

Affidavit

Page 2

5. Included among the assets of the community estate of GEORGE F. HENRIKSEN and MARY E. HENRIKSEN, husband and wife, were the following described parcels of real property, the disposition of which is controlled by the terms of said Community Property Agreement:

County of Skamania, State of Washington

The East half of the Northwest quarter (E¹/₂, NW¹/₄), and the Northeast quarter of the Southwest quarter (NE¹/₄, SW¹/₄), of Section 35, Township 2 North, Range 5 E.W.M., except that portion thereof lying northwesterly of County Road No. 112 designated as the Maybee Mines Road.

EXCEPT Lots 1, 2, 3, and 4 of Canyon Creek Estates, recorded in Book 3 of Short Plats, Page 297, Skamania County Records.

6. No proceedings have been instituted to contest or set aside or cancel said Community Property Agreement.

7. Said decedent, at the time of death, owned no separate property of any kind nor held any interest in any separate property.

8. All obligations of the marital community composed of GEORGE F. HENRIKSEN and MARY E. HENRIKSEN, husband and wife, and all separate obligations of the said GEORGE F. HENRIKSEN have been paid in full or otherwise provided for, and all expenses of last illness and funeral expenses have been paid.

9. In addition to MARY E. HENRIKSEN, the surviving spouse, the said GEORGE F. HENRIKSEN was survived by four (4) children, namely, George A. Henriksen, John R. Henriksen, Joann M. Skimas, and Nan A. Henriksen, all of whom have attained majority.

IN WITNESS WHEREOF, I have hereunto set my hand this 15th February day of January, 2002.

Mary E. Henriksen
MARY E. HENRIKSEN

SUBSCRIBED and SWORN to before me this 15th February day of January, 2002.

ROGER D. KNAPP
STATE OF WASHINGTON
NOTARY —•— PUBLIC
My Commission Expires Oct. 12, 2005

[Signature]
Notary Public in and for the State of
Washington, Residing at Challis
My appointment expires: 12-2005

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Health BOOK 221 PAGE 442
146
CERTIFICATE OF DEATH

OFFICE USE ONLY
1. COUNTY
2. COPIES
3. HOSPITAL
4. OCCURRENCE
5. DATE OF DEATH
6. PAGE OF 5
7. 03/05/2002 11:08A
8. 13.00 Clark County, WA
9. 3434712
10. ROGER KIRPP

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NUMBER: 1970

STATE FILE NUMBER: 146

1. NAME: George Francis HENRIKSEN
2. SEX (M/F): Male
3. DEATH DATE (Mo, Day, Yr): December 9, 2001

4. AGE LAST BIRTHDAY (Yr, Mo, Day): 87
5. UNDER 1 YEAR (Mo, Day, Yr):
6. UNDER 1 DAY (Hr, Min):
7. BIRTH DATE (Mo, Day, Yr): 11/7/1914
8. BIRTH PLACE (City, State or Foreign Country): Washougal, WA
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No): No
10. COUNTY OF DEATH: Clark

11. CITY, TOWN OR LOCATION OF DEATH: Camas
12. PLACE OF DEATH - X BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME:
1 X-CARE 2 [] IN TRANSPORT 3 [] EMERG. RM OUTPAT 4 [] HOSP 5 [] NUR HOME 6 [] OTHER PLACE
3510 NE 4th Ave.
13. SAVORING IN LAST 15 YEARS? (Yes/No): No

14. MARITAL STATUS - Married, Never married, Widowed, Divorced (Specify): Married
15. SURVIVOR'S SPOUSE (If wife, give maiden name): Mary Ellen Davis
16. SOCIAL SECURITY NO.: 540-01-3740
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary Secondary (8-12); College (1-4 or 5+)

18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Pharmacist
19. KIND OF BUSINESS OR INDUSTRY: Pharmacy
20. Was Decedent of Hispanic or Mexican Origin? (Specify Yes/No, if Yes, specify Cuban, Mexican, Puerto Rican, etc.): No
21. RACE (Specify): White

22. RESIDENCE - NUMBER AND STREET: 3510 NE 4th Ave.
23. CITY, TOWN OR LOCATION: Camas
24. HOUSE CITY (Yes/No): Yes
25A. COUNTY: Clark
25B. LENGTH OF RES. IN CO.: 87 yrs
26. STATE: WA
27. ZIP CODE: 98607

28. FATHER'S NAME - FIRST, MIDDLE, LAST: Jorgen Henriksen
29. MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME: Frances Taylor

30. INFORMANT - NAME: Nan Henriksen
31. MAILING ADDRESS: 2823 NW Alpine Lane, Camas, WA 98607

32. BURIAL OPERATION (Specify): Burial
33. DATE (Mo, Day, Yr): 12/13/2001
34. CEMETERY (CREMATORY) - NAME: Camas Cemetery
35. LOCATION - CITY, TOWN, STATE: Camas, Washington

36. FUNERAL DIRECTOR SIGNATURE: C.M. [Signature]
37. NAME OF FACILITY: STRAUB'S FUNERAL HOME
38. ADDRESS OF FACILITY: 325 NE 3rd Ave., Camas, Washington 98607

39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.
SIGNATURE AND TITLE: [Signature] Graham Glass MD
40. DATE SIGNED (Mo, Day, Yr): 12/10/01
41. HOUR OF DEATH (24 Hr): 0730
42. NAME AND TITLE OF ATTENDING PHYSICIAN (If other than certifier, type or print):
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.
SIGNATURE AND TITLE: [Signature]
44. DATE SIGNED (Mo, Day, Yr):
45. HOUR OF DEATH (24 Hr):
46. PRONOUNCED DEAD (Mo, Day, Yr):
47. HOUR PRONOUNCED DEAD (24 Hr):

48. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Graham Glass, MD 315 SE Stonemill Dr. Vancouver, WA 98607
49. MEDICORNER FILE NUMBER:

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.
IMMEDIATE CAUSE (Final disease or condition resulting in death):
A. Congestive Heart Failure
DUE TO, OR AS A CONSEQUENCE OF:
B. Atrial Fibrillation
DUE TO, OR AS A CONSEQUENCE OF:
C.
DUE TO, OR AS A CONSEQUENCE OF:
D.
INTERVAL BETWEEN ONSET AND DEATH:
A. 2 yrs
B. 5 yrs
C.
D.

51. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:
52. AUTOPSY? (Yes/No): No
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No): Yes

54. ACC. SUICIDE, HOMICIDE, UNDETERMINED, OR PENDING INVESTIGATION (Specify):
55. INJURY DATE (Mo, Day, Yr):
56. HOUR OF INJURY (24 Hr):
57. DESCRIBE HOW INJURY OCCURRED:
58. INJURY AT WORK? (Yes/No):
59. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (Specify):
60. LOCATION - STREET OR RFD NO., CITY, TOWN, STATE:

61. RECORD AMENDMENT (Registrar use only):
62. REGISTRATION SIGNATURE: [Signature] Hank P. Steingart, MD
63. DATE RECEIVED (Mo, Day, Yr): DEC 12 2001

AFFIDAVIT FOR CORRECTION BOOK 221 PAGE 443

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 (FREE NUMBER)	AFFIDAVIT DATE	AFFIDAVIT NUMBER		
STATE OFFICE USE ONLY		STATE OFFICE USE ONLY		
The record of Birth <input checked="" type="checkbox"/> Marriage <input type="checkbox"/> Death <input checked="" type="checkbox"/> Dissolution <input type="checkbox"/> with		1 STATE FILE NUMBER	for	
2 NAME		3 DATE OF EVENT	4 PLACE OF EVENT (City and County)	
5 FATHER'S FULL NAME (1840-1850) (1850-1860) (1860-1870)		6 MOTHER'S FULL MAIDEN NAME (1840-1850) (1850-1860) (1860-1870)		
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	

DOH 110-907 (Rev. 3/99)

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 (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. 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.
4. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
6. Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided:
 - This is a one-time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
 - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
7. Parents may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
8. This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

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/Dissolution (Divorce) 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. A person's own birth certificate is also acceptable proof.
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:

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

DEC 12 2001

Karen R. Steingart, MD
 Dr. Karen Steingart
 Health District Office
 S.W. Washington Health District
 II00049102

3434712
 Page: 5 of 5
 03/05/2002 11:00A
 ROGER JOHNSON AF 13.00 Clark County, WA