

FILED FOR RECORD  
 SKANAWAY, WASH  
 BY *Landerholm, Memovich*  
*Lansverk & Whitesides, Inc.*  
 MAR 19 1 55 PM '91  
*D. Lawry*  
 GARY H. OLSON

AFFIDAVIT IN SUPPORT OF  
 COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON )  
 ) ss.  
 County of Clark )

BETH M. VOGT, being first duly sworn, on oath, deposes and states:

1. This affidavit is for the purpose of supplying information for record pertaining to that certain Community Property Agreement executed by RICHARD J. VOGT and BETH M. VOGT, husband and wife, which Agreement was dated May 26, 1989, and is attached hereto as Exhibit "A".

2. RICHARD J. VOGT died on January 30, 1991, in Vancouver, Clark County, Washington. A copy of the death certificate is attached hereto as Exhibit "B".

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.

4. The decedent left no separate estate.

5. All community obligations together with funeral expenses and expenses of the last illness have been paid or provided for.

6. The total value of all assets in the Estate of RICHARD J. VOGT, deceased, is less than the minimum value which requires the filing of a Federal Estate Tax Return under Federal

AFFIDAVIT IN SUPPORT OF  
 COMMUNITY PROPERTY AGREEMENT - 1

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LAW OFFICES OF  
 Landerholm, Memovich,  
 Lansverk & Whitesides, Inc., P.S.  
 Broadway at Evergreen, Suite 400  
 P.O. Box 1088  
 Vancouver, Washington 98686  
 (206) 691-3312

Law applicable as of the date of death, and no such tax return has been or will be filed.

7. No taxes imposed by the Washington Estate and Transfer Tax Reform Act of 1981 are due.

8. The decedent was survived by the following persons:

<u>Name</u>	<u>Relationship</u>
Beth M. Vogt	surviving spouse
Joseph R. Vogt	son
Michael J. Vogt	son

9. The fair market value of the real property owned by the decedent and the surviving spouse was \$150,900 as of the date of death. The legal description is attached hereto as Exhibit "C".

DATED this 15<sup>th</sup> day of March, 1991.

Beth M. Vogt  
BETH M. VOGT

SIGNED AND SWORN to before me this 15 day of March, 1991.

Judith M. Walcott  
Notary Public in and for the State of Washington, residing at Vancouver.

My appointment expires: 6-5-91

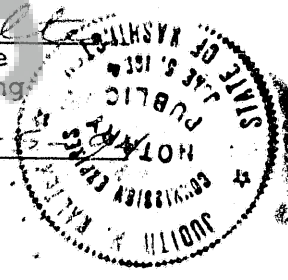


EXHIBIT "A"

COMMUNITY PROPERTY AGREEMENT

This AGREEMENT is executed between RICHARD J. VOGT and BETH M. VOGT, husband and wife, residing at Vancouver, Washington, and hereby terminates, revokes and cancels for all purposes, effective the date indicated below, the Community Property Agreement executed by these parties on July 28th, 1971:

1. DECLARATIONS

1.1 Marital Status. The parties hereto are husband and wife, and are residents of the State of Washington.

1.2 Children. The parties have two (2) children, namely: JOSEPH R. VOGT and MICHAEL J. VOGT, both of legal age.

2. CONSIDERATION

FOR AND IN CONSIDERATION of the love and affection they each bear toward the other, and in consideration of the mutual help each will be to the other in the future, and for the consideration of the commingling of their joint efforts and earnings and property, it is agreed as herein provided.

3. AMENDMENTS

3.1 Amendments. This agreement may be amended or revoked by written instrument executed and acknowledged by the spouses, their authorized representatives (see Article 3.3 below)

BV  
Initials

BMV  
Initials

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Landerholm, Memovich,  
Lansverk & Whitesides, Inc., P.S.  
Broadway at Evergreen, Suite 400  
P.O. Box 1066  
Vancouver, Washington 98666  
(206) 696-3312

or by court order. No such amendment or revocation by mutual consent of the spouses shall become effective except by written revocation or amendment.

3.2 Effect of Divorce or Dissolution of Marriage.

Unless otherwise provided in the divorce or dissolution decree or in the property settlement agreement, this agreement shall be revoked by any decree divorcing the spouses or dissolving their marriage.

3.3 Effect of Incompetency. If, prior to the death of either spouse, an attorney in fact is authorized according to the terms of a Durable Power of Attorney to have all powers of an absolute owner over the assets and liabilities of one spouse on account of incompetency or disability, the attorney in fact for a spouse may enter into an agreement with the competent spouse to modify or revoke this agreement. If, prior to the death of either spouse, a legal guardian is appointed over the property of one of the spouses on account of incompetency, the legal guardian may join with the competent spouse in a petition to the court having jurisdiction over the guardianship proceedings for permission to enter into a modification or revocation of this agreement.

3.4 Effect of Domicile Change. Unless otherwise revoked or modified, this agreement shall remain in full force

RAW  
Initials

EMM  
Initials

and effect regardless of the state of residence and/or domicile of the spouses at the time of the death of either or both.

4. VESTING OWNERSHIP ON DEATH

When one spouse dies, all community property shall vest in the surviving spouse thirty (30) full days after the death: PROVIDED, a necessary condition precedent to such vesting shall be that the surviving spouse must still be living at the time set for vesting. If the surviving spouse dies before the time set for vesting, the community property shall be divided equally between the two estates. Immediately upon vesting, the surviving spouse shall have full power to sell, will, or otherwise to dispose of all property subject to this Community Property Agreement.

5. COMMUNITY PROPERTY

All property, real or personal, now owned or hereafter acquired, whether separate or community, is hereby conveyed and converted into community property and hereafter shall be deemed community property for all purposes under the laws of the State of Washington.

DATED this 11th day of May, 1977.

Richard J. VOGT  
RICHARD J. VOGT

Beth M. VOGT  
BETH M. VOGT

RJV  
Initials

B.M.V.  
Initials

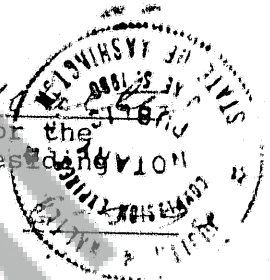
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Landerholm, Memovich,  
Lansverk & Whitesides, Inc. P.S.  
Broadway at Evergreen, Suite 400  
P.O. Box 1086  
Lancouver, Washington 98666  
(206) 696-3312

STATE OF WASHINGTON )  
County of Clark ) ss.

I certify that I know or have satisfactory evidence that RICHARD J. VOGT and BETH M. VOGT, husband and wife, are the persons who appeared before me, and said persons acknowledged that they signed this instrument, and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED: May 26, 1959

Janet M. ...  
Notary Public in and for the  
State of Washington, residing  
at Vancouver.  
My appointment expires: ...



Unofficial Copy

[Signature]  
Initials  
[Signature]  
Initials

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STATE OF WASHINGTON DEPARTMENT OF HEALTH

DECEASED	1 NAME—FIRST MIDDLE LAST <b>Richard Joseph VOGT</b>	2 SEX <b>Male</b>	3 DEATH DATE (Mo. Day Yr.) <b>1-30-91</b>	146	STATE FILE NUMBER
	4 AGE LAST BIRTH-DAY (Yr.) <b>72</b>	5 UNDER 1 YEAR MO. DAYS HOURS MIN. <b>72</b>	6 UNDER 1 DAY HOURS MIN. <b>72</b>	7 BIRTHDATE (Mo., Day, Yr.) <b>9-29-18</b>	8 BIRTH STATE (if not in USA give country) <b>Washington</b>
	9 CITIZEN OF WHAT COUNTRY? <b>USA</b>	10 COUNTRY OF DEATH <b>Clark</b>	11 CITY-TOWN OR LOCATION OF DEATH <b>Vancouver</b>	12 PLACE OF DEATH—SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 HOME 2 IN TRANSPORT 3 EMERG. ROOM/PTN 4 HOSP 5 NUR HOME 6 OTHER PLACE <b>6920 Mississippi</b>	13 SMOKING IN LAST 15 YEARS? (Yes/No) <b>Yes</b>
	14 MARITAL STATUS—Married Never Married, Widowed, Divorced (Specify) <b>Married</b>	15 SURVIVING SPOUSE (if wife give maiden name) <b>Beth M. Wagner</b>	16 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes/No) <b>Yes</b>	17 SOCIAL SECURITY NO <b>536-03-4557</b>	18 HIGH SCHOOL GRADUATE? (Yes/No) <b>Yes</b>
	19 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRE) <b>Mail Man</b>	20 NO OF BUSINESS OR INDUSTRY <b>U.S. Postal Service</b>	21 Was Decedent of Hispanic Origin or descent? (Ancestral) (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.) <b>No</b>	22 RACE (White, Black, Asian or Pacific Islander, Am. Ind. Hispanic, etc.) (Specify) <b>White</b>	28 ZIP CODE <b>98664</b>
	23 RESIDENCE NUMBER AND STREET <b>6920 Mississippi Dr.</b>	24 CITY-TOWN OR LOCATION <b>Vancouver</b>	25 INSIDE CITY LIMITS? (Yes/No) <b>Yes</b>	26 COUNTY <b>Clark</b>	27 STATE <b>Washington</b>
	29 FATHER'S NAME—FIRST MIDDLE LAST <b>Louis Vogt</b>	30 MOTHER'S NAME—FIRST MIDDLE MAIDEN SURNAME <b>Jessie Cucl</b>	31 INFORMANT—NAME <b>Beth M. Vogt, wife</b>	32 MAILING ADDRESS STREET OR RFD NO CITY OR TOWN STATE ZIP <b>6920 Mississippi Vancouver, Washington 98664</b>	
	33 BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>	34 DATE (Mo. Day Yr.) <b>2-1-91</b>	35 CEMETERY, CREMATORY—NAME <b>Park Hill Cemetery</b>	36 LOCATION—CITY-TOWN STATE <b>Vancouver, Washington</b>	
	37 SIGNATURE OF DIRECTOR <b>X</b>	38 NAME OF FACILITY <b>Memorial Gardens Mortuary</b>	39 ADDRESS OF FACILITY <b>1101 NE 112th Ave Vancouver, WA</b>		
	CERTIFIER	40 TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <b>X Eldon D. Andersen, M.D.</b>	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 <b>X</b>	42 DATE SIGNED (Mo. Day Yr.) <b>February 6, 1991</b>	43 HOUR OF DEATH (24 Hrs) <b>1400</b>
CAUSE OF DEATH	44 DATE SIGNED (Mo. Day Yr.) <b>February 6, 1991</b>	45 HOUR OF DEATH (24 Hrs) <b>1400</b>	46 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Eldon Andersen, M.D. 3414 N. Kaiser Center Dr. Portland, Oregon 97227</b>	47 PRONOUNCED DEAD (Mo. Day Yr.)	
IMMEDIATE CAUSE (Final disease or condition resulting in death. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST	(A) <b>Malignant melanoma</b>	INTERVAL BETWEEN ONSET AND DEATH	51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE <b>none</b>	52 AUTOPSY? (Yes/No) <b>No</b>	
54 ACC. SUICIDE, H/O UNDET OR PENDING INVEST. (Specify)	55 INJURY DATE (Mo. Day Yr.)	56 HOUR OF INJURY (24 Hrs)	57 DEL. TIME HOW INJURY OCCURRED	58 HAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) <b>Yes</b>	
58 INJURY AT WORK? (Yes/No)	59 PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (Specify)	60 LOCATION—STREET OR RFD NO. CITY/TOWN STATE	61 REGISTRAR SIGNATURE <b>X Karen Steingart, M.D.</b>	62 DATE RECEIVED (Mo. Day Yr.) <b>FEB 06 1991</b>	

SEAL



*Karen Steingart, M.D.*

KAREN STEINGART, M.D.  
HEALTH DISTRICT OFFICER

FEB 06 1991

DOH 01-003 (7/89)

THIS IS A CERTIFIED COPY OF THE RECORD ON ALL VITAL RECORDS. CERTIFIED COPIES MUST HAVE THE ORIGINAL SEAL.

## EXHIBIT "C"

1. Real property and residence located at 6920 Mississippi, Vancouver, Clark County, Washington and legally described as:

Lot Eight (8), Block Six (6), Andresen Highlands, according to the plat thereof, recorded in Volume "F" of Plats, Page 107, records of said County.

Fair Market Value \$ 131,900

2. Real property containing 3.5 acres located in Skamania County, Washington and legally described as:

The Southeast Quarter of the Southwest Quarter of the Northwest Quarter (SE $\frac{1}{4}$ SW $\frac{1}{4}$ NW $\frac{1}{4}$ ) EXCEPT the south 300 feet thereof; and the Southwest Quarter of the Southeast Quarter of the Northwest Quarter (SW $\frac{1}{4}$ SE $\frac{1}{4}$ NW $\frac{1}{4}$ ) EXCEPT THE south 300 feet thereof; all in Section 6, Township 1 North, Range 6 E., W.M.; EXCEPT that portion thereof lying easterly of County Road No. 1009 designated as the Smith-Cripe Road.

Fair Market Value \$ 19,000

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