

4. The total value of all assets in this estate is less than the minimum value which requires the filing of a federal estate tax return under federal law applicable as of the date of death, and no such tax return has been or will be filed. No taxes imposed by the Washington Estate and Transfer Tax Reform Act are due.

Affidavit

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5. Included among the assets of the community estate of DELOS V. SCHNEIDER and MARLYS C. SCHNEIDER, husband and wife, was the following described real property, the disposition of which is controlled by the terms of said Community Property Agreement:

County of Skamania, State of Washington

Lot 2, D Schneider Short Plat, according to the Short Plat thereof, recorded in book 3 at page 149, Auditor's File No. 90-001870, records of Skamania County, Washington.

Together with a 1971 Homette 64x12 Mobile Home.

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.

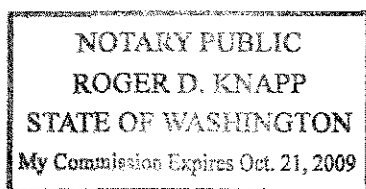
8. All obligations of the marital community composed of DELOS V. SCHNEIDER and MARLYS C. SCHNEIDER, husband and wife, and all separate obligations of the said DELOS V. SCHNEIDER have been paid in full, and all expenses of last illness and funeral expenses have been paid.

9. In addition to MARLYS C. SCHNEIDER, the surviving spouse, the said DELOS V. SCHNEIDER was survived by three (3) children, namely, Marie Croll, Sharon Dowden, and Ethelyn Packard all of whom have attained majority.

IN WITNESS WHEREOF, I have hereunto set my hand this 16th day of September, 2009.

Marlys C. Schneider
Marlys C. Schneider

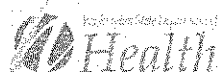
SUBSCRIBED and SWORN to before me this 16th day of September, 2009.



[Signature]
NOTARY PUBLIC in and for the State
of Washington, residing at Camas.
My commission expires: 10-21-09

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix		2. Death Date					
DELOS V. SCHNEIDER		08-27-2009					
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	6. County of Death		
Male	91			518-20-2373	Skamania		
7. Birthdate	8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)	9. Decedent's Education			
12-03-1917	Wayan		Idaho	High School Graduate			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.			11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces?		
No			White		NO		
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)					13b. City or Town		
1861 Mt. Pleasant Road					Washougal		
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?	
Skamania		N/A		Washington	98671	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)			
46 Years		Married		Marlys Helmer			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).				18. Kind of Business/Industry (Do not use Company Name)			
Bus Driver				Transportation Industry			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Ephraim Christian Schneider				Annie Maria Hansen			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip			
Marlys Schneider		Wife		1861 Mt. Pleasant Road Washougal, WA 98671			
24. Place of Death, if Death Occurred in a Hospital:							
Decedent's home							
25. Facility Name (if not a facility, give number & street or location)				26a. City, Town, or Location of Death	26b. State	27. Zip Code	
1861 Mt. Pleasant Road				Washougal	WA	98671	
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State			
Burial		Belle Center Cemetery		Washougal, WA			
31. Name and Complete Address of Funeral Facility						32. Date of Disposition	
Brown's Funeral Home 410 NE Garfield St. Camas, WA 98607						09-02-2009	
33. Funeral Director Signature X							
<i>Ken Brown</i>							
Cause of Death (See instructions and examples)							
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.							
IMMEDIATE CAUSE (Final disease or condition resulting in death)				a. <u>CARDIAC ARREST</u>		Interval between Onset & Death	
				Due to (or as a consequence of):		IMMEDIATE	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST				b. <u>CONGESTIVE HEART FAILURE</u>		Interval between Onset & Death	
				Due to (or as a consequence of):		Interval between Onset & Death	
				c.		Interval between Onset & Death	
				d.		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above						36. Autopsy?	
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						N/A	
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?			
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work?	
09/27/2009		2100		DECEDENT'S HOME		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: City or Town State Zip Code + 4							
1861 MT. PLEASANT ROAD WASHOUGAL SKAMANIA WA 98671							
46. Describe how injury occurred							
DECEDENT FELL, STRICKEN WITH HEART ATTACK							
47. If transportation injury, specify:							
<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)							
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.				48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
X				X			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs)			
PO BOX 740, STEVENSON WA 98648				2100			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY)			
				09/28/2009			
53. Title of Certifier		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner?	
DR. CORONER		24220		09-07046		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature						58. Date Received (MM/DD/YYYY)	
<i>[Signature]</i>						08/31/2009	
59. Amendments							
X							



Affidavit for Correction

This is a legal Document. Complete in ink and do not alter.

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4200

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
Use the section below for requesting any changes on the record.				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution				
1. Name on record:		2. Date of Event:		3. Place of Event: (City or County)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)			5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)	
The Record is incorrect or incomplete as follows:				
The Record now shows:			The True fact is:	
6.			7.	
8.			9.	
10.			11.	
12.			13.	
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				Telephone Number:
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.				
15. Signature:		16. Date:		17. Address:
All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.				
All changes must be established by documentary proof submitted with the affidavit				
Examples of documentary proof:				
Certificate of Naturalization		Medical Record		School Record
Hospital Records		Military Record (DD-214)		Voters Registration Card (if it bears an effective date)
Insurance Records		Birth Record		Alien Registration Card (front and back)
Marriage/Divorce Records		Passport		
Birth Certificates:				
1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.				
2. The proof(s) must match exactly the asserted 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.				
3. Proof must be five (or more) years old or have been established within five years of birth.				
4. Up to age one, the parent(s) or legal guardian may change the child's last name 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 last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.				
- After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.				
5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).				
6. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)				
Death Certificates:				
1. Only the informant, the funeral director, or executors/administrators (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 certifying physician or the coroner/medical examiner.				
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.				
Marriage/Dissolution (Divorce) Certificates:				
1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.				
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.				

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

AUG 31 2009

Alan Melnick
Health Officer
Skamania Co. Public Health

NN01217421