

114838

BOOK 131 PAGE 782

FILED FOR RECORD
STATE OF WASHINGTON
BY *Renshippy*

OCT 30 3 22 PM '92

GARY L. OLSON

AFFIDAVIT IN SUPPORT
OF COMMUNITY PROPERTY AGREEMENTSTATE OF WASHINGTON)
) ss.
County of Skamania)

HAZEL B. SHIPPY, being first duly sworn on oath, deposes and says:

1. I am the surviving spouse of FLOYD SHIPPY, who died on October 7, 1992, in Stevenson, Skamania County, State of Washington, being at the time of his death, a resident of Stevenson, Skamania County, State of Washington. The decedent and I provided for the disposition of all of our community property under that certain Community Property Agreement (the "Agreement"), dated May 14, 1963, and recorded on October 30, 1992, in the Office of the Skamania County Auditor in Book 131, page 779, Records of said County.

2. The statements set forth in this Affidavit are representations of fact which may be relied upon by all parties dealing with any of the real and/or personal property of the decedent and his surviving spouse.

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

4. Under the terms of the Community Property Agreement, title to all real and personal property of the community vests immediately in the survivor upon the death of either party to the Agreement. The decedent left no separate property. Among other items of community property was the following described real estate situated in the County of Skamania, State of Washington, to-wit:

For point of beginning commence at a point in the South line of Second Street in the Town of Stevenson which is South 600 feet and North 89 deg. 14 min. West 560 feet from the intersection of the West line of the Henry Shepard D.L.C. with the North line of Section 1, Township 2 N. Range 7 E.W.M.; thence South 259 feet to the initial point of the tract hereby described; thence from said initial point West 82 feet; thence North 50 deg. West to a point due West of a point on Second Street which is North 89 deg. 14 min. West 642 feet from the intersection of said Second Street with West line of said Shepherd D.L.C.; thence East to the point last above described; thence South 150 feet; thence East 82 feet more or less to a point due North of the place of beginning; thence South 109 feet to the initial point or place of beginning of the tract herein described.

EXCEPTING THEREFROM that part heretofore conveyed to the grantees by the grantor by deed recorded at page 270, Vol. 28, record of Deeds, Skamania County, Washington.

ALSO SUBJECT to flowage easement conveyed to United State of America.

5. All obligations of the community composed of the decedent and the affiant owing at the date of the decedent's death have been

C15355 REAL ESTATE EXCISE TAX

AFFIDAVIT - Page 1 of 2

Registered	
Indexed On	
Indexed	
Filed	11/10/92
Mailed	

C15355

OCT 30 1992

Exempt

d/synty

paid in full or otherwise provided for, and the expenses of last illness and for funeral and burial services of the decedent have been paid or likewise provided for.

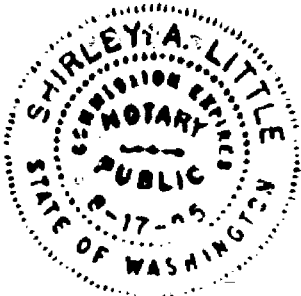
6. There were no estate taxes due as a result of demise.

7. The decedent is survived by the following named children: a son, RONALD SHIPPY, and a daughter, VIRGINIA ALICE HOOD, both being of legal age.

Dated at Stevenson, Washington, this 30th day of October, 1992.

Hazel B. Shippy.
HAZEL B. SHIPPY

SUBSCRIBED AND SWORN to before me this 30th day of October, 1992.



Shirley A. Little
Notary Public in and for the State of
Washington, residing at Stevenson
My commission expires 8/17/95

STATE OF WASHINGTON DEPARTMENT OF HEALTH

26

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1 NAME First Last David Floyd SHIPPY				2 SEX (M/F) Male		3 DEATH DATE (Mo Day Yr) Oct. 7, 1992	
4 AGE LAST BIRTH DATE (Yr) 92	5 UPPER YEAR 1905	6 LOWER YEAR 1905	7 BIRTH DATE (Mo Day Yr) 3/11/1900	8 BIRTH PLACE (City, State or Foreign Country) Hecla SD		9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) No	
11 CITY/TOWN OR LOCATION OF DEATH Stevenson			12 PLACE OF DEATH (SEE INSTRUCTIONS) (If not home, give address or institution name) 450 SW Rock Creek Drive			13 SMOKING IN LAST 15 YEARS? (Yes/No) No	
14 MARITAL STATUS: Married Never Married Widowed Divorced (Specify) Married		15 SURVIVING SPOUSE (Name, give maiden name) Hazel Burnette Warren		16 SOCIAL SECURITY NO. [REDACTED]		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary Secondary (1-12) 12 College (13 or 14)	
18 USUAL OCCUPATION (Specify and of work date during last 12 months. Do not use retired) Mechanic/Millwright			19 KIND OF BUSINESS OR INDUSTRY Lumber		20 Was Decedent of Hispanic origin or descent? (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 450 SW Rock Creek Dr		23 CITY/TOWN OR LOCATION Stevenson		24 INSIDE CITY LIMITS? (Yes/No) Yes	25A COUNTY Skamania	25B LENGTH OF RES. IN CO. 68 yrs	27 ZIP CODE WA 98648
28 FATHER'S NAME—FIRST MIDDLE LAST Lester John Shippy				29 MOTHER'S NAME—FIRST MIDDLE MARDEN SURNAME Jamima May Bell			
30 PERMANENT HOME Ronald Shippy		31 MAILING ADDRESS: STREET OR RFD NO. CITY OR TOWN STATE ZIP P.O. Box 81 Stevenson, WA 98648					
32 BURIAL CREATION: REMOVAL, OTHER (Specify) Burial		33 DATE (Mo Day Yr) 10/11/1992		34 CEMETERY CREATION: NAME Wind River Cemetery		35 LOCATION: CITY/TOWN STATE Carson, WA	
36 FUNERAL HOME SIGNATURE X P. Dierker		37 NAME OF FACILITY GARDNER FUNERAL HOME, INC.		38 ADDRESS OF FACILITY Box 390		39 ADDRESS OF FACILITY White Salmon, WA 98672	
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
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 Robert K. Leick				41 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE X [Signature] , County Coroner			
40 DATE SIGNED (Mo Day Yr) October 15, 1992		41 HOUR OF DEATH (24 Hrs) 1451		44 DATE SIGNED (Mo Day Yr) October 15, 1992		45 HOUR OF DEATH (24 Hrs) 1451	
42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Robert K. Leick Skamania County Courthouse Stevenson, WA				46 PROFOUNDED DEAD (Mo Day Yr) October 7, 1992		47 HOUR PROFOUNDED DEAD (24 Hrs) 1451	
48 NAME AND ADDRESS OF CERTIFIER: PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Robert K. Leick Skamania County Courthouse Stevenson, WA				49 MEDICORNER 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 related events resulting in death) LAST		A CANCER (PROSTATE/LIVER/BONE) DUE TO OR AS A CONSEQUENCE OF B DUE TO OR AS A CONSEQUENCE OF C DUE TO OR AS A CONSEQUENCE OF D				INTERVAL BETWEEN ONSET AND DEATH Several Years INTERVAL BETWEEN ONSET AND DEATH INTERVAL BETWEEN ONSET AND DEATH INTERVAL BETWEEN ONSET AND DEATH	
51 OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE -----				52 AUTOPSY? (Yes/No) No		53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Yes	
54 ACC. SUICIDE, HOMIC. UNDET. OR PENDING INVEST. (Specify)	55 INJURY DATE (Mo Day Yr)	56 HOUR OF INJURY (24 Hrs)	57 DESCRIBE HOW INJURY OCCURRED				
58 INJURY AT WORK? (Yes/No)	59 PLACE OF INJURY: AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG. ETC. (Specify)		60 LOCATION: STREET OR RFD NO., CITY/TOWN, STATE				
61 RECORD AMENDMENT (Specify if use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62 REGISTRAR SIGNATURE X Karen Stenjaert, MD			63 DATE RECEIVED (Mo Day Yr) Oct. 15, 1992		

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (Formerly DSHS 9-150)

A

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.

CERTIFIED

OCT 15 1992
 Karen Stenjaert, MD
 Health District
 S.W. Wash. Health Dist.
 15111