENCE

6. MARRIAGE

7. OCCUPATION

8.

9.

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20.

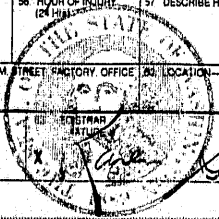
21. ACCID.

22. CAUSE

23.

24.

1. NAME First: <b>Burton</b> Middle: <b>LeRoy</b> Last: <b>MERRILL</b>			2. SEX (M / F) <b>Male</b>		3. DEATH DATE (Mo. Day, Yr) <b>August 20, 1997</b>												
4. AGE LAST BIRTH-DAY (Yrs) <b>66 Yrs.</b>		5. UNDER 1 YEAR MOS DAYS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo. Day, Yr) <b>9-5-1930</b>		8. BIRTHPLACE (City, State or Foreign Country) <b>Clearwater, Minn.</b>		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <b>Yes</b>		10. COUNTY OF DEATH <b>Clark</b>					
11. CITY, TOWN OR LOCATION OF DEATH <b>Vancouver</b>				12. PLACE OF DEATH—36 BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <b>Southwest Washington Medical Center</b>				13. COOKING IN LAST 15 YEARS? (Yes / No) <b>No</b>									
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		15. SURVIVING SPOUSE (If wife, give maiden name) <b>Elizabeth M. Siebert</b>			16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>Elementary/secondary (10-12) College (1-4 or 5+)</b>			18. RACE (Specify) <b>White</b>							
18. USUAL OCCUPATION (Show kind of work done during most of working life. DO NOT USE RETIRED) <b>Maintenance Specialist</b>			19. KIND OF BUSINESS OR INDUSTRY <b>Fiberweb</b>			20. As Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>No</b>			21. RACE (Specify) <b>White</b>								
22. RESIDENCE—NUMBER AND STREET <b>22111 N.E. 28th St.</b>			23. CITY/TOWN, OR LOCATION <b>Camas</b>		24. INSIDE CITY LIMITS? (Yes / No) <b>Yes</b>		25A. COUNTY <b>Clark</b>		25B. LENGTH OF RES. IN CO <b>60 Yrs.</b>		26. STATE <b>WA.</b>		27. ZIP CODE <b>98607</b>				
28. FATHER'S NAME—FIRST, MIDDLE, LAST <b>Gerold Merrill</b>						29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME <b>Effie Miller</b>											
30. INFORMANT—NAME <b>Elizabeth Merrill</b>				31. MAILING ADDRESS <b>22111 N.E. 28th ST. Camas, Washington 98607</b>				32. BIRTHPLACE (City, State) <b>Camas, Washington</b>									
33. DATE (Mo. Day, Yr) <b>8-25-1997</b>			34. CEMETERY/CREMATORY—NAME <b>Camas Cemetery</b>			35. LOCATION—CITY/TOWN, STATE <b>Camas, Washington</b>			36. FUNERAL DIRECTOR SIGNATURE <b>X Ron Brown</b>			37. NAME OF FACILITY <b>Brown's Funeral Home</b>			38. ADDRESS OF FACILITY <b>410 N.E. Garfield St. Camas, WA. 98607</b>		
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.						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.											
41. SIGNATURE AND TITLE <b>X Elean Alexander MD</b>						42. SIGNATURE AND TITLE <b>X</b>											
43. DATE SIGNED (Mo. Day, Yr) <b>8-22-97</b>			44. HOUR OF DEATH (24 Hrs.) <b>0658</b>			45. DATE SIGNED (Mo. Day, Yr)			46. HOUR OF DEATH (24 Hrs.)								
47. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						48. PRONOUNCED DEAD (Mo. Day, Yr)						49. HOUR PRONOUNCED DEAD (24 Hrs.)					
49. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>Dr. Twombly Kaiser-Fishers Landing Vancouver, WA.</b>						50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:											
51. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Chronic obstructive pulmonary disease</b>						52. INTERVAL BETWEEN ONSET AND DEATH											
53. DO NOT ENTER THE MODE OF DYING SUCH AS CHOKING 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.						54. DUE TO, OR AS A CONSEQUENCE OF:						55. INTERVAL BETWEEN ONSET AND DEATH					
56. DUE TO, OR AS A CONSEQUENCE OF:						57. INTERVAL BETWEEN ONSET AND DEATH											
58. DUE TO, OR AS A CONSEQUENCE OF:						59. INTERVAL BETWEEN ONSET AND DEATH											
59. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE. <b>Hypertension, post pulmonary embolus</b>						60. AUTOPSY? (Yes / No) <b>No</b>						61. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>Yes</b>					
62. AGE (SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)			63. INJURY DATE (Mo. Day, Yr)			64. HOUR OF INJURY (24 Hrs.)			65. DESCRIBE HOW INJURY OCCURRED								
66. INJURY AT WORK? (Yes / No)			67. PLACE OF INJURY—AT HOME, FARM, BLDG, ETC. (Specify)			68. STREET, FACTORY, OFFICE, LOCALITY			69. LOCATION—STREET OR RFD P.O., CITY/TOWN, STATE								
69. RECORD AMENDMENT (Regis. for use only)						70. DATE RECEIVED (Mo. Day, Yr) <b>AUG 22 1997</b>											
ITEM DOCUMENTED						REVIEWED BY DATE						DATE RECEIVED (Mo. Day, Yr)					





**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
<b>STATE OFFICE USE ONLY</b>			<b>STATE OFFICE USE ONLY</b>	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with		1 STATE FILE NUMBER <div style="font-size: 2em; font-weight: bold; text-align: center;">BOOK 170 PAGE 353</div> for		
2. NAME		3. DATE OF EVENT		4. PLACE OF EVENT (City and County)
5. FATHER'S FULL NAME (if Birth), F.USBAND (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 <span style="float:right">15</span>				
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**

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian or the adult (18 or older) may change the birth certificate.
3. 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.
4. 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.
5. 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
6. 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.
7. Parent(s) may change their child's first or middle name with only their signature until the child's 18th birthday.
8. This affidavit cannot be used to add a father to a birth certificate.

**Death Certificates**

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

**Marriage/Dissolution (Divorce) Certificates**

1. 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.
2. 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, MD*

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

EE298305