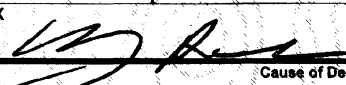
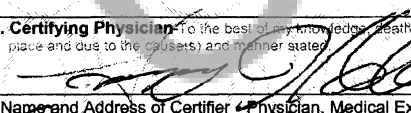



WHEN RECORDED RETURN TO: Sterling Bank 1220 Main St. #300 Vancouver, WA 98660

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): Alma Davis 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

Local File Number <u>1550</u>		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's 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 5 th 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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: Assisted Living Facility				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 							
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. CVA Cerebral Vascular accident				Interval between Onset & Death 2 weeks	
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. _____				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 checked="" type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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: <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.		
49. Name and Address of Certifier (Physician, Medical Examiner or Coroner) Coranay J. Helges MD 2700 1st Ave. NW Vancouver, WA 98686					50. Hour of Death (24hrs) 1630		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar 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
Page 66 of 68

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

Unofficial Copy