FILED FOR RECORD
SKAMANIA CO. WASH
BY Dexter Maust

FEB 5 1 25 PM '96
O Lowry
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 Way 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;

Registered ✓
Indexed, Dir ✓
Indirect ✓
Filmed
Mailed

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

Unofficial Copy

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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. Marvin
Notary Public for Wake Co. N.C.
My Commission Expires: 12-22-97

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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—05—9 67.
PRINT IN INK

WASHINGTON STATE DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER 03 65 — STATE FILE NUMBER 21805

DECEASED — NAME: 1. Raymond (FIRST) C. (MIDDLE) MAUST (LAST) — SEX: 1. Male — DATE OF DEATH (MONTH, DAY, YEAR): 1. Sept. 12, 1969

RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. — SPECIFY): 4. White — AGE — LAST BIRTHDAY (YEARS): 56 — UNDER 1 YEAR: MOS. DAYS — UNDER 1 DAY: HOURS MIN. — DATE OF BIRTH (MONTH, DAY, YEAR): 6. Jan. 19, 1913 — COUNTY OF DEATH: 11. Pacific

CITY, TOWN, OR LOCATION OF DEATH: 7a. Ilwaco — INSIDE CITY LIMITS (SPECIFY YES OR NO): 7c. ~~NO~~ Yes — HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 7d. DOA Hospital

SEX — STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): 8. Oregon — CITIZEN OF WHAT COUNTRY: 9. U.S.A. — MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): 10. Married — SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): 11. Erma Kloepermeyer

SOCIAL SECURITY NUMBER: 12. [redacted] — USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): 13a. President & General Mgr. — KIND OF BUSINESS OR INDUSTRY: 13b. Master Engravers Inc.

RESIDENCE — STATE: 14a. Oregon — COUNTY: 14b. Washington — CITY, TOWN, OR LOCATION: 14c. Portland — INSIDE CITY LIMITS (SPECIFY YES OR NO): 14d. yes — STREET AND NUMBER: 14e. 3180 SW 97th Avenue

FATHER — NAME (FIRST, MIDDLE, LAST): 15. C.C. Maust — MOTHER — MAIDEN NAME (FIRST, MIDDLE, LAST): 16. Susie Campbell

INFORMANT — NAME: 17a. Mrs. Erma Maust — MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 17b. 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

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

PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) — AUTOPSY (YES OR NO): 19a. no — IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: 19b.

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY): 20a. — DATE OF INJURY (MONTH, DAY, YEAR): 20b. — HOUR: 20c. AM PM — HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEMS 18 & 19): 20d.

INJURY AT WORK (SPECIFY YES OR NO): 20e. — PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)): 20f. — LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE): 20g. OCT 10 1969

CERTIFICATION — PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH DAY YEAR): 21a. TO (MONTH DAY YEAR): 21b. Not Seen Ante-mortem — AND LAST SAW HIM/HER ALIVE ON (MONTH DAY YEAR): 21c. — I DID/DID NOT VIEW THE BODY AFTER DEATH: 21d. Did — DEATH OCCURRED (HOUR): 21e. 7:00p AM PM AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

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: 22a. AM PM — THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR HOUR): 22b. AM PM

CERTIFIER — NAME (TYPE OR PRINT): 23a. John Abbott — SIGNATURE: 23b. John Abbott — DEGREE OR TITLE: M.D. — DATE SIGNED (MONTH, DAY, YEAR): 23c. 22 Sept 69

MAILING ADDRESS — NUMBER: 23d. 72th and South Pacific — STREET OR R.F.D. NO.: — CITY OR TOWN: Long Beach — STATE: Washington 98631

BURIAL, CREMATION, REMOVAL (SPECIFY): 24a. Removal — CEMETERY OR CREMATORY — NAME: 24b. Valley Memorial Park — LOCATION — CITY OR TOWN, STATE: 24c. Hillsboro, Oregon

DATE (MONTH, DAY, YEAR): 24d. Sept. 12, 1969 — FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 24e. Pegg, Paxson & Springer Chapel 165 SW Watson Beaverton Ore. 97005

FUNERAL DIRECTOR — SIGNATURE: 24f. [illegible] Springer — REGISTRAR — SIGNATURE: 24g. Lauren H. Lucke MD — DATE RECEIVED BY LOCAL REGISTRAR: 24h. 9-22-69

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

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No 13[illegible]70
CERTIFIED
FRANK WILSON
STATE REGISTRAR OF VITAL RECORDS
DO NOT DESTROY
022171 F

CERTIFICATION OF VITAL RECORD

122932
ID. TAG NO.

365
Local File Number

HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

138-
State File Number

DECEDENT

1. DECEDENT'S NAME: First: Erma | Middle: - | Last: 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, Divorced): 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 Specify
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

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

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: Richard Hanson
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

23. DATE FILED (Month, Day, Year): MAR 0 6 1993
24. REGISTRAR'S SIGNATURE: Jimmie E. Bennett
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

27. TIME OF DEATH: 3:15 A.M.
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)
30. DATE SIGNED (Month, Day, Year): 3.3.93

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

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

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Dr. Christopher Nogaire 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

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

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.

PART I
(a) CANCER OF THE BREAST — Interval between onset and death: 2 years
DUE TO, OR AS A CONSEQUENCE OF.
(b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF.
(c) — Interval between onset and death:

PART II
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.

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)

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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
COUNTY REGISTRAR
WASHINGTON COUNTY, OREGON

STATE OF OREGON

DEPT. OF PUBLIC HEALTH — WASHINGTON COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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