

AFFIDAVIT TO THE PUBLIC

STATE OF WASHINGTON)
) ss.
COUNTY OF CLARK)

RUBY J. COLBERT, being first duly sworn, upon oath deposes and says:

That this affidavit is made for the purpose of supplying information for record pertaining to that certain Community Property Agreement, executed by ALVIN A. COLBERT and RUBY J. COLBERT, husband and wife, dated September 25, 1964, and recorded as Clark County Auditor's File No. G-395795, on September 28, 1964, and recorded as Skamania County Auditor's File No. 125324 157/366, on May 24, 1996; and also to the estate of ALVIN A. COLBERT, deceased, one of the parties to said agreement, and it is intended that the statements set forth herein shall be considered representations of fact which may be relied upon by all persons dealing with the following described real property, situate in Clark County, Washington:

Parcel 1

FILED FOR RECORD
SKAMANIA CO. WASH
BY Jackson, Jackson & Kurtz
May 24 3 26 PM '96
Olson
AUDITOR
GARY H. OLSON

A home and approximately 2 1/2 acres located at 9020 NE Ward Rd., Vancouver, Washington 98682, more particularly described as follows:

Lot 2 of Short Plats, according to the plat thereof, recorded in Book 2 of Short Plats, at page 465, records of Clark County, Washington.

SUBJECT TO restrictions, reservations, agreements, covenants and conditions of record.

Tax Serial No. 153950-005.0

Tax Assessed Value: \$60,200.00 (land)

\$87,000.00 (structure)

Total: \$147,200.00

REAL ESTATE EXCISE TAX
18078

MAY 24 1996

PAID exempt
Wynoda, Deputy
SKAMANIA COUNTY TREASURER

Gary H. Martin, Skamania County Assessor
5/24/96
Parcel # 7-6-18-4-50
April 28

AFFIDAVIT TO THE PUBLIC - 1

Registered
Indexed, Dir.
Indirect
Filmed
Mailed

JACKSON, JACKSON & KURTZ, INC. PS
ATTORNEYS AT LAW
P.O. Box 96 - 804 East Main
Battle Ground, Washington 98604
(360) 687-7106

Parcel 2

Mobile home and real property located at 8924 NE Ward Rd., Vancouver, WA 98682, containing approximately 2.4 acres, described as:

Beginning at the intersection of the center line of the County Road and the east line of the southwest quarter of the northeast quarter of Section 1, Township 2 North, Range 2 East of the Willamette Meridian, said point being 495 feet, more or less, north of the southeast corner of the southwest quarter of the northeast quarter of said Section; thence southwesterly along the center line of said road 629 feet; thence northwesterly to a point on the north line of said southwest quarter of the northeast quarter which is 360 feet west of the northeast corner of said southwest quarter of the northeast quarter; thence east to the northeast corner of said southwest quarter of the northeast quarter; thence south to the point of beginning.

Except Tax Lots 67, 91, 95, and 109

Tax Serial No.	153955-000
Tax Assessed Value:	\$55,000.00 (land)
	<u>\$4,100.00</u> (structure)
Total:	\$59,100.00

AND the following described real property, situate in Skamania County, Washington:

The West half of the Northwest quarter of the Southeast quarter of the Southeast quarter of Section 18, Township 7 North, Range 6 East of the Willamette Meridian.

Tax Serial No.	07-06-18-4-0-04041-00
Tax Assessed Value:	\$95,000.00

Gary K. Martin, Skamania County Assessor
Date 5/23/95 Parcel # 7-6-18-4-401
201-1-0

AFFIDAVIT TO THE PUBLIC - 2

JACKSON, JACKSON & KURTZ, INC. PS
ATTORNEYS AT LAW
P.O. Box 96 - 804 East Main
Battle Ground, Washington 98604
(360) 687-7106

FIRST, that ALVIN A. COLBERT died on March 16, 1996, in Vancouver, Washington. A copy of the Death Certificate is attached hereto.

SECOND, that the parties to said agreement entered into no subsequent joint Wills or Agreements which would have the effect of abrogating or nullifying the above-mentioned Community Property Agreement.

THIRD that no federal estate tax was due the United States of America for the reason that the taxable estate was within the specific exemption allowed decedent at the time of his death.

FOURTH, no estate taxes were imposed by the State of Washington.

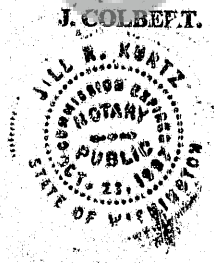
FIFTH, that all obligations of the community owing at the date of death have been paid in full or provided for, and all expenses of last illness and funeral expenses have been paid or provided for.

SIXTH, that your affiant is the surviving spouse of the decedent, and these facts and representations set out herein are within the personal knowledge of your affiant, and may be relied upon by all persons dealing with the assets of said decedent.

DATE: this 15th day of April, 1996.

Ruby J. Colbert
RUBY J. COLBERT

SIGNED AND SWORN to before me this 15th day of April, 1996, by RUBY



Jill R. Kurtz
NOTARY PUBLIC in and for the State of Washington; my commission expires: 10/23/97

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



BOOK 7577 PAGE 371

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

OFFICE USE ONLY

1. DISTRICT

TYPE OR PRINT IN PERMANENT BLACK INK

419

LOCAL FILE NUMBER

2. COPIES

3. HOSPITAL

4. OCCURRENCE

5. RESIDENCE

6. TRACT

7. OCCUPATION

8. FATHER'S NAME—FIRST, MIDDLE, LAST

9. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME

10. FATHER'S OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)

11. MOTHER'S OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)

12. FATHER'S RESIDENCE—NUMBER AND STREET

13. MOTHER'S RESIDENCE—NUMBER AND STREET

14. FATHER'S CITY/TOWN, OR LOCATION

15. MOTHER'S CITY/TOWN, OR LOCATION

16. FATHER'S INSIDE CITY LIMITS (Year + No.)

17. MOTHER'S INSIDE CITY LIMITS (Year + No.)

18. FATHER'S LENGTH OF RES. IN CO.

19. MOTHER'S LENGTH OF RES. IN CO.

20. FATHER'S STATE

21. MOTHER'S STATE

22. FATHER'S ZIP CODE

23. MOTHER'S ZIP CODE

24. FATHER'S MARRIAGE

25. MOTHER'S MARRIAGE

26. FATHER'S SOCIAL SECURITY NO.

27. MOTHER'S SOCIAL SECURITY NO.

28. FATHER'S EDUCATION

29. MOTHER'S EDUCATION

30. FATHER'S RACE (Specify)

31. MOTHER'S RACE (Specify)

32. FATHER'S ETHNIC ORIGIN OR DESCENT (Specify)

33. MOTHER'S ETHNIC OR DESCENT (Specify)

34. FATHER'S US. ARMED FORCES? (Yes/No)

35. MOTHER'S US. ARMED FORCES? (Yes/No)

36. FATHER'S SMOKING IN LAST 15 YEARS? (Yes/No)

37. MOTHER'S SMOKING IN LAST 15 YEARS? (Yes/No)

38. FATHER'S PLACE OF DEATH

39. MOTHER'S PLACE OF DEATH

40. FATHER'S INSTITUTION NAME

41. MOTHER'S INSTITUTION NAME

42. FATHER'S SOCIAL SECURITY NO.

43. MOTHER'S SOCIAL SECURITY NO.

44. FATHER'S EDUCATION

45. MOTHER'S EDUCATION

46. FATHER'S RACE (Specify)

47. MOTHER'S RACE (Specify)

48. FATHER'S ETHNIC OR DESCENT (Specify)

49. MOTHER'S ETHNIC OR DESCENT (Specify)

50. FATHER'S US. ARMED FORCES? (Yes/No)

51. MOTHER'S US. ARMED FORCES? (Yes/No)

52. FATHER'S SMOKING IN LAST 15 YEARS? (Yes/No)

53. MOTHER'S SMOKING IN LAST 15 YEARS? (Yes/No)

54. FATHER'S PLACE OF DEATH

55. MOTHER'S PLACE OF DEATH

56. FATHER'S INSTITUTION NAME

57. MOTHER'S INSTITUTION NAME

58. FATHER'S SOCIAL SECURITY NO.

59. MOTHER'S SOCIAL SECURITY NO.

60. FATHER'S EDUCATION

61. MOTHER'S EDUCATION

62. FATHER'S RACE (Specify)

63. MOTHER'S RACE (Specify)

64. FATHER'S ETHNIC OR DESCENT (Specify)

65. MOTHER'S ETHNIC OR DESCENT (Specify)

66. FATHER'S US. ARMED FORCES? (Yes/No)

67. MOTHER'S US. ARMED FORCES? (Yes/No)

68. FATHER'S SMOKING IN LAST 15 YEARS? (Yes/No)

69. MOTHER'S SMOKING IN LAST 15 YEARS? (Yes/No)

70. FATHER'S PLACE OF DEATH

71. MOTHER'S PLACE OF DEATH

72. FATHER'S INSTITUTION NAME

73. MOTHER'S INSTITUTION NAME

74. FATHER'S SOCIAL SECURITY NO.

75. MOTHER'S SOCIAL SECURITY NO.

76. FATHER'S EDUCATION

77. MOTHER'S EDUCATION

78. FATHER'S RACE (Specify)

79. MOTHER'S RACE (Specify)

80. FATHER'S ETHNIC OR DESCENT (Specify)

81. MOTHER'S ETHNIC OR DESCENT (Specify)

82. FATHER'S US. ARMED FORCES? (Yes/No)

83. MOTHER'S US. ARMED FORCES? (Yes/No)

84. FATHER'S SMOKING IN LAST 15 YEARS? (Yes/No)

85. MOTHER'S SMOKING IN LAST 15 YEARS? (Yes/No)

86. FATHER'S PLACE OF DEATH

87. MOTHER'S PLACE OF DEATH

88. FATHER'S INSTITUTION NAME

89. MOTHER'S INSTITUTION NAME

90. FATHER'S SOCIAL SECURITY NO.

91. MOTHER'S SOCIAL SECURITY NO.

92. FATHER'S EDUCATION

93. MOTHER'S EDUCATION

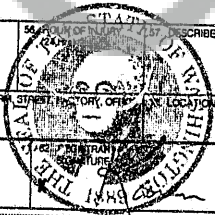
94. FATHER'S RACE (Specify)

95. MOTHER'S RACE (Specify)

96. FATHER'S ETHNIC OR DESCENT (Specify)

97. MOTHER'S ETHNIC OR DESCENT (Specify)

1. NAME First: ALVIN Middle: ATHEL Last: COLBERT		2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) March 16, 1996	
4. AGE LAST BIRTHDAY (Yrs) 71		5. UNDER 1 YEAR MOS DATE		6. UNDER 1 DAY HOURS MINS	
7. BIRTHDATE (Mo, Day, Yr) June 27, 1924		8. BIRTHPLACE Model, CO		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes Clark	
11. CITY, TOWN OR LOCATION OF DEATH Vancouver					
12. PLACE OF DEATH—SI BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. N/A/OUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE 9020 NE Ward Rd.					
13. SMOKING IN LAST 15 YEARS? (Yes / No) no					
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Ruby J. Grant		16. SOCIAL SECURITY NO. [REDACTED]	
17. DECEDENT'S EDUCATION (Specify only up to last grade completed) Elementary/Secondary (9-12) College (1-4 or 5+) 8					
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Owner/Operator Construction					
19. KIND OF BUSINESS OR INDUSTRY Construction					
20. Was Decedent of Hispanic origin or descent? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No					
21. RACE (Specify) White					
22. RESIDENCE—NUMBER AND STREET 9020 NE Ward Rd.		23. CITY/TOWN, OR LOCATION Vancouver		24. INSIDE CITY LIMITS (Year + No.) no	
25. COUNTY Clark		26. LENGTH OF RES. IN CO. 50yrs		27. STATE WA	
28. ZIP CODE 98682		29. FATHER'S NAME—FIRST, MIDDLE, LAST Fred Colbert			
30. INFORMANT—NAME Ruby Colbert				31. MAILING ADDRESS Evelyn Coure STREET OR RFD NO. CITY OR TOWN STATE ZIP 9020 NE Ward Rd. Vancouver WA. 98682	
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		33. DATE (Mo, Day, Yr) Mar. 21, 1996		34. CEMETERY/CREMATORIUM—NAME Evergreen Memorial Gardens	
35. FUNERAL DIRECTOR OR SIGNATURE [Signature]		36. NAME OF FACILITY Memorial Gardens Mortuary		37. ADDRESS OF FACILITY Vancouver, WA 1101 NE 112th Ave. Vancouver, WA 98684	
38. 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 L. S. Crary, M.D. DATE SIGNED (Mo, Day, Yr) 3-18-96			39. 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 X DATE SIGNED (Mo, Day, Yr) 1645		
40. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) L. S. Crary M.D. 505 NE 87th Ave. #200 Vancouver WA 98664			41. HOUR OF DEATH (24 Hrs) 1645		
42. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) L. S. Crary M.D. 505 NE 87th Ave. #200 Vancouver WA 98664			43. HOUR PRONOUNCED DEAD (24 Hrs) [REDACTED]		
44. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: A. IMMEDIATE CAUSE (Final disease or condition resulting in death) Metastatic Ca of Prostate B. DUE TO, OR AS A CONSEQUENCE OF: C. DUE TO, OR AS A CONSEQUENCE OF: D. DUE TO, OR AS A CONSEQUENCE OF:			45. INTERVAL BETWEEN ONSET AND DEATH		
46. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE.					
47. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING? INVEST. (Specify)		48. INJURY DATE (Mo, Day, Yr)		49. ALTOGETHER? (Yes / No) no	
50. INJURY AT WORK? (Yes / No)		51. PLACE OF INJURY—A) HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)		52. DESCRIBE HOW INJURY OCCURRED: [REDACTED]	
53. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE		54. REVIEWED BY [Signature]		55. DATE RECEIVED (Mo, Day, Yr) MAR 18 1996	



THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THIS ORIGINAL SEAL.

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE; A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:

THE TRUE FACT IS:

BOOK 157 PAGE 372

I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY _____

PHONE NUMBER: _____

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF _____

WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.

SIGNATURE _____

ADDRESS _____

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order.

Birth Certificates

1. Only a parent, legal guardian or the adult (18 or older) may change the birth certificate.
2. All changes must be established by documentary proof submitted with the affidavit.
3. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
4. The proof(s) for names must be five (or more) years old, while proof(s) for dates, places, or ages must have been established within five years of birth.
5. Examples of acceptable documents of proof:

Baptismal Certificate	Marriage Record	School Record
U.S. Census Record	Medical Record	Voter's Registration Card
Hospital Records	Military Record	(if it bears an effective date)
Insurance Records	Your Child's Birth Record	
6. Surname changes require a certified copy of a court ordered name change, except that minor spelling changes may be made with an affidavit and documentary proof.
7. Parent(s) may change their child's given name with only their signature until the child's 18th birthday.

Death Certificate

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.
3. Routine changes will normally be made only during the first year after death. Other changes will be made only for legally important reasons (property, inheritance, etc.) and must be approved by the State Registrar.

Marriage/Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit or as proof by the person. See description of proofs in births above.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
 Center for Health Staff, Aca
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

CERTIFIED

MAR 20 1996

Karen Steingart, MD

Dr. Karen Steingart
 Health District Officer
 S.W. Wash Health Dist.

CC444381