Community Property

108545

BOOK 117 PAGE 369
FILED FOR RECORD
STATE OF WASH
BY SKAMANIA CO. TITLE

JAN 11 10 53 AM '90
P. Lowry
AUDITOR
GARY E. OLSON

A F F I D A V I T

STATE OF Washington)
) ss.
COUNTY OF Skamania)

Barbara J. Hayden, being first duly sworn on oath, deposes and says:

That this affidavit is for the purpose of supplying information for record pertaining to that certain Community Property Agreement executed by Howard Chester Hayden and Barbara Jean Hayden, husband and wife, dated June 23, 1959, and recorded January 28, 1974, in Volume No. _____, Page No. _____, and under Auditor's File No. G654526, Clark County Records, and also to the Estate of Howard Chester Hayden, deceased, one of the parties to said agreement; and it is intended that the statements set forth herein shall be considered representations of face which may be relied upon by all persons dealing with the following described real property: The Northeast quarter of the Southeast quarter of the Southeast quarter of Section 29, Township 2 North, Range 6 East of the Willamette Meridian; ALSO that portion of the Northwest quarter of the Southwest quarter of the Southwest quarter of Section 28, Township 2 North, Range 6 East of the Willamette Meridian lying Southwesterly of the centerline of an existing private roadway, all in Skamania County, Washington.

FIRST, that Howard Chester Hayden died on or about the 10th day of March 19 85, in _____ County of Clark, State of Washington.

(CONTINUED)

REAL ESTATE EXCISE TAX
13265 JAN 11 1990
PAID Exempt
SKAMANIA COUNTY TREASURER

SK-15520
02-06-29-0-0-1200-00

By: JL Parcel # 2-6-29-1200

Official Copy

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SECOND, that the parties to said agreement entered into no subsequent joint wills or agreements which would have the effect of abrogating or nullifying the above-mentioned Community Property Agreement.

THIRD, that the community estate of the decendent and _____ Barbara Jean Hayden _____, at the date of death was of the approvimate value of $ 200,000.00 _____, including the real property previously described, which had an approximate market value of $ 49,000.00 _____, that decedent left no separate estate except as follows:

NONE

Of the approximate value of $_____

FOURTH, That all obligations of the community owing at the date of death of decedent, have been paid in full, and all expenses of last illness and for funeral services have been paid, except as follows: (List, if any, or designate "NONE") NONE

FIFTH, that decedent was survived by the following named children or children of deceased children: (List if any, or designate "NONE"). Katherine Hill age 42, Daniel Howard age 40, Mary Daniels age 38 andMartha Hayden age 38

Barbara J. Hayden

Barbara J. Hayden

Dated this 3rd day of January, 19 90

Subscribed and shown to before me this 4 day of January, 19 90.

Notary Public in and for the State of Washington, residing at Ridgefield therein.

VICKI KINMAN
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
DECEMBER 16, 1991

Unofficial Copy

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IF DEATH OCCURRED IN INSTITUTION, HAVE BOOK REGARDING COMPLETION OF RESIDENCE ITEMS.

Howard	Chester	HAYDEN	male	Mar. 16, 1985		STATE FILE NUMBER
4 RACE (WHITE, BLACK, AM. IND. ETC. (SPECIFY))	5 AGE (LAST BIRTHDAY)	6 IF UNDER 1 YEAR: MOS / DAYS / HOURS / MINS		8 BIRTHDATE (MO DAY YR)	9 COUNTY OF DEATH	
white	63			Aug. 31, 1921	Clark	
10 CITY, TOWN OR LOCATION OF DEATH		11 PLACE OF DEATH (CHECK ONE): 1 ☐ HOSP INPATIENT 2 ☐ HOSP ER OUT-PT 3 ☐ DOA HOSP 4 ☐ NURSING HOME 5 ☐ OTHER PLACE		12 WAS DECEDENT EVER IN ARMED FORCES? (YES/NO)		
Ridgefield		home - 317 NW 189th St.		no		YES/NO
13 BIRTHSTATE (IF NOT IN USA GIVE COUNTRY)	14 CITIZEN OF WHAT COUNTRY	15 MARITAL STATUS (NEVER MARRIED, MARRIED, WIDOWED, DIVORCED)	16 SPOUSE IF A PE GIVE MAIDEN NAME	17 WAS DECEDENT EVER IN US ARMED FORCES? (YES/NO)		
Canada	USA	married	Barbara te Hennepe	yes		
18 SOCIAL SECURITY NO		19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED)		20 KIND OF BUSINESS OR INDUSTRY		
533 20 0337		education		schools		
21 RESIDENCE - NUMBER AND STREET		22 CITY, TOWN OR LOCATION	23 INSIDE CITY LIMITS? (YES/NO)	24 COUNTY		25 STATE
317 NW 189th St.		Ridgefield	no	Clark		Wash.
26 FATHER - NAME FIRST, MIDDLE, LAST			27 MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST			
Chester N. Hayden			Mary L. Kemper			
28 INFORMANT - NAME		29 MAILING ADDRESS - STREET OR RFD NO	CITY OR TOWN	STATE	ZIP	
Barbara J. Hayden		317 NW 189th St.	Ridgefield,	WA	98642	
30 BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)	31 DATE (MO DAY YR)	32 CEMETERY - CREMATORY - NAME	33 LOCATION - CITY, TOWN, STATE			
Cremation	Mar. 13, 1985	Chapel of the Chimes	Portland, Ore.			
34 FUNERAL DIRECTOR SIGNATURE		35 NAME OF FACILITY	36 ADDRESS OF FACILITY			
X		Memorial Gardens Mortuary	1101 NE 112th Ave. Vanc. WA			

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

37 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED

SIGNATURE AND TITLE

X George Koval MD

38 DATE SIGNED (MO DAY YR)

3/13/85

39 HOUR OF DEATH (24 HRS)

1610

40 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

41 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) STATED

SIGNATURE AND TITLE

X

42 DATE SIGNED (MO DAY YR)

43 HOUR OF DEATH (24 HRS)

44 PRONOUNCED DEAD (MO DAY YR)

45 HOUR PRONOUNCED DEAD (24 HRS)

46 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER

Dr. George Koval 700 NE 87th Ave. Vancouver, Wash.

CAUSE OF DEATH

47 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR A, B AND C.)

(A) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 1 mon

DUE TO OR AS A CONSEQUENCE OF

(B) metastatic dysplastic adenocarcinoma — INTERVAL BETWEEN ONSET AND DEATH: 2 mon

DUE TO OR AS A CONSEQUENCE OF

(C)

48 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE

49 AUTOPSY? (YES/NO): no

50 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO)

51 ACCIDENT, SUICIDE, HOMICIDE (SPECIFY) OR PENDING INVEST. (SPECIFY)

52 INJURY DATE (MO DAY YR)

53 HOUR OF INJURY (24 HRS)

54 DESCRIBE HOW INJURY OCCURRED

55 IF WORK RELATED, SPECIFY

56 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC.

57 LOCATION - STREET OR RFD, CITY, TOWN, STATE

58 REGISTRAR SIGNATURE

X Wayne T. Shandera, MD

59 DATE RECEIVED BY REGISTRAR (MO DAY YR)

MAR 14 1985

FOR STATE REGISTRAR USE ONLY	60 ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY	DATE	ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY	DATE

OSHS 9-150 (REV 1-82)

THIS IS TO CERTIFY that the foregoing is a true copy (Photographic) of a record on file with the Southwest Washington Health District, Vancouver, WA.

Wayne T. Shandera MD

WAYNE T. SHANDERA, M.D.
District Health Officer

SEAL

MAR 14 1985

By Roxanne E. Floyd-Atkins