

FILED FOR RECORD
SKAMANIA CO. WASH
BY *Dexter Maust*

FEB 5 1 25 PM '96

Odawey
AUDITOR
GARY H. 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 Wy
Fair Oaks, Ca 95628, and Lynn R. Floyd residing at
124 Coathridge 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;

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

Signed	✓
Subscribed	✓
Indirect	✓
Filed	
Noted	

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

BOOK 156 PAGE 197

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

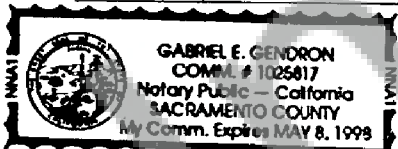
Lynn R. Floyd
Lynn R. Floyd

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

BOOK 155 PAGE 198

—OS-9-67. WASHINGTON STATE DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS
BIRTH IN 03 LOCAL FILE NUMBER 63 CERTIFICATE OF DEATH STATE FILE NUMBER 21805

DECEASED — NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1 Raymond C. MAUST Male Sept. 12, 1969

RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. SPECIFY) AGE — LAST BIRTHDAY (MONTH, DAY, YEAR) UNDER 1 YEAR UNDER 5 YEARS UNDER 10 YEARS UNDER 15 YEARS UNDER 20 YEARS UNDER 25 YEARS UNDER 30 YEARS UNDER 35 YEARS UNDER 40 YEARS UNDER 45 YEARS UNDER 50 YEARS UNDER 55 YEARS UNDER 60 YEARS UNDER 65 YEARS UNDER 70 YEARS UNDER 75 YEARS UNDER 80 YEARS UNDER 85 YEARS UNDER 90 YEARS UNDER 95 YEARS 100 YEARS

2 White 56 19 Jan. 19, 1913 Pacific

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS? SPECIFY YES OR NO HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

3 Ilwaco YES DOA Hospital

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) SURVIVING SPOUSE (IF WIFE, GIVE MARRIED NAME)

4 Oregon U.S.A. Married Erma Kluermeyer

SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

5 [REDACTED] President & General Mgr. Master Engravers Inc.

RESIDENCE — STATE COUNTY CITY, TOWN, OR LOCATION INSIDE CITY LIMITS? SPECIFY YES OR NO STREET AND NUMBER

6 Oregon Washington Portland YES 3180 SW 97th Avenue

FATHER — NAME FIRST MIDDLE LAST MOTHER — MARRIED NAME FIRST MIDDLE LAST

7 O.C. Maust Susie Campbell

INFORMANT — NAME MARRIAGE ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

8 Mrs. Erma Maust 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

(a) Cardiac Arrest

(b) Acute Myocardial Infarction

(c)

PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I. (b) AUTOPSY (YES OR NO) IF YES, WERE FINDINGS CONTRIBUTING TO DETERMINING CAUSE OF DEATH? (YES OR NO)

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NAME OF INJURY IN PART I OR PART II, ITEM 18)

INJURY AT WORK (SPECIFY YES OR NO) PLACE OF INJURY AT HOME, PLACE, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

10 OCT 10 1969

CERTIFICATION — PHYSICIAN: I ATTENDED THE DECEASED FROM MONTH DAY YEAR MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR I DID/DID NOT VIEW THE BODY AND BECAME DECEASED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

11 Not Seen Antepartum

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.

12 John Abbott

CERTIFICATION — NAME OF PHYSICIAN SIGNATURE DEGREE OR TITLE DATE SIGNED (MONTH, DAY, YEAR)

13 John Abbott M.D. 22 Sept 69

MARRIAGE ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

14 12th and South Pacific Long Beach Washington 90631

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY — NAME LOCATION CITY OR TOWN STATE

15 Removal Valley Memorial Park Hillsboro, Oregon

DATE (MONTH, DAY, YEAR) FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

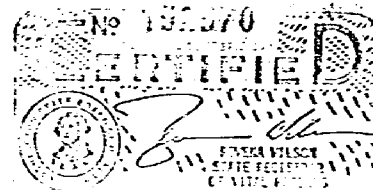
16 Sept. 12, 1969 Pegg, Paxson & Springer Chapel 165 SW Watson Beaverton Ore. 97005

FUNERAL DIRECTOR — SIGNATURE HIGHWAY — SIGNATURE DATE RECEIVED BY LOCAL HIGHWAY

17 [REDACTED] Lauren H. Lucke M.D. 5-27-69

DOH 01-003 (7/6)

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



DO NOT DESTROY
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CERTIFICATION OF VITAL RECORD

HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

ID. TAG NO.
365
Local File Number

State File Number

1. DECEASED'S NAME First: Erma Last: HAUST		2. SEX Female		3. DATE OF DEATH (Month, Day, Year) Feb. 27, 1993	
4. SOCIAL SECURITY NUMBER 76		5. AGE (at death) 76		6. DATE OF BIRTH (Month, Day, Year) September 22, 1916	
7. PLACE OF DEATH (Check only one) ☒ Hospital ☐ Home ☐ Other		8. COUNTY OF DEATH Washington			
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. DECEASED'S USUAL OCCUPATION Homemaker		13. KIND OF BUSINESS INDUSTRY Own Home		14. MARITAL STATUS (Married, Widowed, Divorced, Single) Widowed	
15. RESIDENCE - STATE Oregon		16. COUNTY Washington		17. STREET AND NUMBER 5145 SW Normandy	
18. RESIDENCE - CITY Beaverton		19. ZIP CODE 97005		20. RACE (Specify if other than White) White	
21. FATHER'S NAME (First, Middle, Last) Ernest Niedermeier		22. MOTHER'S NAME (First, Middle, Last) Ora Stout		23. INFORMANT'S NAME and Relationship to Deceased Dexter Haust-Son	
24. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Other		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Valley Memorial Cem.		26. LOCATION - City or Town, State Hillsboro, OR	
27. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS BURIAL <i>[Signature]</i>		28. LICENSE NUMBER 47 3505		29. NAME, ADDRESS AND ZIP OF FACILITY Pegg Paxson and Springer Chapel 4675 SW Watson Bvtn, OR 97005	
30. DATE SIGNED (Month, Day, Year) MAR 0 5 1993		31. REGISTRAR'S SIGNATURE <i>[Signature]</i>			
32. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO		33. WAS OFF. MADE? ☐ YES ☒ NO			
34. TIME OF DEATH 3:15 A.M.		35. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M			
36. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE STATED AND MANNER STATED. (Signature) <i>[Signature]</i>		37. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE STATED AND MANNER STATED. (Signature) <i>[Signature]</i>			
38. DATE SIGNED (Month, Day, Year) 3. 3. 93		39. COUNTY 97005			
40. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Dr. Christopher Nogueira MD. 6464 SW Borland Rd. #C-5 Tualatin, OR 97062					
41. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
42. 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. CANCER OF THE BREAST					
43. DUE TO, OR AS A CONSEQUENCE OF: 2 years					
44. DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
45. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I					
46. WANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Undetermined ☐ Suicide ☐ Legal Intervention ☐ Homicide		47. DATE OF INJURY (Month, Day, Year)		48. TIME OF INJURY	
49. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		50. DESCRIBE HOW INJURY OCCURRED			
51. LOCATION (Street and Number or Rural Route Number, City or Town, State)		52. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

BOOK 155 PAGE 199

ORIGINAL-VITAL STATISTICS COPY

45-3 Rev 4-82

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**

[Signature]
COUNTY REGISTRAR
WASHINGTON COUNTY, OREGON



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE