

136013

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FILED
SK
Kielpinski

AUG 16 1 58 PM '99

Amos

GARY E. OLSON

AFTER RECORDING MAIL TO:

Kielpinski & Woodrich
P.O. Box 510
Stevenson WA 98648
(509) 427-5665

Document Title(s) or transactions contained therein:
Affidavit in Support of Community Property Agreement

Grantor(s): [Last name first, then first name and initials]

Smith, Emmett J.
Smith, Mary E.

Grantee(s): [Last name first, then first name and initials]

Smith, Mary E.

Abbreviated Legal Description: [i.e., lot/block/plat or
sec/twp/range/ $\frac{1}{4}$ / $\frac{1}{4}$]

Lot 16, Block 1,

Reference Number(s) of Documents Assigned or Released:
[Bk/Pg/Aud#]

Book A, Page 114 and 115 #60610

Assessor's Property Tax Parcel/Account Number(s):

02 06 34 14 5500 00

2-6-34-1-4-5500
8-16-99 GEM

AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAMANIA)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit provides information for the record regarding that certain Community Property Agreement dated the 31st day of August, 1989 and recorded in Skamania County, Washington on under Auditor's File No. 135921. Emmett J. Smith (the "Decedent") was one of the parties to the Agreement and died on May 13, 1999, a resident of Skamania County, Washington. A copy of the death certificate is recorded herewith.

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

3. The community property of the parties to the Agreement at the time of the Decedent's death is listed on Exhibit "A" attached hereto.

4. The Decedent left no separate property.

5. All the obligations of the marital community owing at the date of the Decedent's death have been paid in full, and all expenses of last illness and for funeral and burial services of the Decedent have been paid in full.

6. The Decedent was survived by the following persons:

Name and Address

Relationship

Mary Elizabeth Smith
632 Skamania Landing Road
Skamania, Washington 98648

wife

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Constance Joene Wink
Camas, Washington

daughter

Roy Edward McCormick
Sandy, Oregon

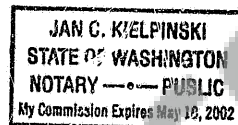
son

David Wayne McCormick
Loveland, Colorado

son

Mary Elizabeth Smith
Mary Elizabeth Smith

SIGNED AND SWORN to before me this 20th day of July, 1999 by Mary Elizabeth Smith.



Jan C. Kielpinski
Jan C. Kielpinski
NOTARY PUBLIC in and for
the State of Washington
My commission expires 5/10/02

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EXHIBIT "A"

Lot 16, Block 1 of Woodard Marina Estates, Inc. described in Auditor's File No.
60610 at page 114 and 115 of Book A of Plats, Records of Skamania County,
State of Washington.

2-6-34-1-4-5300
P-16-89
GHA-1

Affidavit in Support of
Community Property Agreement
Page 3

CERTIFICATION OF VITAL RECORD

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TYPE OR
PRINT IN
PERMANENT
BLACK INK

364140

10. TAG NO
00904

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

State File Number

1. DECEASED'S NAME First: Emmett Middle: Last: SMITH		2. SEX M	3. DATE OF DEATH (Month Day Year) May 13, 1999
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE-Last Birthday (Year) 85	5b. Under 1 Year Mo: Days: Hours: Mins:	6. BIRTHPLACE (City and State or Foreign) Farley Iowa
7. DATE OF BIRTH (Month Day Year) October 16, 1913		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Patient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> OCA <input type="checkbox"/> Other: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify):	
9. FACILITY NAME (If not institution, give street and number) Kaiser Sunnyside Medical Center		10. COUNTY OF DEATH Clackamas	
11. DECEASED'S USUAL OCCUPATION (Give unit of work done during most of working life) Supervisor		12. KIND OF BUSINESS/INDUSTRY Sheet Metal Industry	
13. RESIDENCE - STATE WA		14. COUNTY Skamania	
15. CITY/TOWN OR LOCATION Stevenson		16. STREET AND NUMBER 632 Skamania Landing Road	
17. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		18. ZIP CODE 98643	
19. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes		20. RACE (Ancestral basis) White	
21. FATHER'S NAME First Middle Last Joseph - Smith		22. MOTHER'S NAME First Middle Last Mary Alice Riley	
23. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify):		24. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Forest Lawn Memorial Park	
25. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Emmett R. White</i>		26. OREGON LICENSE NO. (If known) 001644	
27. DATE FILED (Month Day Year) MAY 24 1999		28. NAME, ADDRESS AND ZIP OF FACILITY 520 W. Powell Blvd. Gresham, OR 97030	
29. RESERVED FOR REGISTRAR'S USE		30. REGISTRAR'S SIGNATURE <i>Margaret A. Thompson</i>	

31. TIME OF DEATH 0225		32. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
33. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. <i>George Feilman M.D.</i>		34. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. <i>George Feilman M.D.</i>	
35. DATE SIGNED (Month Day Year) 5/11/99		36. DATE SIGNED (Month Day Year) 5/11/99	
37. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) George Feilman M.D. 10180 SE Sunnyside Rd Clackamas Oregon 97015		38. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
39. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest)			
(a) Multiple Strokes		(b) Multiple Strokes	
(c) SEIZURE		(d) SEIZURE	
40. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in PART I SEIZURE			
41. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other	42. DATE OF INJURY (Month Day Year) 5/11/99	43. TIME OF INJURY 0225	44. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
45. PLACE OF INJURY: At home, farm, street, factory, office, building, etc. (Specify)		46. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

ORIGINAL-VITAL STATISTICS COPY

2-4-34-1-4-650

45-2 Rev 11-98

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE CLACKAMAS COUNTY REGISTRAR.

DATE ISSUED: **MAY 24 1999**

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

COUNTY REGISTRAR
CLACKAMAS COUNTY, OREGON

Marion T. Starnell



ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE