

BOOK 170 PAGE 350

FILED FOR RECORD  
SEANAM, D.C. WASH  
BY Shawn MacPherson

OCT 27 3 04 PM '97  
P. Lawry  
AUDITOR  
GARY M. OLSON

Deceased Party: Burton L. Merrill  
Surviving Spouse: Elizabeth M. Merrill  
Legal Description (Abbrev.) Lot 12, Marbie Mountain Retreat.  
Assessor's Tax Parcel ID# 07 06 1840 0312 00

200 10/27/97

**ELIZABETH M. MERRILL, being first duly sworn, on oath, deposes and says:**

This affidavit is made for the purpose of supplying information of record pertaining to that certain Community Property Agreement executed by BURTON L. MERRILL and ELIZABETH M. MERRILL, husband and wife, dated ~~June 8, 1994~~ <sup>August 29, 1975</sup>, and recorded in the office of the Auditor of Skamania County, Washington, on ~~September~~ <sup>October</sup> 27, 1997, under Auditor's File Number 129610 Vol 170 Pg 347; that the information set forth in this affidavit may be relied upon by any person in dealing with property, real or personal, the title to which is deraigned through said Community Property Agreement.

1. That BURTON L. MERRILL died on or about the 20<sup>th</sup> day of August, 1997, in Vancouver, Washington, being, at the time of his death, a resident of Camas, Clark County, Washington.

2. That the parties to said Community Property Agreement did no act which would rescind or abrogate such agreement, nor did they, or either of them, execute any testamentary writing which would have the effect of nullifying or abrogating such agreement; that said Community Property Agreement was valid in all respects, and was in full force and effect at the date of death of BURTON L. MERRILL, one of the parties thereto.

3. That the community estate of BURTON L. MERRILL and ELIZABETH M. MERRILL did not owe any estate tax to the federal government.

✓  
✓  
✓  
✓

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. Goheen, 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

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

  
Notary Public in and for the State of  
Washington, Residing at 1400 1st Ave  
My appointment expires 12-31-99



STATE OF WASHINGTON DEPARTMENT OF HEALTH									
OFFICE USE ONLY		1262 LOCAL FILE NUMBER		Health 170 146		PAGE 352			
1. DISTRICT		2. COPIES		3. DEATH DATE (Mo Day Yr)		4. DEATH TIME (Mo Day Yr)			
6		6		August 20, 1997					
3. HOSPITAL		4. AGE LAST BIRTHDAY (Yrs)		5. BIRTH DATE (Mo Day Yr)		6. BIRTH PLACE (City, State or Foreign Country)		7. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No)	
		66 Yrs.		9-5-1930		Clearwater, Minn.		Yes	
4. OCCURRENCE		11. CITY, TOWN OR LOCATION OF DEATH		12. PLACE OF DEATH—SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME		13. SMOKING IN LAST 15 YEARS? (Yes/No)		14. COUNTY OF DEATH	
		Vancouver		Southwest Washington Medical Center		No		Clark	
5. RESIDENCE		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)	
		Married		Elizabeth M. Siebert				12	
6. TRACE		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? (Specify Yes/No if Yes specify Cuban, Mexican, Puerto Rican, etc.)		21. RACE (Specify)	
		Maintenance Specialist		Fiberweb		No		White	
7. OCCURRENCE		22. RESIDENCE—NUMBER AND STREET		23. CITY/TOWN OR LOCATION		24. INJURY CITY/STATE COUNTY		25. LENGTH OF RES. IN CO.	
		22111 N.E. 28th St.		Camas		Yes		60 Yrs.	
8. OCCURRENCE		26. FATHER'S NAME—FIRST, MIDDLE, LAST		27. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME		28. STATE		29. ZIP CODE	
		Gerold Merrill		Effie Miller		WA.		98607	
9. OCCURRENCE		30. INFORMANT—NAME		31. MAILING ADDRESS		32. CITY OR TOWN		33. STATE	
		Elizabeth Merrill		22111 N.E. 28th St.		Camas		Washington	
10. OCCURRENCE		34. BURIAL, CREMATION, REMOVAL, OTHER (Specify)		35. DATE (Mo Day Yr)		36. CEMETERY/CREMATORY—NAME		37. LOCATION—CITY/TOWN, STATE	
		Burial		8-25-1997		Camas Cemetery		Camas, Washington	
11. OCCURRENCE		38. FUNERAL DIRECTOR SIGNATURE		39. NAME OF FACILITY		40. ADDRESS OF FACILITY		41. CITY/TOWN, STATE	
		X <i>Bon Brown</i>		Brown's Funeral Home		410 N.E. Garfield St.		Camas, WA. 98607	
12. OCCURRENCE		TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
		42. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED				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			
13. OCCURRENCE		SIGNATURE AND TITLE				SIGNATURE AND TITLE			
		X <i>William Alexander MD</i>				X			
14. OCCURRENCE		44. DATE SIGNED (Mo Day Yr)				45. HOUR OF DEATH (24 Hrs)			
		8-22-97				0858			
15. OCCURRENCE		46. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				47. HOUR PRONOUNCED DEAD (24 Hrs)			
		Dr. Twombly Kaiser-Fishers Landing Vancouver, WA.				48. HOUR PRONOUNCED DEAD (24 Hrs)			
16. OCCURRENCE		49. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)				50. MEDICORNER FILE NUMBER			
		Dr. Twombly Kaiser-Fishers Landing Vancouver, WA.							
17. OCCURRENCE		51. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:				52. AUTOPSY? (Yes/No)			
		Chronic obstructive Pulmonary disease				No			
18. OCCURRENCE		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.				53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No)			
		Hypertension, post pulmonary embolus				Yes			
19. OCCURRENCE		54. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo Day Yr)		56. HOUR OF INJURY (24 Hrs)		57. DESCRIBE HOW INJURY OCCURRED	
20. OCCURRENCE		58. INJURY AT WORK? (Yes/No)		59. PLACE OF INJURY—AT HOME, FARM, BLDG, ETC. (Specify)		60. STREET, FACTORY, OFFICE		61. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE	
21. OCCURRENCE		62. RECORD AMENDMENT (Register use only)		63. DATE RECEIVED (Mo Day Yr)		64. SIGNATURE		65. DATE RECEIVED (Mo Day Yr)	
		ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		AUG 22 1997		X <i>Robert Steingart MD</i>		AUG 22 1997	

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 113-308 (Rev. 7-91) FORM 09-8-1501

AOH 01-003 (8-96)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH THE CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

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	
STATE OFFICE USE ONLY				STATE OFFICE USE ONLY			
The record of Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution <input type="checkbox"/> with		1 STATE & LICENSE NUMBER		BOOK 170 PAGE 353		for	
2 NAME		3 DATE OF EVENT		4 PLACE OF EVENT (City and County)			
5 FATHER'S FULL NAME (BORN, MARRIED, (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:				THE TRUE FACT IS:			
7				8			
9				10			
11				12			
13				14			
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY 15							
PHONE NUMBER							
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT							
16 SIGNATURE				17 DATE		18 ADDRESS	

DCH 110-007 (Rev. 8/90)

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

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

#### Death Certificates

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

#### Marriage/Dissolution (Divorce) Certificates

- 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.
- 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, M.D.*

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

EE298305