

Doc # 2006163939  
Page 1 of 3  
Date: 12/07/2006 10:30A  
Filed by: DRABKIN & TANKERSLEY LLC  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
SKAMANIA COUNTY AUDITOR  
J MICHAEL GARVISON  
Fee: \$34.00

AFTER RECORDING RETURN TO:  
Drabkin, Tankersley & Wright, LLC  
Attorneys At Law  
P.O. Box 625  
McMinnville, OR 97128

GRANTOR: Dexter C. Maust (deceased)

**REAL ESTATE EXCISE TAX**

GRANTEE: Merle A. Maust

26448  
DEC - 7 2006

PAID exempt  
Vicki Clelland, Death  
SKAMANIA COUNTY TREASURER

TAX PARCEL NO. 2-5-27-201

Gary H. Martin, Skamania County Assessor

DEATH CERTIFICATE

Date 12/7/06 Parcel # 02-05-27-0-0-0201-00  
J.M.

Full legal attached as Exhibit A.

# CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES  
CENTER FOR HEALTH STATISTICS

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

411970

I.D. TAG NO.

169

Local File Number

CERTIFICATE OF DEATH

136

State File Number

<b>1. DECEDENT'S NAME</b>	First: <b>Dexter</b> Middle: <b>Campbell</b> Last: <b>MAUST</b>	<b>2. SEX</b>	Male
<b>3. DATE OF DEATH</b> (Month, Day, Year)	March 10, 2005		
<b>4. SOCIAL SECURITY NUMBER</b>	<b>5a. AGE - Last Birthday (Years)</b>	<b>5b. Under 1 Year</b> (Mo. Days)	<b>5c. Under 1 Day</b> (Hours Mins)
	63		
<b>6. BIRTHPLACE</b> (City and State or Foreign Country)	Portland, OR		
<b>7. DATE OF BIRTH</b> (Month, Day, Year)	May 24, 1941		
<b>8. WAS DECEDENT EVER IN U.S. ARMED FORCES?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>9a. PLACE OF DEATH</b> (Check one only)	<input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		
<b>9b. FACILITY NAME</b> (If not an institution, give street and number)	6091 NW Bony Road		
<b>9c. CITY, TOWN, OR LOCATION OF DEATH</b>	Yamhill		
<b>9d. COUNTY OF DEATH</b>	Yamhill		
<b>10a. DECEDENT'S USUAL OCCUPATION</b> (Give kind of work done during most of working life. Do not use retired.)	<b>10b. KIND OF BUSINESS/INDUSTRY</b>	<b>11. MARITAL STATUS</b> - Married, Never Married, Widowed, Divorced. (Specify)	<b>12. SPOUSE</b> (If Married, Widowed)
Insurance Agent	Insurance Business	Married	Merle Maust
<b>13a. RESIDENCE - STATE</b>	<b>13b. COUNTY</b>	<b>13c. CITY, TOWN OR LOCATION</b>	<b>13d. STREET AND NUMBER</b>
Oregon	Yamhill	Yamhill	6091 NW Bony Road
<b>14a. INSIDE CITY LIMITS?</b>	<b>14b. ZIP CODE</b>	<b>14. WAS DECEDENT OF HISPANIC ORIGIN?</b> (Specify No or Yes) If yes, specify Cuban, Mexican, Puerto Rican, etc.	<b>15. RACE</b> American Indian, Black, White, etc. (Specify)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	97148	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	White
<b>16. DECEDENT'S EDUCATION</b> (Specify only highest grade completed.)	Elementary (0-12) College (13-4 or 5+)		
	5+		
<b>17. FATHER'S NAME</b> First Middle Last	<b>18. MOTHER'S NAME</b> First Middle Maiden	<b>19. INFORMANT'S NAME and relationship to decedent</b>	
Raymond Campbell Maust	Erma Niedermeyer	Merle Maust, Spouse	
<b>20a. METHOD OF DISPOSITION</b>	<b>20b. PLACE OF DISPOSITION</b> (Name of cemetery, crematory, or other place.)	<b>20c. LOCATION</b> (City or town, State)	
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Mausoleum <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	Aloha Crematory	Aloha, Oregon	
<b>21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH</b>	<b>21b. OREGON LICENSE NO.</b> (X/License)	<b>22. NAME, ADDRESS AND ZIP CODE OF FACILITY.</b>	
<i>Richard C. Hammett</i>	CO 3163	Autumn Funerals & Cremations 12639 SW Winterview Drive Tigard, OR 97224-0701	
<b>23. DATE FILED</b> (Month, Day, Year)	<b>24. REGISTRAR'S SIGNATURE</b>		
March 22, 2005	<i>Hermenia Suarez</i>		

**TO BE COMPLETED BY MEDICAL CERTIFIER**

<b>27. TIME OF DEATH</b>	<b>28. WAS MEDICAL EXAMINER NOTIFIED?</b> (The Medical Examiner MUST be notified of all injury and poisoning deaths.)	<b>31a. TIME OF DEATH</b>	<b>31b. DATE PRONOUNCED DEAD</b> (Month, Day, Year, Hour)
7:30 P M	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	M	M
<b>29. To the best of my knowledge, death occurred at the time, date, place, and due to the cause(s) and manner stated.</b> (Signature)		<b>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.</b> (Signature)	
<i>Frederick Sterling Ey</i>		<i>Hermenia Suarez</i>	
<b>30. DATE SIGNED</b> (Month, Day, Year)	<b>33. DATE SIGNED</b> (Month, Day, Year) COUNTY		
3/16/05			
<b>34. NAME, TITLE, ADDRESS AND ZIP CODE OF CERTIFIER/MEDICAL EXAMINER</b> (Type or Print)			
Frederick Sterling Ey, MD 9155 SW Barnes Road Suite 533, Portland, OR 97225			
<b>35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER</b> (Type or Print)			

<b>DESIGNATE CONDITIONS - IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.</b>	<b>36. IMMEDIATE CAUSE</b> (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	Interval between onset and death		
	(a) <b>Pancreatic Cancer</b> DUE TO, OR AS A CONSEQUENCE OF:	14 months		
	(b) _____ DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death		
<b>CAUSE OF DEATH</b>	(c) _____ DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death		
	<b>PART II OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to death but not resulting in the underlying cause given in PART I			
	<b>37. Did tobacco use contribute to the death?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	<b>38. AUTOPSY</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>39. IF YES, were findings considered in determining cause of death?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>40. MANNER OF DEATH</b>	<b>41a. DATE OF INJURY</b> (Month, Day, Year)	<b>41b. TIME OF INJURY</b>	<b>41c. INJURY AT WORK?</b>	<b>41d. DESCRIBE HOW INJURY OCCURRED</b>
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Investigation Pending <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		M	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>41e. PLACE OF INJURY</b> - At home, farm, street, factory, office building, etc. (Specify)	<b>41f. LOCATION</b> (Street and Number or Rural Route Number, City or Town, State)			

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS' COPY

45-2 (12/04)

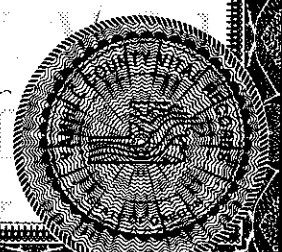
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE YAMHILL COUNTY REGISTRAR.

JUL 20 2005

DATE ISSUED: \_\_\_\_\_

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

*Hermenia Suarez*  
HERMINIA SUAREZ  
COUNTY REGISTRAR  
YAMHILL COUNTY, OREGON



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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**EXHIBIT A**

BEGINNING at a point on the meander line of the Washougal River, which point is the southwesterly corner of that tract of land conveyed to Robert E. Carroll, Jr. And Geraldine B. Carroll, husband and wife, by E.E. Carroll and Pearl N. Carroll, husband and wife, by deed dated October 11, 1951; running thence North 19°56' East 261.8 feet to a point; running thence North 70°14' West, 200.00 feet to a point; running thence South 19°56' West, 268.8 feet to a point on the meander line of the Washougal River; running thence southeasterly along the meander line of the said Washougal River to the true point of beginning. All of said property being in Section 27, Township 2 North, Range 5 East of the Willamette Meridian in Skamania County, State of Washington.

AS WELL AS a tract of land located in the Northeast quarter of the Southeast quarter of Section 27, Township 2 North, Range 5 East, Willamette Meridian, Skamania County, Washington, described as follows:

Beginning at the Northwest corner of a tract of land conveyed to R. Maust as recorded in Book 36 of Deeds at page 23;

Thence South 70°14'00" East along the North line of said Maust tract a distance of 75.00 feet;

Thence North 19°56'00" East a distance of 110.00 feet;

Thence North 70°14'00" West a distance of 114.85 feet more or less to the East line of Lot 1 of the M.E. Christal Short plat as recorded in Book 1 of Short Plats at Page 86;

Thence South along said East line a distance of 116.89 feet more or less to the point of beginning.

SUBJECT TO easements, covenants, conditions and restrictions of record as of the date of this deed.

Unofficial Copy