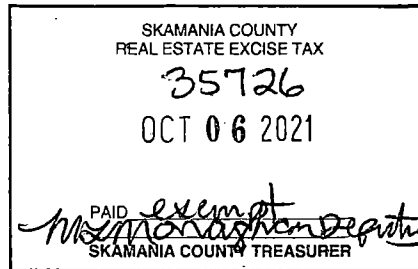


Request of: FERGUSON LAW FIRM PLLC

AFTER RECORDING RETURN TO:

RANDALL E. FERGUSON
FERGUSON LAW FIRM, PLLC
112 W. 11TH STREET, SUITE 100
VANCOUVER, WA 98660



AFFIDAVIT OF DEATH OF TRUSTEE – SUCCESSOR TRUSTEE

AND PERSONAL REPRESENTATIVE

STATE OF WASHINGTON)
COUNTY OF CLARK) ss.

TAMMI MORASCH, of legal age, being first duly sworn on oath, deposes and says:

1. DANIEL MORASCH and LEAH WILMARTH MORASCH, are the decedents mentioned in the attached certified copies of Certificate of Deaths and are the same persons as DANIEL MORASCH and LEAH MORASCH named as Trustors and Trustees in the DANIEL AND LEAH MORASCH FAMILY TRUST dated the 27th day of April 2001 ("Trust Agreement"). TAMMI MORASCH was appointed as Successor Trustee on August 2, 2019 by LEAH MORASCH in the Declination of Trustee, a copy of which is attached hereto and incorporated herein.
2. DANIEL MORASCH died on March 17, 2011, and LEAH MORASCH died on November 19, 2019. Upon the death of LEAH MORASCH, TAMMI MORASCH was duly appointed the Personal Representative of the Estate of LEAH MORASCH pursuant to the Letters Testamentary attached hereto and incorporated herein.
3. At the time of the decedent's death, DANIEL MORASCH and LEAH MORASCH were the record owners as Trustees of certain real property commonly known as, which property is described in a Deed which was executed by DANIEL MORASCH on February 15, 2002, and recorded with Skamania County Auditor on March 22, 2002, under, File No. 144141, Book 222, Page 219.
4. For conveyance purposes, and to clear any cloud upon the title, any transfer of the property shall be signed by TAMMI MORASCH, as the Successor Trustee and as the Personal Representative of the Estate
5. The legal description of said property is as follows:

AFFIDAVIT OF DEATH OF TRUSTEE

Real estate situated in the County of Skamania, State of Washington, including any interest therein which grantors may hereafter acquire:

All that portion of the Northwest Quarter (NW ¼) of Section 32, Township 2, North, Range 5 East of the Willamette Meridian, lying easterly of the easterly line of County Road No. 1108 designated as the Shields-Skye Road and northerly from the center line of County Road No. 1106 designated as the Washougal River Road; and all that portion of the Northeast Quarter (NE ¼) of Section 32, Township 2 North, Range 5 East of the Willamette Meridian lying westerly of the thread of the North Fork of the Washougal River.

Tax Parcel No. 02 05 32 2 0 0100-00 *2 02053220010006*

6. There is no federal estate tax as the result of the deaths of the decedent mentioned in Paragraph 1, above.

I declare under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct.

Skamania County Assessor

DATED this 6th day of July, 2021

Date 10-6-21 Parcel# 02053220010000
AM 02053220010006


TAMMI MORASCH, Successor Trustee


TAMMI MORASCH, Personal Representative

STATE OF WASHINGTON)

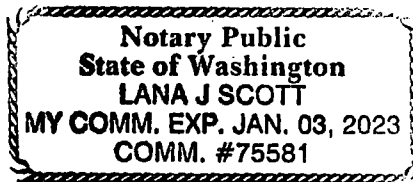
:SS

COUNTY OF CLARK)

On this 6th day of July, 2021, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared TAMMI MORASCH, Successor Trustee of the Daniel and Leah Morasch Family Trust, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

AFFIDAVIT OF DEATH OF TRUSTEE

WITNESS my hand and official seal hereto affixed the day and year first above written.

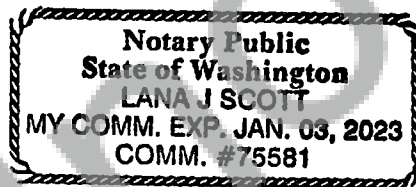


Lana J. Scott
Notary Public in and for the State of
Washington, residing at Vancouver
My Appointment Expires: 1/3/23

STATE OF WASHINGTON)
 :SS
COUNTY OF CLARK)

On this 6th day of July, 2021, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared TAMMI MORASCH, Personal Representative of the Estate of Leah Morasch, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

WITNESS my hand and official seal hereto affixed the day and year first above written.



Lana J. Scott
Notary Public in and for the State of
Washington, residing at Vancouver
My Appointment Expires: 1/3/23

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-051344

LOCAL FILE NUMBER: 6184

DATE ISSUED: 11/26/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): LEAH WILMARTH

LAST NAME(S): MORASCH

AKA: LEAH MARY WILMARTH

AKA: LEAH MARY MORASCH

AKA:

COUNTY OF DEATH: CLARK

DATE OF DEATH: NOVEMBER 18, 2019

HOUR OF DEATH: 09:54 PM

SEX: FEMALE

AGE: 79 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 9923 SE EVERGREEN HIGHWAY

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98664

RESIDENCE STREET: 9923 SE EVERGREEN HIGHWAY

CITY, STATE, ZIP: VANCOUVER, WA 98664

INSIDE CITY LIMITS: NO

COUNTY: CLARK

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 57 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: OCTOBER 25, 1940

BIRTHPLACE: HOQUIAM, WA

FATHER: RICHARD CROSS WILMARTH JR

MOTHER: MARY WHITE

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: PFS CREMATORY

OCCUPATION: SOCIAL WORKER

INDUSTRY: COUNTY GOVERNMENT

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

CITY, STATE: PORTLAND, OREGON

DISPOSITION DATE: NOVEMBER 22, 2019

INFORMANT: TAMMI MORASCH

RELATIONSHIP: DAUGHTER

ADDRESS: 9923 SE EVERGREEN HWY, VANCOUVER, WA 98664

FUNERAL FACILITY: VANCOUVER FUNERAL CHAPEL

ADDRESS: 110 E 12TH STREET

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98660

FUNERAL DIRECTOR: EVONE MANZELLA

CAUSE OF DEATH:

A: METASTATIC ADENOCARCINOMA OF LUNG

INTERVAL: 7.5 MONTHS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPOTHYROIDISM

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY

PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

CERTIFIER NAME: ANNA KOSCINSKA, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 100 EAST 33RD STREET SUITE 206

CITY, STATE, ZIP: VANCOUVER, WA 98663

DATE SIGNED: NOVEMBER 22, 2019

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: TARA VAWTER

DATE RECEIVED: NOVEMBER 22, 2019



Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required	Required information must match current information on record				
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
	1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: (City or County)	
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden		
6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)					

7. Return Mailing Address:
PO Box or Street Address City State Zip

Telephone Number: () Email Address:

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate
2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe

3. Documentary proof must be five or more years old or established within five years of birth

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name*
- To correct parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

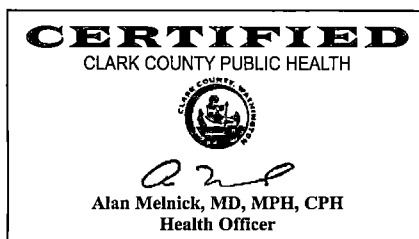
Marriage/Dissolution (Divorce) Certificates

1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit

DOH 422-034 January 2015



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.



0 3 1 7 2 9 8 5

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: 679 Washington State Certificate of Death State File Number: _____

1. Legal Name (Include AKA's if any) First Middle LAST Suffix: Daniel Morasch 2. Death Date: March 17, 2011

3. Sex (M/F): Male 4a. Age - Last Birthday: 78 4b. Under 1 Year: _____ 4c. Under 1 Day: _____ 5. Social Security Number: _____ 6. County of Death: Clark

7. Birthdate: April 11, 1932 8a. Birthplace (City, Town, or County): Camas 8b. (State or Foreign Country): Washington 9. Decedent's Education: Doctorate Degree

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? Yes

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 9923 SE Evergreen Hwy. 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: 98664 13g. Inside City Limits? ☒ Yes ☐ No ☐ Unk

14. Estimated length of time at residence: 42 years 15. Marital Status at Time of Death: Married 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): Leah Mary Wilmarth

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

19. Father's Name (First, Middle, Last, Suffix): John Morasch 20. Mother's Name Before First Marriage (First, Middle, Last): Anna Marie Morasch

21. Informant's Name: Leah Morasch 22. Relationship to Decedent: Wife 23. Mailing Address: Number and Street or RFD No. City or Town State Zip: 9923 SE Evergreen HWY. Vancouver WA 98664

24. Place of Death, if Death Occurred in a Hospital: _____ Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Residence

25. Facility Name (if not a facility, give number & street or location): 9923 SE Evergreen Hwy 26a. City, Town, or Location of Death: Vancouver 26b. State: WA 27. Zip Code: 98664

28. Method of Disposition: Burial 29. Place of Final Disposition (Name of cemetery, crematory, other place): Evergreen Memorial Gardens 30. Location-City/Town, and State: Vancouver, WA

31. Name and Complete Address of Funeral Facility: Vancouver Funeral Chapel 110 E. 12th St. Vancouver, WA 98660 32. Date of Disposition: March 25, 2011

33. Funeral Director Signature X: Mat 2

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. METASTATIC MALIGNANT MELANOMA Interval between Onset & Death: 6 years

Due to (or as a consequence of): _____ 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

b. _____ Due to (or as a consequence of): _____ Interval between Onset & Death: _____

c. _____ Due to (or as a consequence of): _____ Interval between Onset & Death: _____

d. _____ Due to (or as a consequence of): _____ Interval between Onset & Death: _____

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: Darrell M. Miller, Vancouver WA 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: Darrell Miller MD., 406 SE 131st Ave. A-101 Vancouver WA 98684 50. Hour of Death (24hrs): 1430 hrs

51. Name and Title of Attending Physician if other than Certifier (Type or Print): _____ 52. Date Signed (MM/DD/YYYY): 3/21/11

53. Title of Certifier: MD 54. License Number: MD 15075 55. ME/Coroner File Number: _____ 56. Was case referred to ME/Coroner? ☐ Yes ☒ No

57. Registrar Signature: [Signature] 58. Date Received (MM/DD/YYYY): MAR 22 2011

59. Amendments: _____

Affidavit for Correction

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 236-4300

This is a legal Document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
--------------------	-------------------	-------------------------------------

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

<p style="text-align: center;">The Record now shows:</p> <p>6.</p> <p>8.</p> <p>10.</p> <p>12.</p>	<p style="text-align: center;">The True fact is:</p> <p>7.</p> <p>9.</p> <p>11.</p> <p>13.</p>
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14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)	Telephone Number:
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I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof: Certificate of Naturalization Medical Record School Transcripts
Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)
Insurance Records Birth Record Alien Registration Card (front and back)
Marriage/Divorce Records Passport We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

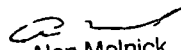
1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

CERTIFIED DOH/CHS 03a 6/11/10

MAR 22 2011


 Alan Melnick
 Health Officer
 Clark County Public Health

UU00099322