



County of Skamania, State of Washington

That portion of the North half of the Northeast quarter of Section 19, Township 1 North, Range 5 East of the Willamette Meridian situated in Skamania County, State of Washington, described as follows:

BEGINNING at a point on the North line of said Section 19, 1671.78 feet West of the Northeast corner of said Section 19; thence South 27 feet; thence South 01°44' East 50.66 feet; thence South 43°24' West 41.39 feet; thence South 21°20' West 124.85 feet; thence South 39°25'30" East 25 feet, more or less, to a point on a line parallel to and 238.17 feet South of the North line of said Section 19; thence East along said line parallel to the North line of Section 19, 515 feet; thence North, parallel to the East line of said Section 19, 238.7 feet, more or less, to the North line of Section 19; thence West along the North line of said Section 19, 450 feet, more or less, to the point of beginning.

EXCEPT County Roads.

Skamania County Assessor  
Date 5-2-16 Parcel# 1-5-19-00-301  
*ym*

- 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 Lee D. Miller and Joyce M. Miller, husband and wife, and all separate obligations of the said Joyce M. Miller have been paid in full, and all expenses of last illness and funeral expenses have been paid.
- 9. In addition to Lee D. Miller, the surviving spouse, the said Joyce M. Miller was survived by two (2) children, namely, Vikki Lee Barthlow and Lisa Ione Andreasen, both of whom have attained majority.

IN WITNESS WHEREOF, I have hereunto set my hand this 18<sup>th</sup> day of April, 2016.

*Lee D. Miller*

Lee D. Miller

SUBSCRIBED and SWORN to before me this 18<sup>th</sup> day of April, 2016.

DAVID H SCHULTZ  
NOTARY PUBLIC  
STATE OF WASHINGTON  
COMMISSION EXPIRES  
OCTOBER 10, 2019

*David H. Schultz*

NOTARY PUBLIC in and for the State of Washington, residing at Camas  
My commission expires: 10/10/19

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **1033** Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST Suffix <b>Joyce Marie Miller</b>				2. Death Date <b>04/30/2012</b>	
3. Sex (M/F) <b>Female</b>	4a. Age - Last Birthday <b>76</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	6. County of Death <b>Clark</b>
7. Birthdate <b>10/11/1935</b>	8a. Birthplace (City, Town, or County) <b>Wolf Point</b>	8b. (State or Foreign Country) <b>Montana</b>		9. Decedent's Education <b>High School Graduate</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify. <b>No</b>			11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U S Armed Forces? <b>No</b>
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>391 Marble Rd.</b>				13b. City or Town <b>Washougal</b>	
13c. Residence: County <b>Skamania</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>98671</b>
13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		14. Estimated length of time at residence. <b>31 Years</b>			
15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Lee Duain Miller</b>			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). <b>Homemaker</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Own Home</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Alfred McNett</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Inez Ridge</b>		
21. Informant's Name <b>Lee Miller</b>		22. Relationship to Decedent <b>Husband</b>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>391 Marble Rd. Washougal, WA 98671</b>		
24. Place of Death, if Death Occurred in a Hospital: <b>Inpatient</b>					
25. Facility Name (If not a facility, give number & street or location) <b>PeaceHealth SW Medical Center</b>			26a. City, Town, or Location of Death <b>Vancouver</b>	26b. State <b>WA</b>	27. Zip Code <b>98664</b>
28. Method of Disposition <b>Burial</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Washougal Memorial Cemetery</b>		30. Location-City/Town, and State <b>Washougal, Washington</b>	
31. Name and Complete Address of Funeral Facility <b>Straub's Funeral Home 325 NE 3rd Ave. Camas, WA 98607</b>				32. Date of Disposition <b>05/04/2012</b>	
33. Funeral Director Signature X <i>C. Miller</i>					

Part 1 completed by Funeral Director

Part 2 completed by Certifier

**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.

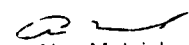
IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>Acute respiratory distress syndrome</b>	Interval between Onset & Death
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	Interval between Onset & Death
<b>Small bowel obstruction</b>	Interval between Onset & Death
	Interval between Onset & Death
	Interval between Onset & Death
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>Non-small cell lung cancer. Coronary artery disease</b>	

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
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"/> 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
40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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. X <i>Susan Hulse</i>	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
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>MILRESEN, Susan MD 400 Mother Joseph Place, Mill Plain, Vancouver, WA 98664</b>	50. Hour of Death (24hrs) <b>2109</b>
51. Name and Title of Attending Physician if other than Certifier (Type or Print)	52. Date Signed (MM/DD/YYYY) <b>05/01/2012</b>
53. Title of Certifier <b>MD</b>	54. License Number <b>00045975</b>
55. ME/Coroner File Number	56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
57. Registrar Signature X <i>[Signature]</i>	58. Date Received (MM/DD/YYYY) <b>MAY 02 2012</b>
59. Amendments	

Unofficial  
Copy

**CERTIFIED**

MAY 02 2012



Alan Melnick  
Health Officer  
Clark County Public Health

VV00223885