STATE OF WASHINGTON
DEPARTMENT OF HEALTH

OFFICE USE ONLY
1. DISTRICT M-1
2. COPIES VA+2
3. HOSPITAL
4. RESIDENCE
5. PRESENCE
6. DATE
7. OCCUPATION

BOOK 136 PAGE 230
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1131 LOCAL FILE NUMBER

116568 CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME First	Middle	Last	2. SEX (M / F)	3. DEATH DATE (Mo Day Yr)
Walter	A.	SCHULTZ	Male	Sept. 30, 1992

4. AGE LAST BIRTHDAY (Yrs)	5. UNDER 1 YEAR MOS DAYS	6. UNDER 1 DAY HOURS MINS	7. BIRTHDATE (Mo Day Yr)	8. BIRTHPLACE (City, State or Foreign Country)	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No)	10. COUNTY OF DEATH
83			Apr. 7, 1909	Portland, OR	Yes	Clark

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH – IF NOT FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME (1 X HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG RM/OUT PTN 4 ☐ HOSP 5 ☐ NUR HOME 6 ☐ OTHER PLACE)	13. SMOKING IN LAST 15 YEARS? (Yes / No)
Vancouver	2705 "Q" Street	No

14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)	15. SURVIVING SPOUSE (If wife, give maiden name)	16. SOCIAL SECURITY NO	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
Married	Myrtle E. Pullam	540-14-9834		4

18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	19. KIND OF BUSINESS OR INDUSTRY	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify	21. RACE (Specify)
Colonel	U.S. Army	No	white

22. RESIDENCE—NUMBER AND STREET	23. CITY/TOWN OR LOCATION	24. INSIDE CITY LIMITS? (Yes / No)	25A. COUNTY	25B. LENGTH OF RES IN CO	26. STATE	27. ZIP CODE
2705 "Q" St.	Vancouver	Yes	Clark	45 yrs	WA	98663

28. FATHER'S NAME—FIRST, MIDDLE, LAST	29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME
William Schultz	Margaret Lange

30. INFORMANT—NAME	31. MAILING ADDRESS STREET OR RFD NO	CITY OR TOWN	STATE	ZIP
Myrtle E. Schultz, wife	2705 "Q" St.	Vancouver, WA		98663

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33. DATE (Mo Day Yr)	34. CEMETERY/CREMATORY—NAME	35. LOCATION—CITY/TOWN, STATE
cremation	Oct 6, 1992	Park Hill Crematorium	Vancouver, WA

36. FUNERAL DIRECTOR SIGNATURE	37. NAME OF FACILITY	38. ADDRESS OF FACILITY
Kenneth R Richard	Vancouver Funeral Chapel	110 E. 12th St. Vancouver, WA 98660

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 Michael S. Subocz, M.D.

40. DATE SIGNED (Mo Day Yr)	41. HOUR OF DEATH (24 Hrs)	42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	43. PRONOUNCED DEAD (Mo Day Yr)	44. HOUR PRONOUNCED DEAD (24 Hrs)
10/5/92	0600			

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

43. 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

45. MEDICORONER FILE NUMBER

46. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)
Michael Subocz, MD 602 NE 92nd Ave; Vancouver, WA 98664

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death)	A. Septicemia.	3 days
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.	DUE TO, OR AS A CONSEQUENCE OF: B	
	DUE TO, OR AS A CONSEQUENCE OF: C	
	DUE TO, OR AS A CONSEQUENCE OF: D	

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE	52. AUTOPSY? (Yes / No)	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
CHF- recent Aortic valve replacement and Bypass Surgy	No	Yes

54. ACC, SUICIDE, HOM, 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. DIRECTIONS STREET OR RFD NO., CITY/TOWN, STATE

61. RECORD AMENDMENT (Registrar use only) ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY	DATE

63. DATE RECEIVED (Mo Day Yr)
OCT 6 1992

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev 7/91) formerly DSHS 9-150
DOH 01-003 (5/92)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE IN THE CENTER FOR HEALTH STATISTICS, DEPARTMENT OF HEALTH, STATE OF WASHINGTON

(copy @ 115 W. 11th (Klineline))

BOOK 136 PAGE 231

AGREEMENT AS TO STATUS OF COMMUNITY PROPERTY

AFTER DEATH OF ONE OF THE SPOUSES

- - - - - - - - -

KNOW ALL MEN BY THESE PRESENTS:

That this agreement made and entered into this 1st day of July, 1954, by and between WALTER A. SCHULTZ and MYRTLE E. SCHULTZ, husband and wife, residing at 6222 East Seventh Street, Vancouver, Washington.

WITNESSETH, That thereas the said parties hereto are owners of certain community property and are desirous that said property, together with all other community property, either real or personal, that may hereafter be acquired, shall pass, without delay or expense, upon the death of either, to the survivor.

NOW, THEREFORE, for and in consideration of the sum of One and no/100 ($1.00) Dollar, the receipt of which is hereby acknowledged by each party hereto, and, also, in consideration of the love and affection that each of said parties bears for the other, it is hereby agreed that in the event of the death of said WALTER A. SCHULTZ while said MYRTLE E. SCHULTZ survives then the whole of said property, together with all other community property, real or personal, that may hereafter be acquired, shall at once vest in said MYRTLE E. SCHULTZ in fee simple; and in the event of the death of the said MYRTLE E. SCHULTZ while the said WALTER A. SCHULTZ survives then the whole of said property together with all other community property, real and personal, that may hereafter be acquired, shall at once vest in said WALTER A. SCHULTZ in fee simple.

FILED FOR RECORD
SKAMANIA CO. WASH
BY Myrtle Schultz
JUN 25 2 54 PM '93
P. Lowry
GARY H. OLSON

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

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Mailed

015900
REAL ESTATE EXCISE TAX
JUN 25 1993
PAID exempt
JW
SKAMANIA COUNTY TREASURER

IN WITNESS WHEREOF, the said WALTER A. SCHULTZ and MYRTLE E. SCHULTZ have hereunto set their hands and seals the day and date first above written.

Signed, Sealed and Delivered
in the presence of

Walter A. Schultz

Myrtle E. Schultz

STATE OF WASHINGTON)
: ss
County of Clark)

This is to certify that on this 1st day of July, 1954, before me , a Notary Public in and for the State of Washington duly commissioned and sworn, personally came WALTER A. SCHULTZ and MYRTLE E. SCHULTZ, husband and wife, to me known to be the individuals described in and who executed the within instrument, and acknowledged to me that they signed and sealed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written.

Notary Public in and for the State of Washington, residing at Vancouver, therein.