

Doc # 2006163939
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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)

GRANTEE: Merle A. Maust

TAX PARCEL NO. 2-5-27-201

REAL ESTATE EXCISE TAX

26448
DEC - 7 2006

PAID exempt
Vicki Clelland, Deed
SKAMANIA COUNTY TREASURER

DEATH CERTIFICATE

Gary H. Martin, Skamania County Assessor

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

DECEASED

1.

2.

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6.

PARENTS

DISPOSITION

7.

8.

REGISTRAR

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11.

CERTIFIER

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

TO BE COMPLETED BY MEDICAL CERTIFIER			
27. TIME OF DEATH 7:30 P M		28. WAS MEDICAL EXAMINER NOTIFIED? (The Medical Examiner MUST be notified of all injury and poisoning deaths.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <i>Frederick Sterling Ey</i>			
30. DATE SIGNED (Month, Day, Year) 3/16/05		31. DATE SIGNED (Month, Day, Year) COUNTY	
32. NAME, TITLE, ADDRESS AND ZIP CODE OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Frederick Sterling Ey, MD 9155 SW Barnes Road Suite 533, Portland, OR 97225			
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
34. 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) Pancreatic Cancer DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) Interval between onset and death 14 months		35. DATE PRONOUNCED DEAD (Month, Day, Year) M	
36. PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I		37. IF YES, were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
38. MANNER OF DEATH <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		39. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
40. DATE OF INJURY (Month, Day, Year)		41. TIME OF INJURY M	
41a. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41b. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41c. DESCRIBE HOW INJURY OCCURRED		41d. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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.

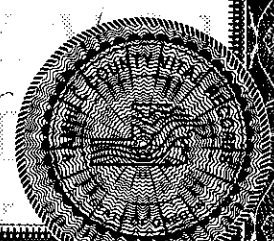
JUL 20 2005

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

Herminia Suarez
HERMINIA SUAREZ
COUNTY REGISTRAR
YAMHILL COUNTY, OREGON

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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.