

FILED FOR RECORD
SEPT 14 1968 WASH
BY Kielgostki & Lawrence

Nov 20 10 19 All '50

P. Lavy

AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON)
County of Skamania) ss.

JANET D. TURNER, being first duly sworn, on oath, deposes and says:

1. This affidavit is for the purpose of supplying information for record pertaining to that certain Community Property Agreement executed by FRANK LEROY TURNER and JANET D. TURNER, husband and wife, which Agreement was dated February 26, 1980, and also for the estate of Frank Leroy Turner, deceased, one of the parties to said Agreement. It is intended that the statements set forth herein shall be considered representations of fact which may be relied upon by all parties dealing with the personal property and the real estate described on Exhibit "A" attached and made a part hereof.

2. Frank Leroy Turner died on January 17, 1990, in White Salmon, Klickitat County, Washington.

3. The parties to the Community Property Agreement referred to above entered into no subsequent Wills or Agreements which would have the effect of abrogating or nullifying the above-mentioned Community Property Agreement. A copy of said Community Property Agreement is attached hereto as Exhibit "B".

4. The decedent left no separate estate.

5. All obligations of the community owing at the date of death of decedent have been paid in full or provided for, and all expenses of last illness and for funeral and burial services have been paid.

6. Decedent was survived by the following persons:

Name	Address	Relationship
Janet D. Turner	980 Snowden Road White Salmon, WA 98672	Wife
Joel Frank Turner	980 Snowden Road White Salmon, WA 98672	Son
Nathan Kevin Turner	980 Snowden Road White Salmon, WA 98672	Son
Eugene C. Turner	P. O. Box 172 Dallesport, WA 98617	Son
Ronald K. Turner	P. O. Box 797 Carson, WA 98610	Son
Ray C. Turner	11612 N.E. Lillian Way Gresham, OR 97030	Son
Jana Lynn Turner	11612 N.E. Lillian Way Gresham, OR 97030	Daughter

Genec J. Kinnel, Standard Company
Employee # 4-7-23-3-9-9-10

NOV 21 1990

REAL ESTATE EXCISE TAX

~~TREASURER OF SANTA CLARA COUNTY~~ 1
and Property

Dated this 25th day of May, 1990.

Janet D. Turner
JANET D. TURNER

SUBSCRIBED AND SWEORN to before me this 25th day of May, 1990.

Jan P. Nelson
Notary Public in and for the State of Washington, residing at Stevenson

Commission expires: 4-28-94



EXHIBIT "A"

Real Property

The following described real estate, situated in the County of Klickitat, State of Washington:

West Half of the Northeast Quarter of the Northeast Quarter of Section 34, Township 4 North, Range 11 East, W.M.,

EXCEPT County Roads #9111 and #1200.

SUBJECT TO a permanent non-exclusive easement for ingress, egress and utilities over the westerly 60 feet and the southerly 60 feet of the herein described property.

THIS IS A COPY

EXHIBIT "B"

COMMUNITY PROPERTY AGREEMENT

THIS COMMUNITY PROPERTY AGREEMENT, entered into this day by and between FRANK L. TURNER and JANET D. TURNER, husband and wife, of White Salmon, Klickitat County, State of Washington,

WITNESSETH:

WHEREAS, the parties hereto are the owners of certain real and personal property situate in the State of Washington; and

WHEREAS, it is contemplated by the parties hereto that they may acquire additional property in the future; and

WHEREAS, it is the desire hereto that all of their property shall pass to the survivor without delay or expense in the event of the death of either party,

NOW, THEREFORE, WE, FRANK L. TURNER and JANET D. TURNER, husband and wife, for and in consideration of the love and affection which we have, one for the other, do hereby mutually agree that all of the property which we now own separately, jointly, or otherwise, and whether real, personal or otherwise, and wheresoever situate, shall be and it is hereby declared to be the community property of the parties, and each of the parties to this agreement do hereby convey and transfer to the other party and to their community, all property owned by them, even though the same be held in his or her separate estate; and

WE HEREBY MUTUALLY AGREE that all of the property which shall hereafter be acquired by either of us, whether separately, jointly or otherwise, and of whatsoever nature, and wheresoever situate, shall be and it is hereby declared to be community property, and each of the parties do hereby convey and transfer

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H's initials

W's initials

J.L.T.

J.D.T.

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to the other and to their community, all such property hereafter acquired by either of them, even though the same be acquired in his or her separate estate; and

IT IS FURTHER AGREED that the whole of the community property now owned by us or hereafter acquired by us, including all property the status of which is changed or created by this agreement, shall at once, in the event of the death of FRANK L. TURNER, while the said JANET D. TURNER survives, be vested in JANET D. TURNER, absolutely and in fee simple as her sole and separate property; and, in the event of the death of the said JANET D. TURNER, while the said FRANK L. TURNER survives, then the whole of the community property now owned by us or hereafter acquired by us, including all property the status of which is changed or created by this agreement, shall at once vest in the said FRANK L. TURNER, absolutely and in fee simple as his sole and separate property.

IN WITNESS WHEREOF, the parties have executed this agreement this 26th day of February, 1980,

STATE OF WASHINGTON)

) ss.
County of Skamania)

I, the undersigned, a Notary Public in and for the State of Washington, do hereby certify that on the 26th day of February 1980, personally appeared before me FRANK L. TURNER and JANET D. TURNER, husband and wife, to me known to be the individuals described in and who executed the foregoing Instrument, and acknowledged that they signed and sealed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal the day and year last above written.

J. T. Neffman
Notary Public in and for the
State of Washington, residing
at Stevenson.

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H's initials J.S.D.
W's initials J.L.T.

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH**

OFFICE
USE ONLY

LOCAL FILE NUMBER

**STATE OF WASHINGTON DEPARTMENT OF HEALTH
VITAL RECORDS**

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

DISTRICT
COPES
HOSPITAL

INCIDENCE
RESIDENCE
TRACE
OCCUPATION

DECEDENT PARENTS CERTIFIER CAUSE OF DEATH	1 NAME - FIRST, MIDDLE, LAST Frank Leroy TURNER			2 SEX Male	3 DEATH DATE INC. DAY YR 17 Jan 1990	146									
	4 AGE LAST BIRTHDAY 53	5 UNDER 1 YEAR 	6 UNDER 1 DAY 	7 BIRTHDATE INC. DAY YR 8/3/1936	8 BIRTH STATE IN FED. OF USA (not country)	9 CITIZEN OF WHAT COUNTRY U.S.A.	10 COUNTY OF DEATH Klickitat								
	11 CITY, TOWN OR LOCATION OF DEATH White Salmon			12 PLACE OF DEATH - BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME Columbia High School Gymnasium											
	13 MARITAL STATUS - MARRIED Married			14 SURVIVING SPOUSE IF YES, GIVE MIDDLE NAME Janet - Springs											
	15 USUAL OCCUPATION (GIVE NAME OF WORK) Salesman			16 KIND OF BUSINESS OR INDUSTRY Real Estate											
	17 RESIDENCE - NUMBER AND STREET 980 Snowden Road			18 CITY/TOWN OR LOCATION White Salmon	19 INSIDE CITY LIMITS No	20 COUNTY Klickitat	21 STATE Washington								
	22 FATHER'S NAME - FIRST, MIDDLE, LAST Harry - Turner			23 MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME Selma - Johnson											
	24 MEDIUM - NAME Janet Turner			25 MAILING ADDRESS 980 Snowden Road White Salmon, WA 98672											
	26 BURIAL, CREMATION REMOVAL, OTHER: Cremation			27 DATE INC. DAY YR 1/22/90	28 CEMETERY/CREMATORY - NAME Park Hill Crematory	29 LOCATION - CITY/TOWN STATE Vancouver, WA									
	30 FUNERAL DIRECTOR SIGNATURE R. Dineen			31 NAME OF FACILITY GARDNER FUNERAL HOME, INC. White Salmon, WA 98672											
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN							TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER								
40 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED							41 ON THE BASIS OF EXAMINATION AND OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED								
SIGNATURE AND TITLE X David Hindahl, M.D.							SIGNATURE AND TITLE X								
42 DATE SIGNED INC. DAY YR 1-22-90							43 HOUR OF DEATH INC. MIN. 2125								
44 DATE SIGNED INC. DAY YR 							45 HOUR OF DEATH INC. MIN. 								
46 NAME AND TITLE OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER (Type or Print) David Hindahl, M.D. P.O. Box 1519 White Salmon, WA 98672							47 PROONOUNCED DEAD INC. DAY YR 								
48 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) David Hindahl, M.D. P.O. Box 1519 White Salmon, WA 98672							48 HOUR PROONOUNCED DEAD 								
49 PART II ENTER THE DISEASES, INJURIES OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE LIST ONLY ONE CAUSE ON EACH LINE															
50 IMMEDIATE CAUSE (Final disease or condition resulting in death) Subsequently fed conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST		51 DUE TO OR AS A CONSEQUENCE OF		52 DUE TO OR AS A CONSEQUENCE OF		53 DUE TO OR AS A CONSEQUENCE OF		54 DUE TO OR AS A CONSEQUENCE OF		55 DUE TO OR AS A CONSEQUENCE OF		56 DUE TO OR AS A CONSEQUENCE OF		57 INTERVAL BETWEEN ONSET AND DEATH MINUTES	
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58 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE		59 AUTOPSY? (Type or Print) No		60 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Type or Print) Yes											
61 ACC. SUICIDE NO UNDET. OR PENDING INVEST (Signature) X		62 INJURY DATE INC. DAY YR 		63 HOUR OF INJURY OR HRT 		64 DESCRIBE HOW INJURY OCCURRED									
65 INJURY AT WORK? (Type or Print) 		66 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (Signature) 		67 LOCATION - STREET OR RD. NO., CITY, TOWN, STATE		68 DATE RECEIVED INC. DAY YR 01-22-90									
DOH 110-008 (Rev. 8/88) (Formerly DOHS 6-150)															

**RECODER'S NOTE:
NOT AN ORIGINAL DOCUMENT**

Karen Steingart, m.d.

KAREN R. STEINGART, M. D.

DOH 01-003 (7-83)

SEAL