AFN #2014000176 Recorded 01/30/2014 at 04:38 PM DocType: ALP Filed by: COLUMBIA GORGE TITLE Page: 1 of 11 Auditor Timothy O. Todd Skamania County, WA

WHEN RECORDED RETURN TO:

Majel Harmon 2805 Billy Casper Drive Las Vegas, NV 89134

DOCUMENT TITLE(S):

Lack of Probate Affidavit

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED: $\ensuremath{\mathrm{N/A}}$

Majel Harmon as Personal Representative of the GRANTOR: Estate of Marcia J. Mansfield

GRANTEE: MAJEL HESELIUS HARMON AND NICOLE MARIE NASH

ABBREVIATED LEGAL DESCRIPTION: Lot 9, Blk. 4, Relocated North Bonneville

Full Legal Exhibit "A"

TAX PARCEL NUMBER(S): 02-07-19-4-4-0900-00

real estate excese tak

30509

PAIN Exampt

AFN #2014000176 Page: 2 of 11

Exhibit A

Lot 9, Block 4, Plat of Relocated North Bonneville, recorded in Book B of Plats, Page 10, under Skamania County File No. 83466; also recorded in Book B of Plats, Page 26, under Skamania County File No. 84429, Records of Skamania County, Washington.

Skamania County Assessor

Date 1-30-14 Parcel# 2-7-19-4-4-900

Sw



AFN #2014000176 Page: 3 of 11

AFFIDAVIT – LACK OF PROBATE – Page 1

AFFIDAVIT Lack of Probate

| State of Washington | 4 | | |
|---|---------------------|--------------------------|---|
| County of Skamania | | | |
| Majel Harmon, being first d | uly sworn, depose | s and says: | |
| The undersigned affiant is the Perdaughter of Marcia J. Mansfield | rsonal Representat | tive of the Estate of Ma | arcia Mansfield, being the |
| who died October 15, 2009 at oresident of Skamania County, Washing | | y of Vancouver, State of | of Washington then being a lega |
| AFFIANT MUST PROVIDE A DEA | ATH CERTIFIC | ATE OF DECEDENT | |
| 2. Check the appropriate box below | | | |
| [] Decedent and surviving spouse exe which is attached hereto. | cuted a Communi | ty Property Agreement | dated a copy of |
| [] Decedent left no last Will, | | | |
| [X] Decedent left a last Will which ha | as neither been pro | bated nor revoked; a c | opy of which is attached hereto. |
| [] Decedent left a Will which was pro of | | Order Admitting Will to | County, State o Probate, Decree |
| of distribution or equivalent court docu | | | . \ |
| 3. The heirs at law of the deceder predeceased child, brothers and sisters, | | | |
| Majel Heselius Harmon | Legal | Daughter | Las Vegas, NV |
| (full name) | (age) | (relationship) | (residence) |
| Jon M. Mansfield (aka Hesel | ius)(Deceased) Le | gal Son North | Bonneville, WA |
| (full name) | (age) | (relationship) | (residence) |
| Nicole Nash | Legal | Granddaughter No | orth Bonneville, WA |
| (full name) | (age) | (relationship) | (residence) |
| | ness, funeral and b | urial, and all applicabl | g, but not limited to all expenses e federal and state succession or |
| | | | |
| | | | |

From: Ken Woodrich

Fax: (509) 427-7618

т

Fax: +1 (702) 341-9966

Page 10 of 17 01/13/2014 2:51

- S. The decedent [X] had [] had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services or any other type of medical assistance.
- 6. As of the date of death, the value of all community property of the decedent was approximately \$\,_0_\ . The value of all separate property of the decedent was approximately \$\,\frac{496,000.00}{.}
- 7. Other facts regarding the decedent, decedent's estate or matters which pertain to the current transaction: Son, Jon M. Masfield (aka Heselius) is deceased (DOD Jan 30, 2012—A copy of Jon M. Mansfield (aka Heselius)'s Death Certificated is attached). Jon M. Mansfield left one daughter, Nicole Nash. Ruben Grant, who was granted a life estate interest pursuant to Marcia Last Will and Testament has predeceased Marcia Mansfield and Jon M. Mansfield (aka Heslius). Reuben Grant is deceased. (DOD January 22, 2004—A copy of Reuben Grant's Death Certificate is attached.)

THIS AFFIDAVIT IS MADE TO INDUCE FIRST AMERICAN INSURANCE COMPANY (THE COMPANY) TO ISSUE ITS POLICIES OF TITLE INSURANCE ON REAL PROPERTY PASSING TO THE AFFIANT(S) IN RELIANCE UPON THE REPRESENTATIONS SET FORTH ABOVE AFFIANT AGREES TO INDEMNIFY AND HOLD THE COMPANY HARMLESS FROM LOSS OR DAMAGE WHICH IT MAY SUFFER AS A RESULT OF SAID RELIANCE.

The Estate of Marcia Mansfield

By Mersonal Representative

Majel A. Harmon

Date /- /3 - 14

STATE OF NEVADA

)) ss:

COUNTY OF Clark)

On this day personally appeared before me Majel H. Harmon, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he/she signed the same as Personal Representative of the Estate of Marcia Mansfield as the Estate's free and voluntary act and deed for the use and purposes therein mentioned.

GIVEN under my hand and official seal this ________

day of January, 2014.

JOIZ SALAS

NOTARY PUBLIC - STATE OF NEVADA

COUNTY OF CLARK

My Commission Expires 01-26-14

Certificate No. 10-1911-1

Notary Public in and for the State of Nevada, residing at LOS VOOS, NV My appointment expires: 01/20/2014

AFN #2014000176 Page: 5 of 11

Last Will and Testament

of

MARCIA J. MANSFIELD

KNOW ALL MEN BY THESE PRESENTS, That I, MARCIA J. MANSFIELD, being over the age of twenty-one years, and a resident and inhabitant of Skamania County, State of Washington, of sound and disposing mind and memory, and not acting under duress, menace, fraud, or undue influence; do make, publish and declare this to be my LAST WILL and TESTAMENT, hereby annulling and revoking any and all Wills and codicils thereto heretofore made by me at any time.

ARTICLE I. **DEBTS AND EXPENSES**

I direct that my Personal Representative, hereafter named, shall first pay out of the proceeds of my estate all just debts by me owed at the time of my death, including the expenses of my last illness and burial.

ARTICLE II. BURIAL

I direct that my body be given proper disposition, befitting my station in life, but without unnecessary ostentation or expense

ARTICLE III. CHILDREN

I declare I was formerly married to JOHN WOODROW HESELIUS and I have as issue of my marriage to him the following children, namely; MAJEL HESELIUS HARMON and JON M. HESELIUS, a.k.a. JON M. MANSFIELD, who are both over the age of eighteen (18) years.

I declare I was formerly married to TROY LESTER MANSFIELD, and I have no children as issue of my marriage to him.

The term "children" as hereafter used shall refer to the above-named children. Except as herein provided, I intend to make no provisions for said children.

MARCIA J. MANSTELD, Testatrix LAST WILL AND TESTAMENT - Page 1 of 3

AFN #2014000176 Page: 6 of 11

ARTICLE IV. SPECIFIC DEVISES AND BEQUESTS

To my dear companion, RUBEN GRANT, I leave a life estate in the residence located at 409 Columbia, North Bonneville, Washington, so he may reside therein as long as he is able. Upon his demise, this real property then shall become the sole and separate property of my son, JON M. MANSFIELD.

To my son, JON M. MANSFIELD, I leave the following items to be his sole and separate property, per stirpes, to wit: (a) real property located at 409 Columbia, North Bonneville, Washington, reserving unto RUBEN GRANT a life estate therein as set forth above; (b) real property and warehouse located at 39 Cascade Drive, North Bonneville, Washington; (c) any automobile that I may own at the time of my death; and (d) any residual interest in the vacation home and real property located at 601 Koa Street, Oceanview, Hawaii, HI that I may own at the time of my death.

To my daughter, MAJEL HESELIUS HARMON, I leave the following items to be her sole and separate property, per capita, to wit: (a) my entire investment portfolio; (b) my one half interest in a five (5) acre parcel of real property located in Clark County, Washington; and (c) all personal jewelry that I may own at the time of my death.

ARTICLE V. TANGIBLE PERSONAL PROPERTY

Pursuant to State statute, I may attach to this Will, in my own handwriting, a list of tangible personal property and the names of those to whom such property is directed. I direct my personal representative, hereinafter named, to deliver such property to those individuals.

ARTICLE VI. RESIDUARY DEVISE AND BEQUEST

All of the rest residue and remainder of the property of which I may die possessed, whether real, personal or mixed, of whatsoever kind or nature, and wheresoever situate, I give, devise and bequeath unto my children as their sole and separate property, share and share alike per stirpes.

ARTICLE VII. PERSONAL REPRESENTATIVE

I nominate and appoint my daughter, MAJEL HESELIUS HARMON, as the Personal Representative of this, my LAST WILL and TESTAMENT. In the event she predeceases me or should she be unwilling or incapable or for any reason fail or refuse to act in such trust, I appoint

MARCIA J. MANSFEELD, Testatrix
LAST WILL AND TESTAMENT - Page 2 of 3

AFN #2014000176 Page: 7 of 11

my son, JON M. HESELIUS, a.k.a. JON M. MANSFIELD, to act as Personal Representative of my Will. I direct that no bond or other undertaking shall be required of my Personal Representative, in any event, and that my Personal Representative shall serve as such without the intervention of any Court or Courts.

ARTICLE VIII. EXCLUSIONS

I have intentionally omitted all my heirs who are not specifically mentioned as devisees herein and I hereby generally and specifically disinherit each, any and all persons whomsoever claiming to be or who may be lawfully determined to be my heirs at law and I hereby give, devise and bequeath One Dollar (\$1.00) to any person whomsoever claiming to be or proven to be my heir at law who contests the provisions hereof, such bequest to be given in lieu of anything said person would have taken under the provisions of this Will, or through intestacy.

witness whereof, I have hereunto set my hand and seal this 12 day of 2000, at Stevenson, Skamania County, Washington.

The foregoing instrument, constituting of three (3) pages, was on the 12 day of 2000, signed and sealed and published as, and declared to be, her LAST WILL and TESTAMENT, in the presence of us who at her request and in her presence and in the presence of each other, and who being of the opinion that she, at the time of executing this Will, was of sound and disposing mind and memory and was not acting under duress, menace, fraud or the undue influence of any person or persons, have subscribed our names as witnesses thereto.

_ residing in Skamania County, Washington

residing in Skamania County, Washington

ELIZABETH A GORDON, Witness

MARCIA J. MANSPELD, Testatrix

LAST WILL AND TESTAMENT - Page 3 of 3

AFN #2014000176 Page: 8 of 11

STATE OF WASHINGTON

Affidavit of Witness to Will

| County of Skamania) | |
|--|----------|
| CHRISTOPHER R. LANZ and ELIZABETH A. GORDON each being first duly sworn on oath | |
| and each for him/herself depose and say: | |
| I reside in Skamania County, Washington, and am of the age of majority. I am one of the | |
| subscribing witnesses to the above and foregoing instrument entitled LAST WILL and | |
| TESTAMENT of MARCIA J. MANSFIELD; that the said LAST WILL and TESTAMENT was | |
| signed and executed by the said MARCIA J. MANSFIELD at Stevenson, Skamania County, | |
| Washington on the date appearing thereon, in my presence and in the presence of the other | |
| subscribing witness, and the said MARCIA J. MANSFIELD thereupon published said instrument | |
| as her LAST WILL and TESTAMENT by declaring the same to be such and requesting me in | |
| attestation thereof to subscribe my name as a witness thereto. Thereupon, I then and there in the | |
| presence of the said testatrix and the other subscribing witness subscribed my name as witness to | |
| | |
| said LAST WILL and TESTAMENT. | |
| CHRISTOPHER R. LANZ, Witness ELIZABETH A. GORDON, Witness | |
| SUBSCRIBED & SWORN to before me this 20 day of July 2000. | |
| this 27 day of racy 2000. This sylvan street and same | |
| Notary Public for Washington Notary Public for Washington | |
| Residing at Stevenson Residing at Museum Residing at Museum 8-12-03-14 A. 42-My Commission expires 8-12-03-14 | |
| My Commission expires 8-17-03 My Commission expires 6 NOTAP 18 NOT | 147LE 22 |

AFN #2014000176 Page: 9 of 11

| ocal File Number | AKA's Nanu1 Fi | . V | Vashington | State Ce | rtificate of De | LAST LAST | Sta | ste File Numb | 24 | 01135 |
|--|--|--|---|--|--|--|---|--|--|--|
|), Leyel Hallie Incom | | uben | Frederi | | GRA | | | | 2, Death (| Date ary 22, 200 |
| | Ma. Age - Last Bi | | | 4c. Unde | | | ecurity Numb | nr | 6. County | |
| 3. Sex (M/F) Male | . 93 | Months | Days | Hours | Minutes | . 5. 30ca ai S | econty Numb | 31 | I | Clark |
| 7. Birthdate | Ba. Bir | thplace (City, To | wn, or County) | | Foreign Country) | 9. D | ecedent's Edu igh Scho | cation ool Gra | duate | |
| 11/25/191 10. Was Decedent of | | (Yes or No) If yes | s, specify. | | ecedent's Race(s) |) | -6 | | | 12. Was Decedent en |
| No 13a. Residence: Nur | | - eas es chas | Markeda Ast No | , L | White | | | h3b. City | or Town | 1 |
| a a | noer and Street (e | |) (maude Apr. No | ., | | | • | | sh Pra: | irie |
| 13c. Residence: Cou | inty | 3d. Tribal Rese | ervation Name | (if applicable) | 13e. State or Fore | | , | 13f. Zip Cod | e + 4 | 13g. Inside City |
| Clark | of time at residen | ice. 15. Marital | Status at Time | of Death | Wash1 16. Surviving Spo | ngton puse's Name | (Give name pric | 98606 or to first marrie | ge) | Yes No |
| 1) years | | Wide | | (DO NOT 1186 | serveron HR Kind | of Rusiness | Andustry (Do n | nt use Compan | v Name) | |
| 17 Years 17 Usual Occupation When Your Open | | ont done during mo | ost of working Hie. | . (00 NOT USE | Tir | e Shop | micusary (Do ii | or day compan | ,, | |
| 19. Father's Name (f | | :ffix) | | | | | Before First Ma | | Widdle, Last) | |
| Walter Ir | | | | | Ann | ie Alb | ertina l | loehn | State | Zo |
| - k monnen | • | [| ationship to De | 1 | . Mailing Address: | | | City or Town | WA QR | |
| Frederick | | Sc | on | | 9502 NW 1 | | Occurred Some | | | |
| 24, Place of Death, if Di | eath Occurred in a Ho | ospital: | | | i | | Foster | Home | and a mapped . | |
| 25. Facility Name (If | not a facility, give num | mber & street) | | | | 26a. City, To | own, or Locatio | on of Death | 26b. State | 27. Zip Code 98606 |
| | E 192nd Av | | to agree | | | | Prairie | | WA | |
| 28, Method of Dispos | sition | | of Disposition (I 1 River (| | lery, crematory, other | r place) 📑 | | 30. Location- Carso | | hington |
| Burial 31. Name and Comp | lete Address of Fu | uneral Facility | | | | | | 00,00 | | 072004 |
| Straub's | Funeral H | iome 3,25 | NE 3rd | Ave., | CAmas, WA | 98607 | | | 01/3 | 0/2004 |
| 33. Funeral Director | r Signature X | 24. 1 | Minni. | _ | | | | | | |
| 34. Enter the <u>chain rest</u> arrest, respirator | of events - disease y arrest, or ventric | cular fibrillation v | complications - without showing | that directly the etiology | , DO NOT ABBR | DO NOT | enter terminal | events such a ines if necess | as cardiac sary. | Interval between Onse |
| arrest, respirator | ry arrest, or ventric | ular fibrillation v A | omnlications | that directly | caused the death. DO NOT ABBR | . DO NOT A REVIATE, A Dema | enter terminal add additional i | A THEORY | · | Interval between Onse |
| arrest, respirator | ry arrest, or ventric : (Final disease or death) → | cular fibrillation v | complications - without showing | that directly the etiology | Due to (or as a cor | . DO NOT A REVIATE, A Dema | enter terminal add additional i | events such a lines if necession lines if necession lines if necession lines in the | · | interval between Onse Yew |
| arrest, respirator IMMEDIATE CAUSE condition resulting in Sequentially list condition the cause listed or | ry arrest, or ventric (Final disease or death) → ditions, if any, lead to line a. Enter the | a. A | complications - without showing Multi | that directly the etiology | Due to (or as a cor | DO NOT OREVIATE, A Demo | enter terminal add additional is | A THEORY | · | new |
| arrest, respirator IMMEDIATE CAUSE condition resulting in Sequentially list condition the cause listed or | ry arrest, or ventric (Final disease or death) → ditions, if any, lead to line a. Enter the | a. A | complications - without showing Multi | that directly the etiology | Due to (or as a cor | DO NOT OF REVIATE, A De Maisequence of the contract of the con | enter terminal add additional is | A THEORY | · | interval between Onse |
| arrest, respirator IMMEDIATE CAUSE condition resulting in Sequentially list condition to the cause listed or | ry arrest, or ventric (Final disease or death) → ditions, if any, lead to line a. Enter the | a. A | complications - without showing Multi | that directly the etiology | Due to (or as a cor | DO NOT OF REVIATE, A De Maisequence of the contract of the con | enter terminal add additional is | A THEORY | · | interval between Onse Yew |
| arrest, respirator IMMEDIATE CAUSE condition resulting in Sequentially list cond to the cause listed or UNDERLYING CAUS that initiated the ever death)LAST | y arrest, or ventric (Final disease or death) → ditions, if any, lead h line a. Enter the SE (disease or injunts resulting in | a | complications - without showing Multi | that directly the etiology | Due to (or as a cor | DO NOT CREVIATE. A DO MO ASSEQUENCE OF | enter terminal add additional is | A THEORY | مر <i>دو</i> مر دو | Interval between Onse |
| arrest, respirator IMMEDIATE CAUSE condition resulting in Sequentially list condition to the cause listed or UNDERLYING CAUS that initiated the ever death)LAST | y arrest, or ventric (Final disease or death) ditions, if any, lead in line a. Enter the SE (disease or injunts resulting in conditions contributions contributions. | a | complications - without showing Multi | that directly the etiology | Due to (or as a cor | DO NOT CREVIATE. A DO MO ASSEQUENCE OF | enter terminal add additional is | lis e | غ دو 197 - 197 ب | Interval between Onse |
| arrest, respirator IMMEDIATE CAUSE condition resulting in Sequentially list condition to the cause listed or UNDERLYING CAUS that initiated the ever death)LAST 35. Other significant | y arrest, or ventrice ((Final disease or death) ditions, if any, lead thine a. Enter the SE (disease or injunts resulting in conditions contributed. | a. ding b. d. d. d. d. d. d. d. d. d. | complications - without showing Multi- | that directly the etiology | Due to (or as a cor | DO NOT CEVIATE, A De-Managueros of Ceviate Cev | enter terminal add additional I | 36. Autop | 52 C.C. 897 37. V | Interval between Onset Interval |
| arrest, respirator IMMEDIATE CAUSE condition resulting in Sequentially list condition to the cause listed or UNDERLYING CAUS that initiated the ever death)LAST 35. Other significant | y arrest, or ventrice (Final disease or death) ditions, if any, lead in line a. Enter the SE (disease or injunts resulting in conditions contributed the second that the se | a. a. d. d. uting to death by be 4-63 by 15 femele Not pregn | complications - without showing Multi- | in the under | Due to (or as a cor Iying cause given | DO NOT CREVIATE, A De Mo nacquence of pregnant w | inter terminal add additional I | 36. Autop | 2 CC | Interval between Onse Interval Between |
| arrest, respirator IMMEDIATE CAUSE condition resulting in Sequentially list cond to the cause listed or UNDERL YING CAUS that Initiated the ever death)LAST 35. Other significant: 38. Manual Accident Suicide | y arrest, or ventrice ((Final disease or death) ditions, if any, lead in line a. Enter the SE (disease or injunts resulting in conditions contributed by the conditions conditions contributed by the conditions contr | a. d. d. d. d. d. d. d. so. if femcic Not pregnant | complications - without showing Multi- Hall to out the control of | in the under | Due to (or as a cord or as a co | DO NOT CREVIATE, A CREVIATE, A CREVIATE, A CREVIATE, A CREVIATE A | ithin 42 days to 1 years on past year | 36. Autop: | 52 C.C. Sy? 37. V | Interval between Onset Interval Between In |
| arrest, respirator IMMEDIATE CAUSE condition resulting in Sequentially list condition to the cause listed or UNDERLYING CAUS that initiated the ever death)LAST 35. Other significant 38. Michier of Death [Matural | y arrest, or ventrice ((Final disease or death) ditions, if any, lead in line a. Enter the SE (disease or injunts resulting in conditions contributed by the conditions conditions contributed by the conditions contr | a. a. d. d. uting to death by be 4-63 by 15 femele Not pregn | complications - without showing Multi- Hall to out the control of | in the under | Due to (or as a cord) Not pregnant, but Not pregnant, but | DO NOT CREVIATE, A CREVIATE, A CREVIATE, A CREVIATE, A CREVIATE A | ithin 42 days to 1 years on past year | 36. Autop: | 2 C C Sy7 37. V NO C NO | Interval between Onset Interval Between Interval Bet |
| arrest, respirator IMMEDIATE CAUSE condition resulting in Sequentially list cond to the cause listed or UNDERLYING CAUS that Initiated the ever death)LAST 35. Other significant 38. Michier of Death Matural Accident Suicide Suicide Suicide 41. Date of Injury (Mail | y arrest, or ventrice ((Final disease or death) ditions, if any, lead to line a. Enter the SE (disease or injunts resulting in conditions contributed by the conditions conditions contributed by the conditions contr | a. d. d. d. a. d. d. d. d. d. | complications - without showing Mult's Hour of the suffing ut not resulting ut not resulting the sufficient within past at time of dealt (24hrs) [43] | in the underly | Due to (or as a cord or as a co | DO NOT CREVIATE, A CREVIATE, A CREVIATE, A CREVIATE, A CREVIATE A | inter terminal add additional I | 36. Autop: | 2 C C Sy7 37. V NO C NO | Interval between Onset Interval Between Inter |
| arrest, respirator IMMEDIATE CAUSE condition resulting in Sequentially list cond to the cause listed or UNDERLYING CAUS that Initiated the ever death)LAST 35. Other significant 38. Michier of Death Matural Accident Suicide Suicide Suicide 41. Date of Injury (Mail | y arrest, or ventrice ((Final disease or death) ditions, if any, lead to line a. Enter the SE (disease or injunts resulting in conditions contributed by the conditions conditions contributed by the conditions contr | a. d. d. d. a. d. d. d. d. d. | complications - without showing Mult's Hour of the suffing ut not resulting ut not resulting the sufficient within past at time of dealt (24hrs) [43] | in the under | Due to (or as a cord or as a co | DO NOT CREVIATE, A CREVIATE, A CREVIATE, A CREVIATE, A CREVIATE A | ithin 42 days to 1 ye e past year function site, rest | 36. Autoptical Section of the Sectio | Sy? 37. V Api No. Zio Code+ 4 Ion injury, 3 | Interval between Onse Content of the Content of Content |
| arrest, respirator IMMEDIATE CAUSE condition resulting in Sequentially list cond to the cause listed or UNDERLYING CAUS that initiated the ever death ILAST 35. Other significant. 36. Manual | y arrest, or ventrice ((Final disease or death) ditions, if any, lead to line a. Enter the SE (disease or injunts resulting in conditions contributed by the conditions conditions contributed by the conditions contr | a. d. d. d. a. d. d. d. d. d. | complications - without showing Mult's Hour of the suffing ut not resulting ut not resulting the sufficient within past at time of dealt (24hrs) [43] | in the underly | Due to (or as a cord or as a co | DO NOT CREVIATE, A CREVIATE, A CREVIATE, A CREVIATE, A CREVIATE A | ithin 42 days Is 3 days to 1 years truction site, rest | 36. Autop: [] Yes] Defore death ar before death ar before death ar wooded. | Sy? 37. V Api No. Zio Code+ 4 Ion injury, salor P | Interval between Onse Probation of Complete Cause of Death? Joint tobacco use control death? |
| arrest, respirator IMMEDIATE CAUSE condition resulting in Sequentially list condition to the cause listed or UNDERL YING CAUS that initiated the ever death)LAST 35. Other significant 38. Machiner of Death D'Mattural Accident Suicide 41. Date of Injury (Machiner) 45. Location of Injury City or Town: 48. Certifying Physi | y arrest, or ventrice ((Final disease or death) ditions, if any, lead to line a. Enter the SE (disease or injunts resulting in conditions contributed by the conditions conditions contributed by the conditions contr | a. ing b. d. d. viny c. d. b. lifemole Not pregn Pregnant Hour of Injury | complications - without showing Mult's Hour of the control of the | in the underly year | Due to (or as a cor Due to (or as a cor Lying cause given Not pregnant, but Unknown if pregnant, but Unknown if pregnant, but Unknown if pregnant, but | DO NOT CREVIATE, A De Mo nacquence of nacquence of nacquence of nacquence of above it pregnant w pregnant 4 and within it above, consider it is borne, | ithin 42 days is 3 days to 1 year control in the past year truction site, resident. | 36. Autop: 2 Yes 3 2 Yes 4 2 Yes 3 2 Yes 3 2 Yes 4 2 Yes 3 2 Yes 4 2 Yes 5 2 Yes 5 2 Yes 6 2 Yes 7 2 Yes 7 2 Yes 6 2 Yes 6 2 Yes 7 2 Yes 8 2 Yes 8 2 Yes 8 2 Yes 9 | by? 37. V No Api No. Zip Code: 4 Ion injury, s altor P | Interval between Onset Interval Interv |
| arrest, respirator IMMEDIATE CAUSE condition resulting in Sequentially list cond to the cause listed or UNDERLYING CAUS that initiated the ever death)LAST 35. Other significant 35. Other significant Accident Accident Suicide 41. Date of Injury (Mail 45. Location of Injury City or Town: 48. Certify on Physical Cause Assume the cause of the cause of the cause Assume the cause of the cause of the cause Assume the cause of the cau | y arrest, or ventrice ((Final disease or death) ditions, if any, lead in tine a. Enter the SE (disease or injunts resulting in conditions contributed by the conditions conditions contributed by the conditions contr | a. a. ing b. d. d. viny c. d. vino to death bit of familia to death bit | complications - without showing Mult's Hour of the suffing ut not resulting ut not resulting the sufficient within past at time of dealth (24 hrs) (3 hrs) (3 hrs) (4 hrs) (4 hrs) (5 hrs) (5 hrs) (5 hrs) (6 hrs) (7 | in the underly great of injury injury in the underly great of injury | Due to (or as a cord) Pue to (or as a cord) Due to (or as a cord) | DO NOT a REVIATE, A Democracy of the sequence | ithin 42 days is 3 days to 1 year control in the past year truction site, resident. | 36. Autop: 2 Yes 3 2 Yes 4 2 Yes 3 2 Yes 3 2 Yes 4 2 Yes 3 2 Yes 4 2 Yes 5 2 Yes 5 2 Yes 6 2 Yes 7 2 Yes 7 2 Yes 6 2 Yes 6 2 Yes 7 2 Yes 8 2 Yes 8 2 Yes 8 2 Yes 9 | by? 37. V No Api No. Zip Code: 4 Ion injury, s altor P | Interval between Onset Interval Interval Work? Order Order Order |
| arrest, respirator IMMEDIATE CAUSE condition resulting in Sequentially list condition to the cause listed or UNDERLYING CAUS that initiated the ever death)LAST 35. Other significant 35. Nicholar of Death Accident Suicide 41. Date of Injury (MM 45. Location of Injury City or Town: 46. Describe how inju 49. Name and Addres Cyril Door | y arrest, or ventrice (Final disease or death) ditions, if any, lead in line a. Enter the SE (disease or injunts resulting in conditions contributed by the conditions contributed by th | a. a. a. ing b. d. utino to death bi so, if famale Pregnant Hour of Injury c. All States ONE STATES ON | complications - without showing Mult's Hour o ut not resulting and within past at time of death (24hrs). (3) | in the underly year D. Place of Injunty: | Due to (or as a cord) Pue to (or as a cord) Due to (or as a cord) | DO NOT a REVIATE, A Democracy of the sequence | ithin 42 days is 3 days to 1 year control in the past year truction site, resident. | 36. Autop: 2 Yes 3 2 Yes 4 2 Yes 3 2 Yes 3 2 Yes 4 2 Yes 3 2 Yes 4 2 Yes 5 2 Yes 5 2 Yes 6 2 Yes 7 2 Yes 7 2 Yes 6 2 Yes 6 2 Yes 7 2 Yes 8 2 Yes 8 2 Yes 8 2 Yes 9 | sy? 37. V No Api No. Zip Code: 4 Ion injury, s slor P | Interval between Onset Interval Interv |
| arrest, respirator IMMEDIATE CAUSE condition resulting in Sequentially list condition to the cause listed or UNDERLYING CAUS that initiated the ever death)LAST 35. Other significant 35. Nicholar of Death Accident Suicide 41. Date of Injury (MM 45. Location of Injury City or Town: 46. Describe how inju 49. Name and Addres Cyril Door | y arrest, or ventrice (Final disease or death) ditions, if any, lead in line a. Enter the SE (disease or injunts resulting in conditions contributed by the conditions contributed by th | a. a. ing b. ing b. ing c. d. uting to death by so if famele Not pregnant Pregnant 2. Hour of Injury sysician, Medica O NE 87 t ian if other than | complications - without showing Mult's Hour or within past at time of dealt (24hrs) 43 Contain the containing time of dealt (24hrs) 43 Contain the containing time of dealt (24hrs) 43 | in the underly part of the etiology in the underly part of the und | Due to (or as a correction) | DO NOT a REVIATE, A Democracy of the sequence | ithin 42 days is 3 days to 1 years truction site, resi | 36. Autoptic Yes 3 If transports Driver/Opers Passenger Cn tha basis of date, and place | Api No. Zio Code+ 4 Ion Injury, salor P C examination, e. and due to: 50. Hour o S2. Date C | Interval between Onse Constitution of Death (24hrs) O915 ertified junconnny (22 - 2) erred to medical extending the constitution of Death (24hrs) O915 ertified junconnny (22 - 2) erred to medical extending the constitution of Death (24hrs) O915 ertified junconnny (22 - 2) erred to medical extending the constitution of Death (24hrs) O915 ertified junconnny (22 - 22 - 22 - 22 - 22 - 22 - 22 - 22 |
| arrest, respirator IMMEDIATE CAUSE condition resulting in Sequentially list cond to the cause listed or UNDERLYING CAUS that Initiated the ever death)LAST 35. Other significant 36. Other significant 36. Other significant 37. Other significant 37. Other significant 38. Other significant 37. Other significant 38. Other significant 39. Other significa | y arrest, or ventrice ((Final disease or death) ditions, if any, lead thine a. Enter the SE (disease or injunts resulting in conditions contributed the con | ing b. ing b. ing b. ing c. d. ing b. ing b. ing c. d. ing b. ing b. ing b. ing b. ing c. d. ing b. ing c. d. ing b. ing c. ing c. | complications - without showing Mult's Hour or within past at time of dealt (24hrs) 43 Contain the containing August 1 (24hrs) 43 Contain the containing August 1 (24hrs) 43 Contain the containing August 1 (24hrs) 43 | in the underly per large data coroner (Typ Vancour or Print) | Due to (or as a correction) Due to (or as a | DO NOT of REVIATE, A CONTROL OF STATE O | ithin 42 days to 1 ye se past year truction site, resi | 36. Autop: 2 Yes 3 36. Autop: 2 Yes 3 36. Autop: 2 Yes 3 36. Autop: 36. | Api No. Zio Code* 4 lion injury, salor P Code* 50. Hour of 52. Date C | Interval between Onset Interval Interval Work? Order Order Order |

DOH 01-003 (1/13)

ERTIFIED CORIEST UST HAVE THE OFFICIAL SEAL

AFN #2014000176 Page: 10 of 11

| | Z DE PARTIV | ストンできたアン | | |
|--|--|--|--|--|
| Nûmber 307 | Washington State | Certificate of Death 2. Death D | State Flie Number | The second secon |
| Legal Name (Include AKA's If any) First | Middle | | | |
| Jon | Michael Mansf | 777 | 30. 2012 | County of Death |
| Sex (M/F) 4a. Age - Last Birthdey | 4b. Under 1 Year 4c. Vi | hider 1 Day 5, Social Security No | mber | Clark |
| | Months Days Hours Co (City, Town, or County) Bb (State | or Foreign Country) 9. Decedent's | | |
| | na Ora | | chool Gradi | 12. Was Decedent ever in U.S. |
| . Was Decedent of Hispanic Origin? (Yes | or No) If yes, specify. | "Decedent's Rece(s) | rijak Pilonomia | Armed Forces? No |
| NO a. Residence: Number and Street (e.g., 6 | | White. | 13b. City or | Town Bonneville |
| | | Facility Country | 13f. Zip Code + | 4 13g. Inside City Limits? |
| c. Residence: County 13d. | Tribal Reservation Name (If applicab | Washington | 00620 | 15 Yes □ No □ Unit |
| Skamania Estimated length of time at residence. | h5. Marital Status at Time of Death | Washington 16. Surviving Spouse's or Domestic Pa | rtner's Name (Give n | ame prior to first mernage) |
| 15 voars | Divorced | | | |
| 7. Usual Occupation (Indicate type of work de | one during most of working IKe. (DO NOT | USE RETWIED, 18. Kind of Business/Industry (| * | |
| Carpenter 9. Father's Name (First, Middle, Last, Suffix) | | 20 Mothar's Name Before Fire | st Marriage (First, Mic | die, Last) |
| John Woodrow Heselius | | Marcia Grueli 23. Mailing Address: Number and Street of RFD | | State Zip |
| i. Informant's Name Richard Harmon | Brother in Law | | | , NV 89134 |
| KICDATO NATION 4. Place of Death, if Death Occurred in a Hospit | | Place of Death, if Death Occurred | Somewhere Other than | |
| In-Patient | , sei | 26a. City, Town, or L | ocation of Death | 26b. State 27, Zip Code |
| 5. Facility Name (if not a facility, give number PeaceHealth Southwest | MOUICAL CENTER | Vancouver | *1 | WA 98664 hy/Town, and State |
| 8. Method of Disposition | 29. Place of Final Disposition (Nat | me of cemetery, crematory, other place) | Port1s | nd OR |
| Cremation | PFS Crematory | | | 32. Date of Disposition |
| 1. Name and Complete Address of Fune | Vial Svc. POB 617 | 47, Vancouver, wA 9866 | 6 | 02/06/2012 |
| 3. Funeral Director Signature | | | A. T. A | 7 100 |
| entricular fibrillation without snowing the | | Death (See Instructions and examples) sectly caused the death. DO NOT enter ten Add additional lines if necessary. | minal events such as | |
| ventricular fibrillation without showing une MMEDIATE CAUSE (Final disease or condition resulting in death) → | Injuries, or complications - that directiongy. DO NOT ABBREVIATE: | actly caused the death. DO NOT enter ten Add additional lines if necessary. | minal events such a | Interval between Onset & Desti |
| mentricular fibrillation without showing the MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the | injuries, or complications - that directiongy. DO NOT ABBREVIATE: Septic Less to complications - that directions - tha | Add additional lines if necessary, Should be to (or as a consequence of): Due to (or as a consequence of): | minal events such a | |
| rentricular fibrillation without showing the MMEDIATE CAUSE (Final disease or condition resulting in death) ⇒ Sequentially list conditions, if any, leading to the cause listed on line a. Enter the ENDERLYING CAUSE (disease or injury) | injuries, or complications - that directiongy. DO NOT ABBREVIATE: S. Septic. b. | Due to (or as a consequence of); | minal events such a | Interval between Onset & Desti |
| rentricular fibrillation without showing the MMEDIATE CAUSE (Final disease or condition resulting in death) ⇒ 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 | injuries, or complications - that directiongy. DO NOT ABBREVIATE: Septic Less to complications - that directions - tha | Add additional lines if necessary, Should be to (or as a consequence of): Due to (or as a consequence of): | minal events such a | Interval between Onset & Deeth Interval between Onset & Deeth Interval between Onset & Deeth |
| mentricular fibrillation without showing the MMEDIATE CAUSE (Final disease or condition resulting in death) ⇒ 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 | injuries, or complications - that directiongy. DO NOT ABBREVIATE: S. Septic. b. Very rature. C. Alub re | Due to (or as a consequence of): | 36. Autopsy? | Interval between Onset & Deeth |
| mentricular fibrillation without showing the MMEDIATE CAUSE (Final disease or condition resulting in death) ⇒ 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 | injuries, or complications - that directiongy. DO NOT ABBREVIATE: a. Septic b. Vers y cation c. Alub: d. so to death but not resulting in the | Due to (or as a consequence of): Out to (or as a consequence of): | 36. Autopsy? | Interval between Onset & Death |
| mentricular fibrillation without showing the MMEDIATE CAUSE (Final disease or condition resulting in death) ⇒ 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 35. Other significant conditions contributions. | injuries, or complications - that directiongy. DO NOT ABBREVIATE. a. Septic b. Vers protection d. Auch to death but not resulting in the complete that t | Due to (or as a consequence of): Underlying cause given above | 36. Autopsy? ☐ Yes ☑ No | Interval between Onset & Death |
| MMEDIATE CAUSE (Final disease or condition resulting in death) 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 35. Other significant conditions contributions. Naturel | injuries, or complications — that directionary. DO NOT ABBREVIATE. a. Septic b. Vers produce d. d. death but not resulting in the complete of the complete | Due to (or as a consequence of): Underlying cause given above | 36. Autopsy? Yes No days before desth | Interval between Onset & Deeth Interval between Onset & Deeth |
| mentricular fibriliation without showing the MMEDIATE CAUSE (Final disease or condition resulting in death) → 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 35. Other significant conditions contributions. 38. Manner of Death Natural | injuries, or complications — that directionary. DO NOT ABBREVIATE. a. Septic b. Vers produce d. d. death but not resulting in the complete of the complete | Due to (or as a consequence of): Underlying cause given above | 36. Autopsy? Yes No days before desth | Interval between Onset & Deeth Interval between Onset & Deeth |
| MMEDIATE CAUSE (Final disease or condition resulting in death) 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 35. Other significant conditions contributions are injuryed to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injuryed) and the initiated the events resulting in death)LAST 35. Other significant conditions contributions are injuryed to the injuryed t | injuries, or complications — that directiology. DO NOT ABBREVIATE. a. | Due to (or as a consequence of): Underlying cause given above | 36. Autopsy? Yes No days before desth | Interval between Onset & Deeth Interval between Onset & Deeth |
| MMEDIATE CAUSE (Final disease or condition resulting in death) 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 35. Other significant conditions contributions are contributed in the conditions conditions contributed in the conditions conditions contributed in the condi | injuries, or complications — that directiology. DO NOT ABBREVIATE. a. | Due to (or as a consequence of): Underlying cause given above | 36. Autopsy? Yes No days before death to 1 year before deary ser | Interval between Onset & Death |
| MMEDIATE CAUSE (Final disease or condition resulting in death) 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 35. Other significant conditions contributions are injuryed to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)LAST 35. Other significant conditions contributions are injuried. □ Homicide □ Homicide □ Pending 41. Date of Injury (MMDDYYYY) 42. 45. Location of Injury: Number & Street: | injuries, or complications — that directiology. DO NOT ABBREVIATE. a. | Due to (or as a consequence of): Underlying cause given above Not pregnant, but pregnant within 42 Not pregnant, but pregnant 43 days to Unknown if pregnant within the pear | 36. Autopsy? Yes No days before death to 1 year before deaty site, restaurant, wooded | Interval between Onset & Death |
| MMEDIATE CAUSE (Final disease or condition resulting in death) 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 35. Other significant conditions contributions Natural Homicide Accident Undetermined Suicide Pending 41. Date of Injury (MANDONNY) 42. | injuries, or complications — that directiology. DO NOT ABBREVIATE. a. | Due to (or as a consequence of): Underlying cause given above Not pregnant, but pregnant within 42. Not pregnant, but pregnant 43 days (iii) Unknown if pregnant within the past of injury (e.g., Décedent's home, construction, a state. | 36. Autopsy? Yes No days before desth to year before desty site, restaurant, wooded 47. If transporta Driver/Open Passenger | Interval between Onset & Death Interval between Onset & Death |
| MMEDIATE CAUSE (Final disease or condition resulting in death) 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 35. Other significant conditions contribution of Death Natural Homicide Accident Undetermined Macident Undetermined Accident Pending 41. Date of Injury (MANDONTY) 42. 45. Location of Injury: Number & Street: City or Town: 46. Describe how injury occurred | injuries, or complications — that directiology. DO NOT ABBREVIATE: a. Septic b. Very ratio d. The complete of the complete | Due to (or as a consequence of): Underlying cause given above Not pregnant, but pregnant within 42 Unknown if pregnant within the past of Injury (e.g., Decedent's home, construction, a State) | 36. Autopsy? Yes No days before death to 1 year before deat year lite, restaurant, wooded 47. If transporta Driver/Open Passenger | Interval between Onset & Deeth Interval between Onset & Deeth |
| MMEDIATE CAUSE (Final disease or condition resulting in death) 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 35. Other significant conditions contributions Assume that the light indicate the conditions contribution in the condition in the condi | injuries, or complications—that directiology. DO NOT ABBREVIATE. a. Septic b. Very cutus c. Auch d. to to death but not resulting in the log to death but not resulting in the log to death but not pregnant within past year Pregnant at time of death Hour of injury (24hrs) 43. Place | Due to (or as a consequence of): Underlying cause given above Not pregnant, but pregnant within 42 days to Unknown if pregnant within (he part): of Injury (e.g., Décedent's home, construction, a string death occurres a | 36. Autopsy? Yes No days before death to 1 year before deat year lite, restaurant, wooded 47. If transporta Driver/Open Passenger | Interval between Onset & Desit |
| MMEDIATE CAUSE (Final disease or condition resulting in death) 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 35. Other significant conditions contributions are understood to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)LAST 35. Other significant conditions contributions are understood to the conditions contribution of the light of the conditions contribution of light of the conditions contribution of light of the conditions contribution of light of the conditions are conditions. | injuries, or complications—that directiology. DO NOT ABBREVIATE. a. | Due to (or as a consequence of): Underlying cause given above Not pregnant, but pregnant within 42 Not pregnant, but pregnant 43 days to unknown if pregnant within the past of injury (e.g., Decedent's home, construction, service of injury (e.g., Decedent's home, construction) | 36. Autopsy? Yes No days before death to 1 year before deat year lite, restaurant, wooded 47. If transporta Driver/Open Passenger | Interval between Onset & Desir |
| MMEDIATE CAUSE (Final disease or condition resulting in death) 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 35. Other significant conditions contributions are understood to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)LAST 35. Other significant conditions contributions are understood to the conditions contribution of the condition of the conditions contribution of the conditions contribution of the condition of the conditio | injuries, or complications — that directiology. DO NOT ABBREVIATE. a. | Due to (or as a consequence of): Underlying cause given above Not pregnant, but pregnant within 42 days to long the pear of injury (s.g., Décedent's home, constructions State: | 36. Autopsy? Yes No days before death to 1 year before deat year lite, restaurant, wooded 47. If transporta Driver/Open Passenger | Interval between Onset & Desit |
| MMEDIATE CAUSE (Final disease or condition resulting in death) 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 35. Other significant conditions contributions are understood to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)LAST 35. Other significant conditions contributions are understood to the conditions contribution of the light of the conditions contribution of light of the conditions contribution of light of the conditions contribution of light of the conditions are conditions. | injuries, or complications—that directiology. DO NOT ABBREVIATE. a. Captic b. Captic c. Auch d. India to death but not resulting in the log to death but not resulting in the log to death but not resulting in the log to death. Hour of Injury (24hrs) 43. Place County: Sicien, Medical Examiner or Coron and a log tipe of President of the log to the | Due to (or as a consequence of): Underlying cause given above Not pregnant, but pregnant within 42 Not pregnant, but pregnant within 42 Unknown if pregnant within the past of injury (s.g., Decedent's home, construction, see of injury (s.g., Decedent's home, see of injury (s.g., Decedent's home, construction, see of inj | 36. Autopsy? Yes No days before desth of year before desty our site, restaurant, wooded 7. If transporta Driver/Open Passenger oronier Days and Days ANALLAN | Interval between Onset & Desir |
| MMEDIATE CAUSE (Final disease or condition resulting in death) 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 35. Other significant conditions contributions are understood to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)LAST 35. Other significant conditions contributions are understood to the conditions contribution of the condition of the conditions contribution of the conditions contribution of the condition of the conditio | injuries, or complications — that directiology. DO NOT ABBREVIATE. a. | Due to (or as a consequence of): Underlying cause given above Not pregnant, but pregnant within 42 days to long the pear of injury (s.g., Décedent's home, constructions State: | 36. Autopsy? Yes No days before death of year before dear year 47. If transports Driver/Open Passenger roner Drawn Arthur | Interval between Onset & Deeth Interval between Onset & Deeth |
| MMEDIATE CAUSE (Final disease or condition resulting in death) 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 35. Other significant conditions contribution of Death Natural Homicide Natural | injuries, or complications—that directiology. DO NOT ABBREVIATE. a. Line to death but not resulting in the log to death. By. If female Not pregnant within past year Pregnant at time of death Hour of injury (24hrs) County: Sicien, Medical Examiner or Coron with then Certifier (Type 4 Pressure of the log to the | Due to (or as a consequence of): Underlying cause given above Not pregnant, but pregnant within 42 Not pregnant, but pregnant within 42 Unknown if pregnant within the past of injury (s.g., Decedent's home, construction, see of injury (s.g., Decedent's home, see of injury (s.g., Decedent's home, construction, see of inj | 36. Autopsy? Yes No days before desth of year before desty our site, restaurant, wooded 7. If transporta Driver/Open Passenger oronier Days and Days ANALLAN | Interval between Onset & Deeth Interval between Onset & Deeth |
| MMEDIATE CAUSE (Final disease or condition resulting in death) 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 35. Other significant conditions contributed the events resulting in death)LAST 36. Other significant conditions contributed the events resulting in death)LAST 37. Other significant conditions contributed the events resulting in death)LAST 38. Manner of Death Natural | injuries, or complications—that directiology. DO NOT ABBREVIATE. a. Line to death but not resulting in the log to death. By. If female Not pregnant within past year Pregnant at time of death Hour of injury (24hrs) County: Sicien, Medical Examiner or Coron with then Certifier (Type 4 Pressure of the log to the | Due to (or as a consequence of): Underlying cause given above Not pregnant, but pregnant within 42 Not pregnant, but pregnant within 42 Unknown if pregnant within the past of injury (s.g., Decedent's home, construction, see of injury (s.g., Decedent's home, see of injury (s.g., Decedent's home, construction, see of inj | 36. Autopsy? Yes No days before death of year before death of year and personal per | Interval between Onset & Deeth Interval between Onset & Deeth |

AFN #2014000176 Page: 11 of 11

| | | NO E | MITCO NO | ÇNI Ç | NGTON | | | |
|--|--|--|------------------------------|--|--|--|--|----------------|
| | | 2 2 2 | W X 32 men | ENT OF | | | | Ang |
| File Number 1. Legal Name (induc | de AKA's if any) First | Washingt Middle | on State Cer | tificate of Deat | h: 2. Déath | State File Number | | |
| 3. Sex (M/F) | Marcia 4a. Age - Last Birthday | | MANSFIELD 4c. Under | 1 Day 5. | Oct Social Security N | . 15, 2009 | County of Death | • |
| Female 7. Birthdate | 89 | Months Days ce (City, Town, or County | Hours | Minutes | 9. Decedent's | | Clark | |
| Sept. 15, 1 | 1920 Pend of Hispanic Origin? (Yes | lleton | Oreg | | | ciate Degre | 2 12. Was Decedent ever i | n U.S. |
| 13a. Residence: Nu | No mber and Street (e.g., 62 | | . No.) | Whi | te | 13b. City or To | own | o |
| 13c. Residence: Co | unty 13d. T | Columbia Fribal Reservation Nan | ne (il applicable) | | | 13f. Zip Code + 4 | | |
| Skaman 14. Estimated length 34 Year | h of time at residence. | 15. Marital Status at Ti Widowed | | Washingt B. Surviving Spouse | | 98639 ne prior to first marriage) | X Yes □ No | Uni |
| 17. Usual Occupatio | on (Indicate type of work don Business Owne | ne during most of working | | ETIRED). 18. Kind of B | | (Do not use Company Na | | |
| 19. Father's Name (| First, Middle, Last, Suffix) Greulich | | | 20. Mother's LaVe | Name Before Fin | st Marriage (First, Middle Lashmutt | * | |
| 21. Informant's Nam Majel Har | 16 | 22. Relationship to Daughter | | Mailing Address: Nu 2458 Paseo | mber and Street or RFD | No. City or Town | State Zip g.s., CA 92264 | |
| 24. Place of Death, if D | eath Occurred in a Hospital: | : | | Place of Death | | Somewhere Other than a | | |
| 25. Facility Name (if Ray Hickey | not a facility, give number & Hospice Hou | street or location) se: 2112 E. | Mill Pla | in Blvd. V | City, Town, or Lo Vancouver | | b. State 27. Zip Code WA 98661 | |
| 28. Method of Dispo Cremati | on | 29. Place of Final Disp Portland Me | morial Cr | ematory | | 30. Location-City/ Portla | nd, Oregon | |
| | plete Address of Funeral Portland Memor | Facility rial Funeral | Home 6705 | SE/4th Ay | e. Portla | 9/202 32 nd, OR | Date of Disposition October 19, 2009 | |
| 33. Funeral Directo | riSignature X | Mes | in S | Med. | | 4.0 | | |
| to the cause listed or | ditions, if any, leading building a. Enter the SE (disease or injury | End. Dew | rentte | Due to (or as a consequence to (or a))). | ence of): | mer Can | Interval between Onset & Interval | Death |
| 35. Other significant | d conditions contributing to | | ng in the underlyi | ng cause given abov | /9 | 36. Autopsy? 37. | | |
| ۸ | | | | | | | Were autopsy findings available | Death |
| whe | Menszer | \sim | | | 4 | | nplete the Cause of Death? Yes No | Death le to |
| Accident | Homicide Undetermined Pending | If female Not pregnant within pa Pregnant at time of de- ur of Injury (24hrs) | eth No | ot pregnant, but preg ot pregnant, but preg uknown if pregnant w y (ep., Decedent's hom | nant 43 days to within the past year | Yes 🔯 No | plete the Cause of Death? Yes No 40. Did tobacco use contributo death? Yes Probably No StUnknown 44. Injury at Work? | Death le to |
| Accident Suicide 1. Date of Injuly (MM | Homicide Undetermined Pending (42. Hou | Not pregnant within pa Pregnant at time of de | eth No | ot pregnant, but preg nknown if pregnant w | nant 43 days to within the past year | Yes 23 No | Applete the Cause of Death? Yes No 40. Did tobacco use contributo death? Yes Probably No StUnknown 44. Injury at Work? Yes No Uni | Death le to |
| Accident Accident Accident Suicide 1. Date of Injuly may | Homicide Undetermined Pending Underry) 42. Hou | Not pregnant within pa Pregnant at time of de ur of Injury (24hrs) | eth No | ot pregnant, but preg nknown if pregnant w | nant 43 days to within the past year | Yes No con Tyes No con Tyes before death Trestaurant, wooded area) Apt II Zip 0 47. If transportation in Driver/Operator | Yes | Death le to |
| Salatural Accident Suicide 1. Date of Injuly (My) 5. Location of Injuly (My) (My) (My) (My) (My) (My) (My) (My | Number S reet: | of pregnant within pa Pregnant at time of de ur of Injury (44hrs) | 43. Place of Injury County: | ot pregnant, but preg known if pregnant w y (eq., Decedent's home y (eq., Decedent's home (eq., Decedent's home (eq., Decedent's home (eq., Decedent's home) | nent 43 days to vithin the past yet e, construction site. State: | Yes No | Yes | Death de to |
| Accident Suicide Suici | Number & Sreet: Number | of pregnant within pa Pregnant at time of de- ur of Injury (44hrs) | County: | ot pregnant, but preg known if pregnant w y (eq., Decedent's home y (eq., Decedent's home (eq., Decedent's home (eq., Decedent's home (eq., Decedent's home) | nant 43 days to vithin the past yea e, construction site. State: | Yes No | 40. Did tobacco use contributo death? Yes No No No No Yes Probably No Market No Yes No Unknown 44. Injury at Work? Yes No University Yes No University Pedestrian Other (Specify) Other (Specify) No No No No No No No N | Death de to |
| Statural Accident Suicide It. Date of Injuly (MM) It. | Number & Sreet: | of pregnant within pa Pregnant at time of de- ur of Injury (4hrs) | County: | ot pregnant, but pregnant wy (eg., Decedent's home with the pregnant | State: Examiner/Coronato occurred at the consumer of the coronators at the consumer of the coronators are consumer at the coronators are consumer at the coronators are coronators and the coronators are coronators and the coronators are coronators and the coronators are coronators are coronators and coronators are coronators. | Yes No | 40. Did tobacco use contributo death? Yes No No No No Yes Probably No Work? Yes No Unliknown No Work? Yes No Unliknown No No Unliknown No Unliknown No Unliknown No Unliknown No Unliknown No Unliknown No No Unliknown No Unli | Death de to |
| Alatural Accident Suicide 1. Date of Injuly (MA) 5. Location of Injuly (MA) 6. Describe how injuly 8a. Certifying Phys 9. Name and Addres Jon E. Caset 1. Name and Title of 3. Title of Certifier | Number Street: Number Street: | of pregnant within pa Pregnant at time of de- ur of Injury (44hrs) | County: | ot pregnant, but pregnant wy (eg., Decedent's home with the pregnant | State: Examiner/Coronate or carried at the construction of the late of the la | Yes No least to least | 40. Did tobacco use contributo death? Yes No No No No No No No N | Death de to |
| SALETURAL Accident Suicide 1. Date of Injuly (MA) 5. Location of Injuly (MA) 6. Describe how injuly 8a. Certifying Phys 9. Name and Addres Jon E. Casel 1. Name and Title of | Number Street: Number Street: | of pregnant within pa Pregnant at time of de- ur of Injury (4hrs) | County: | ot pregnant, but pregnant wy (eg., Decedent's home with the pregnant | State: Examiner/Coronate or carried at the construction of the late of the la | Yes No | 40. Did tobacco use contributo death? Yes No No No No Yes Probably No Work? Yes No Unliknown No Work? Yes No Unliknown No No Unliknown No Unliknown | Death de to |