

AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON)
) ss.
 County of Skamania)

VIOLET FRANCES FISHER, 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 HERBERT HAROMIN FISHER and VIOLET FRANCES FISHER, husband and wife, which Agreement was dated October 13th, 1978, and also for the estate of Herbert Haromin Fisher, 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. Herbert Haromin Fisher died on October 28th, 1991, in Carson, Skamania 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
Violet Frances Fisher	M.P. 0.16 Metzker Road Carson, WA 98610	Wife
Herbert Dale Fisher	Box 793 Kimberly, Idaho 83341	Son
Denise Frances Baxter	616 East Shahala North Bonneville, WA 98639	Daughter
Ronald Ray Fisher	2094 - 32nd Avenue Hillsboro, OR 97123	Son

DATED this 1st day of June, 1992.

Registered
 Indexed, Dir
 Indirect
 Filed 6/9/92
 Mailed

Violet L. Fisher
 VIOLET FRANCES FISHER



SUBSCRIBED AND SWORN to before me this 1st day of June,

15002
 REAL ESTATE EXCISE TAX

JUN 01 1992

PAID *Exempt*

SKAMANIA COUNTY TREASURER

Marion Feldhausen
 Notary Public in and for the
 State of Washington, residing
 at Carson.

Commission expires: 6-13-93

Skamania County Assessor
 Parcel # 2-2-29-2-2-600
 2-2-29-2-2-600

BOOK 129 PAGE 41

FILED FOR RECORD
SKAMANIA COUNTY
BY Kiepinski & Haume

JUN 24 1992

GARY H. OLSON

EXHIBIT "A"

Real Property

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

PARCEL 1

Lot 3 and the west 35 feet of Lot 2 of ROBERT W. BARNES SUBDIVISION according to the official plat thereof on file and of record at page 112 of Book A of Plats, Records of Skamania County, Washington.

PARCEL 2

Lot 6, Block 10, Third Addition to the Plats of Relocated North Bonneville Block 10, recorded in Book B of Plats, Pages 34 and 35, under Skamania County File No. 85402, Records of Skamania County, Washington.

EXHIBIT "B"

COMMUNITY PROPERTY AGREEMENT

THIS COMMUNITY PROPERTY AGREEMENT, entered into this day by and between HERBERT HAROMIN FISHER and VIOLET FRANCES FISHER, husband and wife, of Carson, Skamania County, State of Washington,

W I T N E S S E T H :

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, HERBERT HAROMIN FISHER and VIOLET FRANCES FISHER, 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

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Community Property Agreement
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H's initials Herbert H. Fisher
W's initials Violet F. Fisher

and transfer 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 HERBERT HAROMIN FISHER, while the said VIOLET FRANCES FISHER survives, be vested in VIOLET FRANCES FISHER, absolutely and in fee simple as her sole and separate property; and, in the event of the death of the said VIOLET FRANCES FISHER, while the said HERBERT HAROMIN FISHER 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 HERBERT HAROMIN FISHER absolutely and in fee simple as his sole and separate property.

IN WITNESS WHEREOF, the parties have executed this agreement this 13th day of October, 1978.

Herbert H. Fisher

Violet F. Fisher

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 this 13th day of October, 1978, personally appeared before me HERBERT HAROMIN FISHER and VIOLET FRANCES FISHER, 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.

Jan L. Kieginich
NOTARY PUBLIC in and for the
State of Washington, residing
at Stevenson.

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H's initials H. H. F.
W's initials V. F.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

STATE OF WASHINGTON DEPARTMENT OF HEALTH VITAL RECORDS CERTIFICATE OF DEATH

LOCAL FILE NUMBER
23

1 NAME - FIRST, MIDDLE, LAST Herbert H. FISHER		2 SEX Male	3 DEATH DATE (Mo., Day, Yr.) Oct. 28, 1991	146	STATE FILE NUMBER
4 AGE LAST BIRTH DAY (Yr.) 88	5 UNDER 1 YEAR MO	6 UNDER 1 DAY DATE	7 BIRTH DATE (Mo., Day, Yr.) 3/31/1903	8 BIRTH STATE (Mo. or U.S.A. give country) WI	9 CITIZEN OF WHAT COUNTRY? U.S.A.
10 CITY, TOWN OR LOCATION OF DEATH Carson			11 PLACE OF DEATH - BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME MP 0.61R Metzger Rd		12 BACKING IN LAST 15 YEARS (Yr.) No
13 MARRITAL STATUS - Married, Never Married, Divorced Married		14 SURVIVING SPOUSE (If wife, give maiden name) Violet F. Coughlin		15 WAS DECEDENT EVER IN U.S. ARMED SERVICES (Yr.) No	16 SOCIAL SECURITY NO. 540-03-0326
17 USUAL OCCUPATION (One kind of work done during most of working life. DO NOT BE TOO SPECIFIC) Saw Filer		18 KIND OF BUSINESS OR INDUSTRY Lumber Mill		19 RACE (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.) White	
20 RESIDENCE - NUMBER AND STREET MP 0.61R Metzger Rd		21 CITY, TOWN OR LOCATION Carson	22 INSIDE CITY (Lat/Long) No	23 COUNTY Skamania	24 STATE Washington
25 FATHER'S NAME - FIRST, MIDDLE, LAST John - Fisher		26 MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME Anna - Gussman			
27 INFORMANT - NAME Violet F. Fisher		28 MAILING ADDRESS - STREET OR RFD NO., CITY OR TOWN, STATE, ZIP Box 111 Carson, WA 98610			
29 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	30 DATE (Mo., Day, Yr.) 11/2/1991	31 CEMETERY, CREMATORY - NAME White Salmon Cemetery		32 LOCATION - CITY/TOWN, STATE White Salmon, WA 98672	
33 SIGNATURE OF CERTIFYING PHYSICIAN <i>R. K. Leick</i>		34 NAME OF FACILITY GARDNER FUNERAL HOME, INC		35 ADDRESS OF FACILITY Box 390 White Salmon, WA 98672	
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN			TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER		
36 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>X</i>			37 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION BY MY OFFICE DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>Robert K. Leick</i> Coroner		
38 DATE SIGNED (Mo., Day, Yr.)			39 HOUR OF DEATH (Mo., Day, Yr.)		
40 NAME AND TITLE OF ATTENDING PHYSICIAN (Type or Print)			41 PREPARED DEAD (Mo., Day, Yr.)		
42 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Robert K. Leick, Coroner Skamania County Courthouse Stevenson, WA			43 HOUR PREPARED DEAD (Mo., Day, Yr.) October 28, 1991		
44 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			45 INTERVAL BETWEEN ONSET AND DEATH		
46 CARDIAC ARREST			47 Immediate		
48 DUE TO, OR AS A CONSEQUENCE OF			49 INTERVAL BETWEEN ONSET AND DEATH		
49 DUE TO, OR AS A CONSEQUENCE OF			50 INTERVAL BETWEEN ONSET AND DEATH		
51 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE			52 AUTOPSY (Type or Print) No		
53 ACC. SUICIDE, HO. UNDET. OR PENDING INVEST (Specify)			54 DATE RECEIVED (Mo., Day, Yr.) November 6, 1991		
55 BURIAL DATE (Mo., Day, Yr.)			56 HOUR OF BURIAL (Mo., Day, Yr.)		
57 DESCRIBE HOW BURIAL OCCURRED			58 LOCATION - STREET OR RFD NO., CITY/TOWN, STATE		
59 BURIAL AT WORK (Specify)			60 PLACE OF BURIAL - AT HOME, FARM, STREET, FACTORY, OFFICE, etc. (Specify)		
61 SIGNATURE OF RECORDING OFFICER <i>Karen Steingart, M.D.</i>			62 DATE RECEIVED (Mo., Day, Yr.) November 6, 1991		

DOM 110-608 (Rev. 8/88) (formerly DHE 6-159)

NOV 6 1991

SEAL

SOUTHWEST WASHINGTON HEALTH DISTRICT

*Karen Steingart, M.D.*Karen R. Steingart, M.D.
District Health Officer

DOM 61-603 (7/88)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. CERTIFIED COPIES MUST BE FILED IN THE ORIGINAL STATE.

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT