

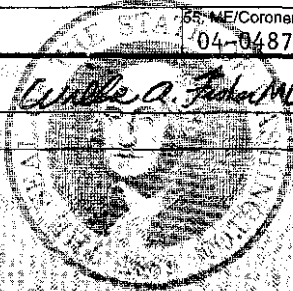
STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any): First Middle LAST Suffix		2. Death Date					
Peggy Louise Hoover		April 18, 2004					
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death		
Female	59	Months Days	Hours Minutes	6465	Clark		
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State of Foreign Country)		8. Decedent's Education			
April 23, 1944	Ozark	Arkansas		High School Graduate or GED completed			
10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify.		11. Decedent's Race(s)			12. Was Decedent ever in U.S. Armed Forces? No		
No		White					
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)					13b. City or Town		
4506 NE 114th Street					Vancouver		
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
Clark				Washington	98686		
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's Name (Give name prior to first marriage)			
1 1/2 years		Married		Carl D. Hoover			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))				18. Kind of Business/Industry (Do not use Company Name)			
Order Clerk				Spice Business			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
John Harris				Ieola Turner			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip			
Carl D. Hoover		Husband		4506 NE 114th Street Vancouver, WA 98686			
24. Place of Death, if Death Occurred in a Hospital:				Place of Death, if Death Occurred Somewhere Other than a Hospital:			
				Decedent's Home			
25. Facility Name (if not a facility, give number & street or location)				26a. City, Town, or Location of Death	26b. State	27. Zip Code	
4506 NE 114th Street				Vancouver	WA	98686	
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State			
Cremation		Young's Crematory		Tigard, Oregon			
31. Name and Complete Address of Funeral Facility					32. Date of Disposition		
Davies Cremation & Burial P.O. Box 61747 Vancouver, WA 98666					April 20, 2004		
33. Funeral Director Signature X <i>Daniel E. Bunnell</i>							
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. Carbon Monoxide Intoxication						Interval between Onset & Death	
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.						Interval between Onset & Death	
Due to (or as a consequence of):						Interval between Onset & Death	
c.						Interval between Onset & Death	
Due to (or as a consequence of):						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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?			
<input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days before 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		<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 checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
04-18-2004		Unknown		Home			
45. Location of Injury: Number & Street				Apt. No.			
4506 NE 114th Street							
City or Town: Vancouver		County: Clark		State: Wa		Zip Code + 4: 98686	
46. Describe how injury occurred				47. If transportation injury, specify:			
Deceased inhaled automobile exhaust				<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.			
X				X <i>D. Wickham</i>			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)					50. Hour of Death (24hrs)		
Dennis J. Wickham MD Medical Examiner PO Box 5000 Vancouver Wa 98666					0545		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)					52. Date Signed (MM/DD/YYYY)		
					04-19-2004		
53. Title of Certifier		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Medical Examiner				04-0487			
57. Registrar Signature				58. Date Received (MM/DD/YYYY)			
X <i>Wanda A. Fisher MD MPH</i>				APR 20 2004			
59. Amendments							

Part 1 completed by Funeral Director

Part 2 completed by Certifier

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SEAL

DOH/CHS 603 Rev 2/06/2004

DOH 01-003 (5/99)

Affidavit for Correction

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)
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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:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) Telephone Number:

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. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

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

Examples of documentary proof: Certificate of Naturalization Medical Record School Record
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

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- 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.
- Proof must be five (or more) years old or have been established within five years of birth.
- 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.
- 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).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- 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:

- 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.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution).

CERTIFIED

MAY 25 2004

Karen R. Steingart, MD
Dr. Karen Steingart
Health Officer
Clark County Health Dept.

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EXHIBIT "A"

(31)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/20th interest in and to Lot 31 as shown on Tahoe Village Unit No. 3 - 13th Amended Map, recorded December 31, 1991, as Document No. 268097, re-recorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 081 through 100 (inclusive) as shown on Tahoe Village Unit No. 3, Fifth Amended Map, recorded October 29, 1981, as Document No. 61612, as corrected by Certificate of Amendment recorded November 23, 1981, as Document No. 62661; and (B) Unit No. 088 as shown and defined on said last mentioned map as corrected by said Certificate of Amendment; together with those easements appurtenant thereto and such easements described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984, as Document No. 096758, as amended, and in the Declaration of Annexation of The Ridge Tahoe Phase II recorded February 14, 1984, as Document No. 096759, as amended by document recorded October 15, 1990, as Document No. 236690, and as described in the Recitation of Easements Affecting the Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest in Lots 31, 32 or 33 only, for one week each year in the SUMMER "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-721-008

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