

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:

Additional numbers on page ____ of document.

GRANTOR(S):
Alma Davis Faris

Additional names on page ____ of document.

GRANTEE(S):
the public

Additional names on page ____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

Complete legal on page ____ of document.

TAX PARCEL NUMBER(S):

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

Local File Number 1550 Washington State Certificate of Death State File Number

1. Legal Name (Include AKAs if any) First Middle LAST Suffix: Alma Davis Faris 2. Death Date: June 30, 2011

3. Sex (M/F): F 4a. Age - Last Birthday: 97 4b. Under 1 Year: Months Days 4c. Under 1 Day: Hours Minutes 5. Social Security Number: [Redacted] 6. County of Death: Clark

7. Birthdate: January 10, 1914 8a. Birthplace (City, Town, or County): Murrayville 8b. (State or Foreign Country): Georgia 9. Decedent's Education: 2 Year Teaching Certificate

10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify: No 11. Decedent's Race(s): White 12. Was Decedent ever in U.S. Armed Forces? No

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 1617 SE Talton Avenue 13b. City or Town: Vancouver

13c. Residence: County: Clark 13d. Tribal Reservation Name (if applicable): 13e. State or Foreign Country: Washington 13f. Zip Code + 4: 98683 13g. Inside City Limits? Yes No Unk

14. Estimated length of time at residence: 3 years 15. Marital Status at Time of Death: Widowed 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage):

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)): Homemaker 18. Kind of Business/Industry (Do not use Company Name): Own Home

19. Father's Name (First, Middle, Last, Suffix): Austin Young Abercrombie 20. Mother's Name Before First Marriage (First, Middle, Last): Callie - Davis

21. Informant's Name: Barbara Ray 22. Relationship to Decedent: Daughter 23. Mailing Address: Number and Street or RFD No. City or Town State Zip: 9902 NE 9th Street Vancouver, WA 98664

24. Place of Death, if Death Occurred in a Hospital: 25. Facility Name (if not a facility give number & street or location): Hampton and Ashley Inn 26a. City, Town, or Location of Death: Vancouver 26b. State: WA 27. Zip Code: 98683

28. Method of Disposition: Cremation 29. Place of Final Disposition (Name of cemetery, crematory, other place): PFS Crematory 30. Location: City/Town, and State: Portland, Oregon

31. Name and Complete Address of Funeral Facility: Ross Hollywood Funeral Chapel 4733 NE Thompson St. Portland, OR 97213 32. Date of Disposition: July 6, 2011

33. Funeral Director Signature X: [Signature]

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. CVA Cerebral Vascular accident Interval between Onset & Death: 2 weeks

Due to (or as a consequence of):

Sequentially list conditions, if any, leading to the cause listed on line a. b. UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

c. Due to (or as a consequence of):

d. Due to (or as a consequence of):

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: 36. Autopsy? Yes No 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death: Natural Homicide Accident Undetermined Suicide Pending 39. If female: Not pregnant within past year Not pregnant, but pregnant within 42 days before death Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year 40. Did tobacco use contribute to death? Yes Probably No 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? Yes No Unk

45. Location of Injury: Number & Street: Apt. No.: City or Town: County: State: Zip Code+ 4:

46. Describe how injury occurred: 47. If transportation injury, specify: Driver/Operator Pedestrian Passenger 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: [Signature] 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.

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner: Corany J. Helges MD 2700 1st Ave NW Vancouver, WA 98686 50. Hour of Death (24hrs): 1130

51. Name and Title of Attending Physician if other than Certifier (Type or Print): 52. Date Signed (MM/DD/YYYY): 7/5/2011

53. Title of Certifier: MD 54. License Number: 266429 55. Registrar File Number: 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature: [Signature] 58. Date Received (MM/DD/YYYY): JUL 05 2011

59. Amendments: AFC #8a, 9, 25 EW 7/13/2011



**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

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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

Unofficial Copy

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EXHIBIT A
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