

129611

BOOK 170 PAGE 350

Return Address:

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FILED FOR RECORD  
SKAMANIA CO. WASH  
BY *Shawn MacPherson*

Oct 27 3 04 PM '97  
*P. Slawry*  
AUDITOR  
GARY M. OLSON

AFFIDAVIT

Deceased Party: Burton L. Merrill  
Surviving Spouse: Elizabeth M. Merrill  
Legal Description (Abbrev.) Lot 12, Marble Mountain Retreat.  
Assessor's Tax Parcel ID# 07061840 0312 00

*248 10/27/97*

STATE OF WASHINGTON )  
  ) ss.  
COUNTY OF CLARK        )

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 <sup>August 29, 1975</sup> ~~June 8, 1994~~, and recorded in the office of the Auditor of Skamania County, Washington, on <sup>October</sup> ~~September~~ 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.

*[Signature]*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*  
Elizabeth M. Merrill

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

*John H. Math*  
Notary Public in and for the State of  
Washington, Residing at *1400 1/2*  
My appointment expires *12-18-99*

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



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CERTIFICATE OF DEATH

OFFICE USE ONLY 1. DISTRICT		1262 LOCAL FILE NUMBER		146 STATE FILE NUMBER	
2. COPIES 6		3. NAME Burton LeRoy MERRILL		4. SEX (M/F) Male	
5. HOSPITAL		6. AGE LAST BIRTHDAY (Yrs.) 66 Yrs.		7. DEATH DATE (Mo. Day Yr.) August 20, 1997	
8. OCCURRENCE		9. BIRTH DATE (Mo. Day Yr.) 9-5-1930		10. BIRTH PLACE (City, State or Foreign Country) Clearwater, Minn.	
9. RESIDENCE		11. CITY, TOWN OR LOCATION OF DEATH Vancouver		12. PLACE OF DEATH—SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME Southwest Washington Medical Center	
10. TRACE		13. MARRITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		14. SURVIVING SPOUSE (if wife give maiden name) Elizabeth M. Siebert	
11. OCCURRENCE		15. SOCIAL SECURITY NO. [REDACTED]		16. DECEDENT'S EDUCATION (Specify only highest grade completed) 12	
12. OCCURRENCE		17. USUAL OCCUPATION (Give kind of work done during most of working life DO NOT USE RETIRED) Maintenance Specialist		18. KIND OF BUSINESS OR INDUSTRY Fiberweb	
13. OCCURRENCE		19. RESIDENCE—NUMBER AND STREET 22111 N.E. 28th St.		20. CITY/TOWN OR LOCATION Camas	
14. OCCURRENCE		21. FATHER'S NAME—FIRST, MIDDLE, LAST Gerold Merrill		22. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Effie Miller	
15. OCCURRENCE		23. INFORMANT—NAME Elizabeth Merrill		24. MAILING ADDRESS—STREET OR RFD NO., CITY OR TOWN, STATE, ZIP 22111 N.E. 28th St., Camas, Washington 98607	
16. OCCURRENCE		25. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		26. DATE (Mo. Day, Yr.) 8-25-1997	
17. OCCURRENCE		27. FUNERAL DIRECTOR SIGNATURE Ron Brown		28. NAME OF FACILITY Brown's Funeral Home	
18. OCCURRENCE		29. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN AND WAS DUE TO THE CAUSE(S) STATED		30. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER	
19. OCCURRENCE		31. SIGNATURE AND TITLE Alexander M.D.		32. SIGNATURE AND TITLE [REDACTED]	
20. OCCURRENCE		33. DATE SIGNED (Mo., Day, Yr.) 8-22-97		34. DATE SIGNED (Mo., Day, Yr.) [REDACTED]	
21. OCCURRENCE		35. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dr. Twombly Kaiser-Fishers Landing Vancouver, WA		36. HOUR OF DEATH (24 Hrs.) 0858	
22. OCCURRENCE		37. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: Chronic obstructive pulmonary disease		38. INTERVAL BETWEEN ONSET AND DEATH	
23. OCCURRENCE		39. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: Hypertension, post pulmonary embolus		40. INTERVAL BETWEEN ONSET AND DEATH	
24. OCCURRENCE		41. ACCIDENT, SUICIDE, HOMICIDE, OR PENDING INVESTIGATION (Specify) [REDACTED]		42. INTERVAL BETWEEN ONSET AND DEATH	
25. OCCURRENCE		43. INJURY AT WORK? (Yes/No) [REDACTED]		44. INTERVAL BETWEEN ONSET AND DEATH	
26. OCCURRENCE		45. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG. ETC. (Specify) [REDACTED]		45. INTERVAL BETWEEN ONSET AND DEATH	
27. OCCURRENCE		46. RECORD AMENDMENT (Request use only) [REDACTED]		46. INTERVAL BETWEEN ONSET AND DEATH	
28. OCCURRENCE		47. SIGNATURE AND TITLE [REDACTED]		47. INTERVAL BETWEEN ONSET AND DEATH	
29. OCCURRENCE		48. DATE RECEIVED (Mo. Day Yr.) AUG 22 1997		48. INTERVAL BETWEEN ONSET AND DEATH	

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THIS 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
<b>STATE OFFICE USE ONLY</b>		<b>STATE OFFICE USE ONLY</b>	
The record of Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution <input type="checkbox"/> with		1 STATE & COUNTY	BOOK 170 PAGE 353 for
2 NAME		3 DATE OF EVENT	4 PLACE OF EVENT (City and County)
5 FATHER'S FULL NAME (BORN) HUSBAND (If Marriage/Dissolution)		6 MOTHER'S FULL MAIDEN NAME (If Birth) WIFE (If Marriage/Dissolution)	
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS			
7 THE RECORD NOW SHOWS		8 THE TRUE FACT IS	
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 113-007 (Rev. 8/50)

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**

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian or the adult (18 or older) may change the birth certificate.
3. The proof(s) must match exactly the asserted true facts. 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.
4. The proof(s) for name(s) must be five (or more) years old, while proof(s) for dates, places, or ages must have been established within five years of birth.
5. Examples of documents of proof:
 

Baptismal Certificate	Marriage Record	School Record
Census Record	Medical Record	Veter's Registration Card
Hospital Records	Military Record (DD-214)	(if it bears an effective date)
Insurance Records	Tour Club's Birth Record	Passport
6. 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.
7. Parent(s) may change their child's first or middle name with only their signature until the child's 18th birthday.
8. This affidavit cannot be used to add a father to a birth certificate.

**Death Certificates**

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

**Marriage, Divorce (Dissolution) Certificates**

1. 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.
2. 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:

State 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, MD*

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

EE298305