

BOOK 221 PAGE 4410

MAR 7 4 20 PM '02

U. Bartels  
AUDITOR

J. MICHAEL GARVISON

**Roger D. Knapp**  
430 NE Everett Street  
Camas, WA 98607

1. Supervisor  
 2. Assistant Supervisor  
 3. Inspector  
 4. Chief Inspector  
 5. Chief of Police

Grantor: George F. Henriksen  
Grantee: Mary E. Henriksen  
Legal description (abbreviated): E-1/2 NW Quarter and NE Quarter, SW Quarter,  
Section 35T2NR5EWM  
Assessors Tax Parcel ID No. 02-05-35-0-0-0800, 805, 806, 807, and 808  
Prior Document No.:

**MARY E. HENRIKSEN, being first duly sworn, upon 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 GEORGE F. HENRIKSEN and MARY E. HENRIKSEN, husband and wife, dated May 13, 1969, and recorded in the office of the Auditor of Clark County, Washington. The information set forth in this affidavit may be relied upon by any person dealing with property, real or personal, the title to which is deraigned through said Community Property Agreement.

2. **GEORGE F. HENRIKSEN** died on or about December 9, 2001, being, at the time of his 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 GEORGE F. HENRIKSEN, one of the parties thereto.

4. The total value of all assets in this estate is less than the minimum value which requires the filing of a federal estate tax return under federal law applicable as of the date of death, and no such tax return has been or will be filed. No taxes imposed by the Washington Estate and Transfer Tax Reform Act of 1981 are due.

Affidavit

Page 2

5. Included among the assets of the community estate of GEORGE F. HENRIKSEN and MARY E. HENRIKSEN, husband and wife, were the following described parcels of real property, the disposition of which is controlled by the terms of said Community Property Agreement:

County of Skamania, State of Washington

The East half of the Northwest quarter (E $\frac{1}{2}$ , NW $\frac{1}{4}$ ), and the Northeast quarter of the Southwest quarter (NE $\frac{1}{4}$ , SW $\frac{1}{4}$ ), of Section 35, Township 2 North, Range 5 E.W.M., except that portion thereof lying northwesterly of County Road No. 112 designated as the Maybee Mines Road.

EXCEPT Lots 1, 2, 3, and 4 of Canyon Creek Estates, recorded in Book 3 of Short Plats, Page 297, Skamania County Records.

6. No proceedings have been instituted to contest or set aside or cancel said Community Property Agreement.

7. Said decedent, at the time of death, owned no separate property of any kind nor held any interest in any separate property.

8. All obligations of the marital community composed of GEORGE F. HENRIKSEN and MARY E. HENRIKSEN, husband and wife, and all separate obligations of the said GEORGE F. HENRIKSEN have been paid in full or otherwise provided for, and all expenses of last illness and funeral expenses have been paid.

9. In addition to MARY E. HENRIKSEN, the surviving spouse, the said GEORGE F. HENRIKSEN was survived by four (4) children, namely, George A. Henriksen, John R. Henriksen, Joann M. Skimas, and Nan A. Henriksen, all of whom have attained majority.

IN WITNESS WHEREOF, I have hereunto set my hand this 15<sup>th</sup> day of February, 2002.

2002.

Mary E. Henriksen  
MARY E. HENRIKSEN

SUBSCRIBED and SWORN to before me this 15<sup>th</sup> day of February, 2002.



[Signature]  
Notary Public in and for the State of  
Washington, Residing at Cheney.  
My appointment expires: 12-12-05.

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

1970

LOCAL FILE NUMBER

## CERTIFICATE OF DEATH

BOOK 221 PAGE 442

146

STATE FILE NUMBER

1. NAME First: George Middle: Francis Last: HENRIKSEN		2. SEX (M / F) Male	3. DEATH DATE (Mo, Day, Yr) December 9, 2001
4. AGE LAST BIRTHDAY (Yrs) 87	5. UNDER 1 YEAR MOS DAYS HOURS MINS	6. BIRTHPLACE (City, State or Foreign Country) Washougal, WA	7. BIRTHDATE (Mo, Day, Yr) 11/7/1914
11. CITY, TOWN OR LOCATION OF DEATH Camas		12. PLACE OF DEATH — IN BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. ROOMOUT PTN 4. HOSP. 5. NUR HOME 6. OTHER PLACE 3510 NE 4th Ave.	
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) Mary Ellen Davis		16. SOCIAL SECURITY NO. 540-01-3740	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) College (1-4 or 5+) 4		18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Pharmacist	
19. KIND OF BUSINESS OR INDUSTRY Pharmacy		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No	
21. RACE (Specify) White		22. RESIDENCE — NUMBER AND STREET 3510 NE 4th Ave.	
23. CITY, TOWN, OR LOCATION Camas		24. INSIDE CITY LIMITS? (Yes / No) Yes	
25. COUNTY Clark		26. STATE WA	
27. ZIP CODE 98607		28. FATHER'S NAME — FIRST, MIDDLE, LAST Jorgen Henriksen	
29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Frances Taylor		30. INFORMANT — NAME Nan Henriksen	
31. MAILING ADDRESS — STREET OR RFD NO., CITY OR TOWN, STATE, ZIP 2823 NW Alpine Lane Camas, WA 98607		32. BURIAL CREMATION REMOVAL, OTHER (Specify) Burial	
33. DATE (Mo, Day, Yr) 12/13/2001		34. CEMETERY/CREMATORY — NAME Camas Cemetery	
35. LOCATION — CITY/TOWN, STATE Camas, Washington		36. FUNERAL DIRECTOR SIGNATURE *C. M. [Signature] STRAUB'S FUNERAL HOME	
37. ADDRESS OF FACILITY 325 NE 3rd Ave. Camas, Washington 98607		38. ADDRESS OF FACILITY 325 NE 3rd Ave. Camas, Washington 98607	
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN			
39. 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 X [Signature] Graham Glass MD			
40. DATE SIGNED (Mo, Day, Yr) 12/10/01			
41. HOUR OF DEATH (24 Hrs) 0730			
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Graham Glass, MD 315 SE Stonemill Dr. Vancouver, WA 98607			
TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
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 X [Signature]			
44. DATE SIGNED (Mo, Day, Yr)			
45. HOUR OF DEATH (24 Hrs)			
46. PRONOUNCED DEAD (Mo, Day, Yr)			
47. HOUR PRONOUNCED DEAD (24 Hrs)			
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Graham Glass, MD 315 SE Stonemill Dr. Vancouver, WA 98607			
49. ME/CORONER FILE NUMBER			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:			
IMMEDIATE CAUSE (Final disease or condition resulting in death). 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.			
A. Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
B. Atrial Fibrillation		INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
C.		INTERVAL BETWEEN ONSET AND DEATH	
D.		INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:			
52. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST? (Specify)		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes	
54. INJURY DATE (Mo, Day, Yr)		55. HOUR OF INJURY (24 Hrs)	
56. DESCRIBE HOW INJURY OCCURRED:			
57. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (Specify)		58. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE	
59. RECORD AMENDMENT (Registrar Use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		60. SIGNATURE OF REGISTRAR [Signature] 61. DATE RECEIVED (Mo, Day, Yr) DEC 12 2001	

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOI: 110-008 (Rev. 7/01) 101-003 (Rev. 9-10)

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

3434712  
Page: 4 of 5  
03/05/2002 11:00A  
13.00 Clark County, WA  
ROGER KNEPP

# AFFIDAVIT FOR CORRECTION BOOK 22.1 PAGE 443

**USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY**  
**ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.**

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
<b>STATE OFFICE USE ONLY</b>				
Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with		1. STATE FILE NUMBER 4. PLACE OF EVENT (City and County)		
2. NAME		3. DATE OF EVENT		
5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution)		6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution)		
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS: THE RECORD NOW SHOWS:				
7.		THE TRUE FACT IS:		
8.		9.		
10.		11.		
12.		13.		
14.		15.		
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.				
16. SIGNATURE		17. DATE		18. ADDRESS

DOH 110-007 (Rev. 3/89)

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. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

## Birth Certificates

- All changes must be established by documentary proof submitted with the affidavit.
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- 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.
- Proof must be five (or more) years old or established within five years of birth.
- Examples of documents of proof:
 

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
- Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided:
  - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
  - The new surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
  - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parents may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

## Death Certificates

- 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.

## Marriage/Dissolution (Divorce) Certificates

- Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
- 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

This is a legal document.  
 Complete in ink and do not alter.

# CERTIFIED

DEC 12 2001

*Karen R. Steingart, MD*  
 Dr. Karen Steingart  
 Health District Office  
 S.W. Washington Health District  
 I100049102

