

125325

BOOK 752 PAGE 368

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

Garry M. Olson
AUDITOR

GARY M. 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

REAL ESTATE EXCISE TAX
18078

Tax Assessed Value:

\$60,200.00 (land)

MAY 24 1996

\$87,000.00 (structure)

PAID exempt

Total: \$147,200.00

L. Synoda, Deputy

SKAMANIA COUNTY TREASURER

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

Gary M. Olson, Skamania County Auditor
 5/24/96
 Parcel # 7-6-18-4-50
 April 28

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)
	\$4,100.00 (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 5/21/96 Parcel # 7-6-18-4-401
 421-18

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.

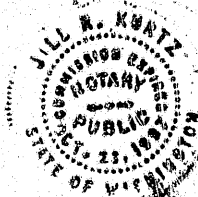
SIXTH, that your affiant is the surviving spouse of the decedent, and these facts and representations set out herein are within the personal knowledge of your affiant, and may be relied upon by all persons dealing with the assets of said decedent.

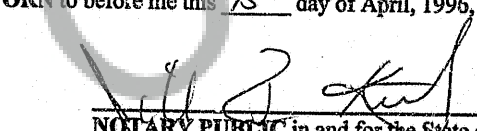
DATE: this 15th day of April, 1996.


RUBY J. COLBERT

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

J. COLBERT.




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

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

OFFICE
USE
ONLY

1. DISTRICT

2. COPIES

3. HOSPITAL

4. OCCURRENCE

5. RESIDENCE

6. TRACT

7. OCCUPATION

8. RESIDENCE

9. RESIDENCE

10. RESIDENCE

11. RESIDENCE

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29. RESIDENCE

30. RESIDENCE

TYPE OR PRINT IN PERMANENT BLACK INK

419

LOCAL FILE NUMBER

Washington State Department of
Health

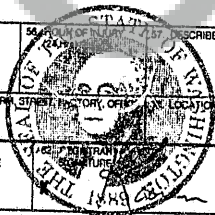
CERTIFICATE OF DEATH

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146

STATE FILE NUMBER

1. NAME First Middle Last ALVIN ATHEL 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 DAYS 71		6. UNDER 1 DAY HOURS MINS 71	
7. BIRTHDATE (Mo, Day, Yr) June 27, 1924		8. BIRTHPLACE (City, State or Foreign Country) Model, CO		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes	
10. COUNTY OF DEATH Clark		11. CITY, TOWN OR LOCATION OF DEATH Vancouver		12. PLACE OF DEATH—SEE 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. RM/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. 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? (Yes/No) (Specify) Yes or No: If Yes, specify Cubans, 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 (Yes / No) no	
25. COUNTY Clark		26. LENGTH OF RES. IN CO. (Yr / Mos) 50yrs		27. STATE WA	
28. ZIP CODE 98682		29. FATHER'S NAME—FIRST, MIDDLE, LAST Fred Colbert		30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Evelyn Goure	
31. MAILING ADDRESS 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, CREMATORY—NAME Evergreen Memorial Gardens		35. LOCATION—CITY/TOWN, STATE Vancouver, WA		36. ADDRESS OF FACILITY 1701 NE 112th Ave. Vancouver, WA 98684	
37. NAME OF FACILITY Memorial Gardens Mortuary		38. SIGNATURE AND TITLE [Signature]		39. DATE SIGNED (Mo., Day, Yr) 3-18-96	
40. HOUR OF DEATH (24 Hrs) 1645		41. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Lyall S. Crary M.D.		42. ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) 505 NE 37th Ave. #200 Vancouver WA 98664	
43. 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 [Signature]		44. DATE SIGNED (Mo., Day, Yr) 3-18-96		45. HOUR OF DEATH (24 Hrs) 1645	
46. PRONOUNCED DEAD (Mo., Day, Yr) 3-18-96		47. HOUR PRONOUNCED DEAD (24 Hrs) 1645		48. RECORDER FILE NUMBER [REDACTED]	
49. IMMEDIATE CAUSE (Final disease or condition resulting in death) Metastatic Ca of Prostate		50. 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 initiated events resulting in death) LAST.		51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE.	
52. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING? (Specify) no		53. INJURY DATE (Mo, Day, Yr) 3-18-96		54. PLACE OF INJURY—A. HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify) [REDACTED]	
55. INJURY AT WORK? (Yes / No) no		56. PLACE OF INJURY—B. HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify) [REDACTED]		57. RECORD AMENDMENT (Register use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE [Signature]	
58. DATE RECEIVED (Mo., Day, Yr) MAR 18 1996		59. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) yes		60. THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL 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 RECORD NOW SHOWS:

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

- Only a parent, legal guardian or the adult (18 or older) may change the birth certificate.
- All changes must be established by documentary proof submitted with the affidavit.
- 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.
- 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.

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

- 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.
- Parent(s) may change their child's given name with only their signature until the child's 18th birthday.

Death Certificate

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.
- 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

- Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit or by proof by the person. See description of proofs in births above.
- 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 Statistics
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
SW Wash Health Dist.

CC444381