

114376

BOOK 130 PAGE 605

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY *Knapp O'Dell*  
*Lewis & Hagen*  
SEP 8 2 44 PM '92  
*P. Sturmy*

A F F I D A V I T

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF CLARK )

Registered *0*  
Indexed, Vir *0*  
Indirect *0*  
Filed *9/21/92*  
Mailed

GARY M. OLSON

ROBERT H. GIFFORD, being first duly sworn, on oath, deposes and says:

1. This affidavit is made for the purpose of supplying information of record pertaining to that certain Community Property Agreement executed by ROBERT GIFFORD and OPAL GIFFORD, husband and wife, on October 10, 1981, and recorded in the office of the Auditor of Skamania County, Washington, on September 8, 1992, under Auditor's Receiving No. *114375 Vol 130 Pg 602*. The information set forth in this affidavit may be relied upon by any person in dealing with property, real or personal, the title to which is deraigned through said Community Property Agreement.

2. OPAL GIFFORD died on August 4, 1992, in Camas, Washington, being, at the time of her death, a resident of Camas, Clark County, Washington.

3. The parties to said Community Property Agreement did no act which would rescind or abrogate such agreement, nor did they, or either of them, execute any testamentary writing which would have the effect of nullifying or abrogating such agreement. Said Community Property Agreement was valid in all respects and was in full force and effect at the date of death of OPAL GIFFORD, one of the parties thereto.

4. The community estate of ROBERT GIFFORD and OPAL GIFFORD did not owe any estate tax to the federal government nor any inheritance to the State of Washington.

5. Included among the assets of such community estate of ROBERT GIFFORD and OPAL GIFFORD was the following real property situate in Skamania County, Washington:

Lot 1 of the Fifth Addition to the Plats of Relocated North Bonneville (a plat of the industrial lots) recorded under Auditor's File No. 94016, in Book B of Plats at Page 51, records of Skamania County, Washington.

## Affidavit

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6. The decedent, at the time of her death, owned no separate property of any kind nor held any interest in any separate property.

7. All obligations of the marital community composed of ROBERT GIFFORD and OPAL GIFFORD, and all separate obligations of the said OPAL GIFFORD have been paid in full or otherwise provided for. All expenses of last illness and funeral services have been paid.

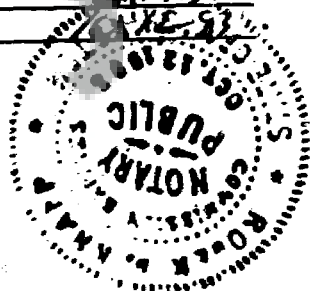
8. In addition to ROBERT GIFFORD, the surviving spouse, the said OPAL GIFFORD was survived by three (3) children, namely, Roberta Gibbons, Nancy Ramsey, and Gregory D. Gifford, all of whom have attained majority.

IN WITNESS WHEREOF, I have hereunto set my hand this 20<sup>th</sup> day of August, 1992.

Robert Gifford  
Robert Gifford

SUBSCRIBED and SWORN to before me this 20<sup>th</sup> day of August, 1992.

[Signature]  
Notary Public in and for the State of  
Washington, Residing at [Signature]  
My appointment expires: EXPIRES 12-31-93



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
1 NAME First Middle Last <b>Opal Mae GIFFORD</b>		2 SEX (M / F) <b>F</b>	3 DEATH DATE (Mo Day Yr) <b>August 4, 1992</b>
4 AGE LAST BIRTH DAY (Yr / Mo / Day) <b>71</b>	5 UNDER 1 YEAR <b>NO</b>	6 UNDER 1 DAY <b>NO</b>	7 BIRTHDATE (Mo Day Yr) <b>Jan. 7, 1921</b>
8 BIRTHPLACE (City State or Foreign Country) <b>Randolph, NE</b>		9 WAS DECEDENT EVER IN U.S. ARMED FORCES? <b>no</b>	10 COUNTY OF DEATH <b>Clark</b>
11 CITY, TOWN OR LOCATION OF DEATH <b>Camas</b>		12 PLACE OF DEATH - BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <b>17401 SE 39th St., #87</b>	
13 SMOKING IN LAST 15 YEARS? (Yes / No) <b>no</b>		14 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>	
15 SURVIVING SPOUSE (If wife give maiden name) <b>Robert H. Gifford</b>		16 SOCIAL SECURITY NO <b>[REDACTED]</b>	
17 DECEDENT'S EDUCATION (Specify & by highest grade completed) <b>12</b>		18 USUAL OCCUPATION (Give kind of work done during most of working life DO NOT USE RET-RET) <b>Homemaker</b>	
19 KIND OF BUSINESS OR INDUSTRY <b>Home</b>		20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, Specify Cuban, Mexican, Puerto Rican, etc.) <b>no</b>	
21 RACE (Specify) <b>white</b>		22 RESIDENCE - NUMBER AND STREET <b>17401 SE 39th St., #87</b>	
23 CITY, TOWN OR LOCATION <b>Camas</b>		24 INSIDE CITY LIMITS? (Yes / No) <b>no</b>	25A COUNTY <b>Clark</b>
25B LENGTH OF RES. IN CO. <b>37 yrs</b>		26 STATE <b>WA</b>	27 ZIP CODE <b>98607</b>
28 FATHER'S NAME - FIRST MIDDLE LAST <b>Chris Graf</b>		29 MOTHER'S NAME - FIRST MIDDLE MAIDEN SURNAME <b>Maud Phillips</b>	
30 INFORMANT - NAME <b>Robert Gifford</b>		31 MAILING ADDRESS STREET OR RFD NO CITY OR TOWN STATE ZIP <b>17401 SE 39th St., #87, Camas, WA 98607</b>	
32 BURIAL CREMATION A REMOVAL OTHER (Specify) <b>Cremation</b>		33 DATE (Mo Day Yr) <b>Aug. 5, 1992</b>	
34 CEMETERY/CREMATORY - NAME <b>Uniservice Crematorium</b>		35 LOCATION - CITY/TOWN STATE <b>Portland, OR</b>	
36 PLACED BY DIRECTOR SIGNATURE <b>[Signature]</b>		37 NAME OF FACILITY <b>Memorial Gardens Mortuary</b>	
38 ADDRESS OF FACILITY <b>1101 NE 112th Ave., Vancouver, WA 98684</b>		39	
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 WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <b>Janet R. Hosenpud MD</b>		41 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <b>[Signature]</b>	
42 DATE SIGNED (Mo Day Yr) <b>8-5-92</b>		43 HOUR OF DEATH (24 Hrs) <b>0330</b>	
44 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>[Signature]</b>		45 PRONOUNCED DEAD (Mo Day Yr) <b>[Signature]</b>	
46 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>Janet Hosenpud, MD, 700 NE 87th Ave., Vancouver, WA 98664</b>		47 HOURS PRONOUNCED DEAD (24 Hrs) <b>[Signature]</b>	
48 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>Janet Hosenpud, MD, 700 NE 87th Ave., Vancouver, WA 98664</b>		49 MEDICORNER FILE NUMBER	
50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH			
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Ovarian carcinoma</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 month</b>	
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury which contributed to death) on last line.		INTERVAL BETWEEN ONSET AND DEATH	
A DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
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 DISEASES, INJURIES, OR COMPLICATIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE		52 AUTOPSY? (Yes / No) <b>no</b>	
53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>yes</b>		54 ACCIDENT, HOMICIDE, OR SUICIDE? (Yes / No) <b>no</b>	
55 DATE (Mo Day Yr) <b>[Signature]</b>		56 HOUR OF INJURY (24 Hrs) <b>[Signature]</b>	
57 DESCRIBE HOW INJURY OCCURRED		58 LOCATION - STREET OR RFD NO., CITY/TOWN STATE <b>[Signature]</b>	
59 INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE		60	
61 RECEIVED BY <b>[Signature]</b>		62 REGISTER SIGNATURE <b>[Signature]</b>	
63 DATE RECEIVED (Mo Day Yr) <b>AUG 5 1992</b>		64	

FOR INSTRUCTIONS SEE...

DOH 117-008 (Rev. 7/81) (formerly DSHS 9-150)

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DOH 01-003 (7/89)

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