

WHEN RECORDED RETURN TO: Sterling Bank 1220 Main St. #300 Vancouver, WA 98660

DOCUMENT TITLE(S) Death Cert (exhibit)
REFERENCE NUMBER(S) of Documents assigned or released: <input type="checkbox"/> Additional numbers on page _____ of document.
GRANTOR(S): Therone Ivan Faris <input type="checkbox"/> Additional names on page _____ of document.
GRANTEE(S): the public <input type="checkbox"/> Additional names on page _____ of document.
LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter): <input type="checkbox"/> Complete legal on page _____ of document.
TAX PARCEL NUMBER(S): <input type="checkbox"/> Additional parcel numbers on page _____ of document.
The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

USE ONLY
DISTRICT
COPIES
OCCURRENCE
RESIDENCE
FACT
OCCUPATION
PARENTS
OCCURRENCE
CERTIFIER
OCC LOC
OCCURIES
DEATH

1937
LOCAL FILE NUMBER

146
STATE FILE NUMBER

1. NAME First: Therone Middle: Ivan Last: FARIS				2. SEX (M / F) Male	3. DEATH DATE (Mo, Day, Yr) December 3, 1999			
4. AGE LAST BIRTH- DAY (Yrs) 92	5. UNDER 1 YEAR MOS DAYS 	6. UNDER 1 DAY HOURS MINS 	7. BIRTHDATE (Mo, Day, Yr) 07/28/1907	8. BIRTHPLACE (City, State or Foreign Country) Olney, IL	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes	10. COUNTY OF DEATH Clark		
11. CITY, TOWN OR LOCATION OF DEATH Vancouver			12. PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RMOUT PTN 4. <input type="checkbox"/> HOSP. 5. <input checked="" type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE Ft. Vancouver Convalescent Center			13. SMOKING IN LAST 15 YEARS? (Yes / No) No		
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Alma Abercrombie		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 4		
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Farm Forester		19. KIND OF BUSINESS OR INDUSTRY Crown Zellerbach		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No		21. RACE (Specify) White		
22. RESIDENCE—NUMBER AND STREET 15409 NE 99th St.		23. CITY/TOWN, OR LOCATION Vancouver		24. INSIDE CITY LIMITS? (Yes / No) Yes	25A. COUNTY Clark	25B. LENGTH OF RES. IN CO. 40 yrs	26. STATE WA	27. ZIP CODE 98684

28. FATHER'S NAME—FIRST, MIDDLE, LAST George David Faris		29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Eva Theresa Levering			
30. INFORMANT—NAME Barbara Ray--Daughter		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 9902 NE 9th St. Vancouver, WA 98664			
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation	33. DATE (Mo, Day, Yr) 12/8/1999	34. CEMETERY/CREMATORY—NAME Killingsworth Chimes Crematory		35. LOCATION—CITY/TOWN, STATE Portland, OR	
36. FUNERAL DIRECTOR SIGNATURE <i>Janette Sauer</i>		37. NAME OF FACILITY Gateway Little Chapel of the Chimes		38. ADDRESS OF FACILITY 1515 NE 106 Portland, OR 97220	

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
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 <i>[Signature]</i> X				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 <i>[Signature]</i> X			
40. DATE SIGNED (Mo., Day, Yr) 12/7/99		41. HOUR OF DEATH (24 Hrs.) 0815		44. DATE SIGNED (Mo., Day, Yr)		45. HOUR OF DEATH (24 Hrs.)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER) (Type or Print)				46. PRONOUNCED DEAD (Mo., Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs.)	
48. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Gregory Harris, MD 2312 NE 129th St. Vancouver, WA 98686				49. MEDICORNER FILE NUMBER			

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. Coronary Artery Disease		INTERVAL BETWEEN ONSET AND DEATH 25 yrs			
		B. Atherosclerotic Vascular dis.		INTERVAL BETWEEN ONSET AND DEATH 20 yrs			
		C.		INTERVAL BETWEEN ONSET AND DEATH			
		D.		INTERVAL BETWEEN ONSET AND DEATH			
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE <i>Hypertension, Dementia</i>				52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes	
54. ACQ. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs)		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) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. REGISTRAR SIGNATURE <i>[Signature]</i>		63. DATE RECEIVED (Mo., Day, Yr) DEC '8 1999	
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FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)



DOH:01-003 (5/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

**FIRST AMENDMENT TO THE
FARIS LOVING TRUST**

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We, Therone I. Faris and Alma D. Faris, of Vancouver, Washington, declare that this is the First Amendment to the Faris Loving Trust under agreement dated November 1998, pursuant to the powers retained by us under Article Fifteen, Section 2, Subsection (a), hereby amend the Trust in the following respects:

Page 15-2, Article Fifteen, The Resignation, Replacement, And Succession Of Our Trustee, Section 3, Subsection (b), Disability of Trustees THERONE I. FARIS, is amended and restated:

Upon disability of THERONE I. FARIS, the following shall serve as disability Trustee:

ALMA D. FARIS

If the nondisabled Trustmaker is then serving as a Trustee, she shall continue to serve upon the disability of THERONE I. FARIS.

If a disability Trustee is willing or unable to serve or cannot continue to serve for any other reason, then the following shall be named as successor disability Trustee in the order in which their names appear:

FIRST INDEPENDENT NATIONAL BANK, P O Box 8904, Vancouver, Washington, 98668-8904.

Page 15-3, Article Fifteen, The Resignation, Replacement, And Succession Of Our Trustee, Section 3, Subsection (c), Disability of Trustees ALMA D. FARIS, is amended and restated:

Upon disability of ALMA D. FARIS, the following shall serve as disability Trustee:

EXHIBIT A
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THERONE I. FARIS

If the nondisabled Trustmaker is then serving as a Trustee, he shall continue to serve upon the disability of ALMA D. FARIS.

If a disability Trustee is willing or unable to serve or cannot continue to serve for any other reason, then the following shall be named as successor disability Trustee in the order in which their names appear:

FIRST INDEPENDENT NATIONAL BANK, P O Box 8904, Vancouver, Washington, 98668-8904.

Page 15-3, Article Fifteen, The Resignation, Replacement, And Succession Of Our Trustee, Section 3, Subsection (d), Death of Trustees THERONE I. FARIS, is amended and restated:

On the death of THERONE I. FARIS, the following shall replace our initial Trustees, if they are then serving, or our disability Trustees, if she is then serving:

ALMA D. FARIS

If the surviving Trustmaker is then serving as a Trustee, she shall continue to serve upon the death of THERONE I. FARIS.

If a death Trustee is willing or unable to serve or cannot continue to serve for any other reason, then the following shall be named as successor death Trustee in the order in which their names appear:

FIRST INDEPENDENT NATIONAL BANK, P O Box 8904, Vancouver, Washington, 98668-8904.

Page 15-4, Article Fifteen, The Resignation, Replacement, And Succession Of Our Trustee, Section 3, Subsection (e), Death of Trustees ALMA D. FARIS, is amended and restated:

On the death of ALMA D. FARIS, the following shall replace our initial Trustees, if they are then serving, or our disability Trustees, if he is then serving:

THERONE I. FARIS

If a death Trustee is willing or unable to serve or cannot continue to serve for any other reason, then the following shall be named as successor death Trustee in the order in which their names appear:

EXHIBIT A

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1 FIRST INDEPENDENT NATIONAL BANK, P O Box 8904, Vancouver,
2 Washington, 98668-8904.

3 The rest and remainder of the FARIS LOVING TRUST remains in full force and
4 effect accept as herein specifically modified.

5 DONE THIS 6 day of November, 1998.

6 Therone I. Faris
7 Therone I. Faris

8 Alma D. Faris
9 Alma D. Faris

10 The foregoing amendments are accepted:

11 Therone I. Faris
12 Therone I. Faris, Trustee

13 Alma D. Faris
14 Alma D. Faris, Trustee