

111784

BOOK 124 PAGE 504

FILED FOR RECORD  
SKAMANIA CO. WASH.  
BY Wreaha M. Wilkie

AFFIDAVIT IN SUPPORT  
OF COMMUNITY PROPERTY AGREEMENT

AUG 7 2 16 PM '91

P. Lowry  
AUDITOR  
GARY H. OLSON

STATE OF WASHINGTON )  
County of Skamania ) ss.

WREAHA M. WILKIE, being first duly sworn on oath, deposes and says:

1. I am the surviving spouse of ROBERT L. WILKIE, who died on July 31, 1991, in Carson, Skamania County, State of Washington, being at the time of his death, a resident of Stevenson, Skamania County, State of Washington. The decedent and I provided for the disposition of all of our community property under that certain Community Property Agreement (the "Agreement"), dated September 27, 1971, and recorded on October 27, 1971, in the Office of the Skamania County Auditor in Book 63, pages 429-430, Deed Records of said County.

2. The statements set forth in this Affidavit are representations of fact which may be relied upon by all parties dealing with any of the real and/or personal property of the decedent and his surviving spouse.

3. The parties to the Agreement were legally competent at the time of the Agreement and executed no subsequent Wills or agreements which would have the effect of abrogating or nullifying the Agreement.

4. Under the terms of the Community Property Agreement, title to all real and personal property of the community vests immediately in the survivor upon the death of either party to the Agreement. The decedent left no separate property. Among other items of community property was the following described real estate situated in the County of Skamania, State of Washington, to-wit:

A tract of land located in the Southeast Quarter of the Northwest Quarter (SE4 NW4) of Section 25, Township 3 North, Range 7 E.W.M., more particularly described as follows:

Beginning at a point marked by an iron pipe, said point being 1,635.06 feet south and 1,975.28 feet east of the northwest corner of the said Section 25; thence north 89 deg. 36 min. west 425 feet; thence south 00 deg. 24 min. west 160 feet; thence south 76 deg. 22 min. east 436.59 feet; thence north 00 deg. 24 min. east 260 feet to the point of beginning; said tract containing 2.05 acres, more or less;

TOGETHER WITH and easement and right of way for an access road to the existing county road to be used by the grantees until a county road has been constructed providing access to the above described real property.

Registered  
Indexed, Dir  
Indirect  
Filmed 8/19/91  
Mailed

Glenda J. Kimmel, Skamania County Assessor  
By JLD Parcel # 03-02-25-20050000  
8/14/91

REAL ESTATE EXCISE TAX

AUG 27 1991

Exempt

Shirley D. Wilkie

14466

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

6. There were no estate taxes due as a result of ROBERT L. WILKIE'S demise.

7. The decedent is survived by his surviving spouse, WREAHA M. WILKIE, and the following named children, all of legal age, to-wit: WREAHA KAY DILLINGHAM, GREGORY HUGH DUNHAM, and VICTOR CHARLES DUNHAM.

Dated at Stevenson, Washington, this 7 day of Aug., 1991.

Wreaha M. Wilkie  
WREAHA M. WILKIE

SUBSCRIBED AND SWORN to before me this 7<sup>th</sup> day of August, 1991.



Rosalind M. Davis  
Notary Public in and for the State of  
Washington, residing at Stevenson  
My commission expires 6-2-92

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## STATE OF WASHINGTON DEPARTMENT OF HEALTH VITAL RECORDS

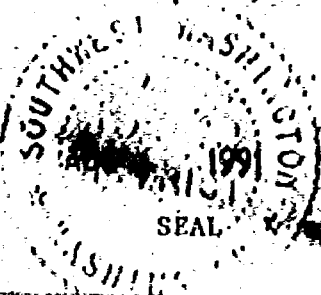
### CERTIFICATE OF DEATH

LOCAL FILE NUMBER

16

1 NAME - FIRST, MIDDLE, LAST <b>Robert Lee WILKIE</b>		2 SEX <b>Male</b>	3 DEATH DATE (Mo. Day Yr.) <b>7/31/1991</b>	146	STATE FILE NUMBER
4 AGE LAST BIRTHDAY (Yr.) <b>79</b>	5 UNDER 1 YEAR MOSE DAYS	6 UNDER 1 DAY HOURS MINS	7 BIRTH DATE (Mo. Day Yr.) <b>7/7/1912</b>	8 BIRTH STATE (U.S.A. or Foreign) <b>Washington</b>	9 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
10 COUNTY OF DEATH <b>Skamania</b>		11 CITY, TOWN OR LOCATION OF DEATH <b>Carson</b>		12 PLACE OF DEATH - BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERGENCY ROOM 4. HOSP. 5. NURS. HOME 6. OTHER PLACE <b>Boyer's Foster Home</b>	
13 MARRIAGE STATUS - Married, Never Married, Widowed <b>Married</b>		14 SURVIVING SPOUSE (If wife, give maiden name) <b>Wreaha M. Bombard</b>		15 WAS DECEDENT EVER IN U.S. ARMY OR NAVY? <b>NO</b>	16 SOCIAL SECURITY NO. <b>[REDACTED]</b>
17 USUAL OCCUPATION (Give kind of work line during most of working life. DO NOT SPECIFY)		18 KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>		19 RACE (Specify: White, Black, Asian or Pacific Islander, Am. Ind. or Alaskan N. Ind., Hispanic or Latino) <b>White</b>	
20 RESIDENCE - NUMBER AND STREET <b>.09R Stewart Rd.</b>		21 CITY, TOWN OR LOCATION <b>Stevenson</b>	22 INSECT CITY <b>NO</b>	23 COUNTY <b>Skamania</b>	24 STATE <b>Washington</b>
25 FATHER'S NAME - FIRST, MIDDLE, LAST <b>Robert E. Wilkie</b>		26 MOTHER'S NAME - FIRST, MIDDLE, MACHEN SURNAME <b>Marvel K. Kellerman</b>		27 ZIP CODE <b>98648</b>	
28 INFORMANT - NAME <b>Wreaha M. Wilkie</b>		29 MAILING ADDRESS - STREET OR RFD NO. CITY OR TOWN STATE ZIP <b>.09R Stewart Rd. Stevenson, WA 98648</b>			
30 BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		31 DATE (Mo. Day Yr.) <b>7/31/91</b>	32 CEMETERY, CREMATORY - NAME <b>Park Hill Crematory</b>		33 LOCATION - CITY, TOWN, STATE <b>Vancouver, Wa</b>
34 FUNERAL DIRECTOR'S SIGNATURE <b>X R. P. [Signature]</b>		35 NAME OF FACILITY <b>GARDNER FUNERAL HOME, INC.</b>		36 ADDRESS OF FACILITY <b>Box 390 White Salmon, WA 98672</b>	
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 CAUSE(S) STATED SIGNATURE AND TITLE <b>X [Signature]</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 Robert K. Leick, Coroner</b>		
42 DATE SIGNED (Mo. Day Yr.)		43 HOUR OF DEATH (24 Hrs.)		44 DATE SIGNED (Mo. Day Yr.)	
				<b>August 1, 1991</b>	
45 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (If yes, of P. 40)			47 PROLONGED DEAD (Mo. Day Yr.)		48 HOUR PROLONGED DEAD (24 Hrs.)
			<b>July 31, 1991</b>		<b>0130</b>
49 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (If yes, of P. 40) <b>Robert K. Leick, Coroner Skamania County Courthouse Stevenson, WA</b>					
50 PART I 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.					
IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequence of conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST		(a) <b>Parkinson's Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Several Years</b>	
		(b) DUE TO OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
		(c) DUE TO OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
51 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE			52 AUTOPSY (Yr. No.) <b>No</b>		53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yr. No.) <b>Yes</b>
54 ACC. BURIED, NO UNDET. OR PENDING INVEST. (Specify)	55 INJURY DATE (Mo. Day Yr.)	56 HOUR OF INJURY (24 Hrs.)	57 DESCRIBE HOW INJURY OCCURRED		
58 INJURY AT WORK? (Yr. 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>August 1, 1991</b>		

DOH 110-008 (Rev. 8/89) (Formerly DSMS 9-150)



SOUTHWEST WASHINGTON HEALTH DISTRICT

*Karen Steingart, M.D.*  
Karen R. Steingart, M.D.

DOH 61-003 (7/89)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. FURTHER COPIES MUST HAVE THE OFFICIAL SEAL.