FILED FOR RECORD
SKAMANIA CO. WASH
BY Dexter Maust

FEB 5 1 25 PM '96
O Lowry
AUDITOR
GARY M. 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 Coalbridge Cic, 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;

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

Requested ✓
Indirect ✓
Mailed

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

Evan D. Maust

Lynn R. Floyd

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

OFFICIAL SEAL
ALICE M. LEWIS
NOTARY PUBLIC-OREGON
COMMISSION NO. 023640
MY COMMISSION EXPIRES APRIL 12, 1997

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
COMM. # 1025817
Notary Public — California
SACRAMENTO COUNTY
My Comm. Expires MAY 8, 1998

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.

NOTARY PUBLIC

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

WASHINGTON STATE DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

03 LOCAL FILE NUMBER 65 | STATE FILE NUMBER 21805

Field	Entry
1. Deceased — Name (First, Middle, Last)	Raymond C. MAUST
2. Sex	Male
3. Date of Death (Month, Day, Year)	Sept. 12, 1969
4. Race	White
5a. Age — Last Birthday (Years)	56
5b. Under 1 Year (Mos, Days)	
5c. Under 1 Day (Hours, Min)	
6. Date of Birth (Month, Day, Year)	Jan. 19, 1913
7a. County of Death	Pacific
7b. City, Town, or Location of Death	Ilwaco
7c. Inside City Limits (Specify Yes or No)	yes
7d. Hospital or Other Institution — Name	DOA Hospital
8. State of Birth (If not in U.S.A., Name Country)	Oregon
9. Citizen of What Country	U.S.A.
10. Married, Never Married, Widowed, Divorced (Specify)	Married
11. Surviving Spouse (If wife, give maiden name)	Erma Kieuermeyer
12. Social Security Number	[redacted]
13a. Usual Occupation	President & General Mgr.
13b. Kind of Business or Industry	Master Engravers Inc.
14a. Residence — State	Oregon
14b. County	Washington
14c. City, Town, or Location	Portland
14d. Inside City Limits (Specify Yes or No)	yes
14e. Street and Number	3180 SW 97th Avenue
15. Father — Name (First, Middle, Last)	O.C. Maust
16. Mother — Maiden Name (First, Middle, Last)	Susie Campbell
17a. Informant — Name	Mrs. Erma Maust
17b. Mailing Address	3180 SW 97th Ave. Portland, Oregon

PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (a), (b), and (c))

18. Immediate Cause
(a) *Cardiac Arrest*
Due to, or as a consequence of:
(b) *Acute Myocardial Infarction*
Due to, or as a consequence of:
(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. | Approximate interval between onset and death:

PART II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to death but not related to cause given in Part I (a)

19a. Autopsy (Yes or No): no
19b. If yes were findings considered in determining cause of death:

20a. Accident, Suicide, Homicide, or Undetermined (Specify):
20b. Date of Injury (Month, Day, Year):
20c. Hour: M
20d. How Injury Occurred (Enter nature of injury in Part I or Part II, Item 18):
20e. Injury at Work (Specify Yes or No):
20f. Place of Injury (At home, farm, street, factory, office bldg., etc.) (Specify):
20g. Location (Street or R.F.D. No., City or Town, State):

OCT 10 1969

21a. Certification — Physician: I attended the deceased from (Month, Day, Year) to (Month, Day, Year): *Not Seen Ante-mortem*
21b. And last saw him/her alive on (Month, Day, Year):
21c. I did/did not view the body after death: *Did*
21d. Death occurred at (Hour) *7:00p* M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. 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. Hour of death: M
22b. The decedent was pronounced dead (Month, Day, Year, Hour): M

23a. Certifier — Name (Type or Print): *John Abbott*
23b. Signature: *John Abbott* Degree or Title: *M.D.*
23c. Date Signed (Month, Day, Year): *22 Sept 69*
23d. Mailing Address — Certifier (Street or R.F.D. No., City or Town, State, Zip): *12th and South Pacific, Long Beach, Washington 98631*

24a. Burial, Cremation, Removal (Specify): Removal
24b. Cemetery or Crematory — Name: Valley Memorial Park
24c. Location (City or Town, State): Hillsboro, Oregon
24d. Date (Month, Day, Year): Sept. 12, 1969
25a. 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
25b. Funeral Director — Signature: *[signature] Springer*
26a. Registrar — Signature: *Lauren H. Lucke MD*
26b. Date Received by Local Registrar: *9-23-69*

DOH 01-003 (7/8

022171 F

CERTIFICATION OF VITAL RECORD

122532
I.D. TAG NO.

365
Local File Number

HEALTH DIVISION
CENTER FOR HEALTH STATISTICS 136-
CERTIFICATE OF DEATH

State File Number

DECEDENT

Field	Entry
1. Decedent's Name (First, Middle, Last)	Erma - MAUST
2. Sex	Female
3. Date of Death (Month, Day, Year)	Feb. 27, 1993
4. Social Security Number	[redacted]
5a. Age Last Birthday (Years)	76
5b. Under 1 Year (Mos / Days)	
5c. Under 1 Day (Hours / Mins)	
6. Birthplace (City and State or Foreign Country)	Medford, Oregon
7. Date of Birth (Month, Day, Year)	September 22, 1916
8. Was Decedent Ever in U.S. Armed Forces?	☐ Yes ☒ No
9a. Place of Death (Check only one)	Hospital: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; Other: ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
9b. Facility Name (If not institution, give street and number)	5145 SW Normandy
9c. City, Town, or Location of Death	Beaverton
9d. County of Death	Washington
10a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use retired.)	Homemaker
10b. Kind of Business/Industry	Own Home
11. Marital Status - Married, Never Married, Widowed, Divorced (Specify)	Widowed
12. Spouse (If Married, Widowed)	Ray C.
13a. Residence - State	Oregon
13b. County	Washington
13c. City, Town or Location	Beaverton
13d. Street and Number	5145 SW Normandy
13e. Inside City Limits?	☒ Yes ☐ No
13f. Zip Code	97005
14. Was Decedent of Hispanic Origin? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes
15. Race - American Indian, Black, White, etc. (Specify)	White
16. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	/ 1

PARENTS

Field	Entry
17. Father - Name (First, Middle, Last)	Ernest Niedermeyer
18. Mother - Name (First, Middle, Maiden)	Ora Stout
19. Informant - Name and relationship to deceased	Dexter Maust-Son

DISPOSITION

Field	Entry
20a. Method of Disposition	☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. Place of Disposition (Name of cemetery, crematory, or other place)	Valley Memorial Cem.
20c. Location - City or Town, State	Hillsboro, OR
21a. Signature of Funeral Service Licensee or Person Acting as Such	[signature]
21b. License Number (Of Licensee)	47 3505
22. Name, Address and Zip of Facility	Pegg Paxson and Springer Chapel, 4675 SW Watson Bvtn, OR 97005

REGISTRAR

Field	Entry
23. Date Filed (Month, Day, Year)	MAR 0 5 1993
24. Registrar's Signature	Jimmie E. Bennett [signature]
25. Did hospital representative make request for anatomical gift consent?	☐ Yes ☐ No ☒ N/A
26. Was gift made?	☐ Yes ☐ No ☒ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

Field	Entry
27. Time of Death	3:15 AM
28. Was Medical Examiner Notified?	☒ Yes ☐ No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)	[signature]
30. Date Signed (Month, Day, Year)	3. 3. 93

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

Field	Entry
31a. Time of Death	M
31b. Date Pronounced Dead (Month, Day, Year, Hour)	M
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)	
33. Date Signed (Month, Day, Year)	
County	

Field	Entry
34. Name, Title, Address and Zip of Certifier/Medical Examiner (Type or Print)	Dr. Christopher Nogeire MD. 6464 SW Borland Rd. #C-5 Tualatin, OR 97062
35. Name of Attending Physician if Other Than Certifier (Type or Print)	

CAUSE OF DEATH

36. 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.

Conditions, if any, which gave rise to immediate cause, stating the underlying cause last.

Part I	Cause	Interval between onset and death
(a)	CANCER OF THE BREAST	2 years
(b) Due to, or as a consequence of:		
(c) Due to, or as a consequence of:		

Part II. Other Significant Conditions - Conditions contributing to death but not resulting in the underlying cause given in Part I.

Field	Entry
37. Did tobacco use contribute to the death?	☐ Yes ☐ Probably ☒ No ☐ Unknown
38. Autopsy	☐ Yes ☒ No
39. If yes were findings considered in determining cause of death?	☐ Yes ☐ No ☐ N/A
40. Manner of Death	☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. Date of Injury (Month, Day, Year)	
41b. Time of Injury	M
41c. Injury at Work?	☐ Yes ☐ No
41d. Describe How Injury Occurred	
41e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)	
41f. Location (Street and Number or Rural Route Number, City or Town, State)	

RESERVED FOR REGISTRAR'S USE

BOOK 155 **PAGE** 199

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 8 1993

Jimmie E. Bennett [signature]
COUNTY REGISTRAR
WASHINGTON COUNTY, OREGON

STATE OF OREGON 1859

DEPT. OF PUBLIC HEALTH WASHINGTON COUNTY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE