

FILED FOR RECORD
SKAMANIA CO. WASH
U. Phyllis L. Brien

MAR 12 3:03 PM '93

P. Lowry

GARY L. NELSON

Filed for record at request of
and after recordation return to:

Charles W. Riley, Jr.
Lane Powell Spears Lubersky
1420 Fifth Avenue, Suite 4100
Seattle, WA 98101-2338

115773

BOOK 134 PAGE 1

Accepted	p
Indexed	p
Filed	p
Noted	

STATE OF WASHINGTON)
) ss.
COUNTY OF KING)

AFFIDAVIT FOR TRANSFER OF REAL
PROPERTY WITHOUT PROBATE ON BASIS
OF COMMUNITY PROPERTY AGREEMENT

PHYLLIS BRIEN, being first duly sworn on oath, states:

1. I am the personal representative of the estate of PHILIP S. SPARKS, SR., who died on October 19, 1992, while a resident of King County, Washington. The probate of his estate has been commenced in the King County Superior Court under Probate No. 92-4-04458-4. Attached hereto as Exhibit A is a true copy of the death certificate of Philip S. Sparks, and attached hereto as Exhibit B is a true copy of the Letters of Administration issued by the court.

2. Philip S. Sparks and Lucille D. Sparks were married in 1966 and since that time and until their deaths were husband and wife. Lucille D. Sparks died on April 26, 1991, while a resident of King County, Washington. Attached hereto as Exhibit C is a true copy of the death certificate of Lucille D. Sparks.

3. I am executing this affidavit for and on behalf of Philip S. Sparks, Sr., who also appears of record as Philip S. Sparks, for the transfer of certain real property by virtue of that certain community property agreement executed between Philip S. Sparks and Lucille D. Sparks, husband and wife, on July 12, 1971.

4. On July 12, 1971, while residents of the State of Washington, Philip S. Sparks and Lucille D. Sparks executed a "Community Property Survivorship Agreement" which was validly executed and existing in conformance with the provisions of Section 2416, Code of 1881, and RCW 26.16.120. At the time of the execution of the Agreement, both parties were of legal age and fully competent to enter into said Agreement. The Agreement has not been altered, amended or canceled. The original Agreement is attached hereto as Exhibit D.

5. At the time of the death of Lucille D. Sparks on April 26, 1991, she and her husband, Philip S. Sparks, were the

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owners of certain real property, including, specifically, the following real property located in Skamania County, Washington:

All of Lots 24 and 25, and the West Half of Lot 26 of WASHOUGAL RIVERSIDE TRACTS according to the official plat thereof on file and of record at Page 80 of Block A of Plats, Records of Skamania County, Washington.

6. The above described real property, and all of the other property of the parties, real and personal, was the community property of Lucille D. Sparks and Philip S. Sparks at the date of Lucille D. Sparks' death. No proceedings have been instituted or are contemplated to have admitted to probate a will of Lucille D. Sparks or for Letters of Administration upon her estate. No proceedings have been instituted to contest or set aside or cancel the Agreement; and the claims of creditors have been paid or provided for.

REAL ESTATE EXCISE TAX 15636

PAID 12 1993
Exempt
W

SKAMANIA COUNTY TREASURER

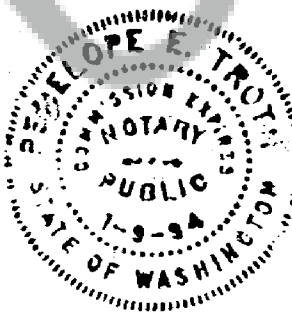
STATE OF WASHINGTON)

COUNTY OF KING)

SS.

I certify that I know or have satisfactory evidence that PHYLLIS BRIEN, personal representative of the estate of Philip S. Sparks, Sr., is the person who appeared before me, and said person acknowledged that she signed this instrument in her capacity as personal representative and acknowledged it to be her free and voluntary act for the uses mentioned in this instrument.

DATED: March 10, 1993



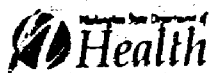
PHYLLIS BRIEN
PHYLLIS BRIEN, Personal Representative of the Estate of Philip S. Sparks, Sr.

NOTARY PUBLIC for the State of Washington, residing at Everett, Wa

My appointment expires: 01-09-94

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFIED COPY OF DEATH CERTIFICATE



BOOK 734 PAGE 3

146

LOCAL 94775

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME First: PHILIP Middle: SPARKS Last: SPARKS				2. SEX (M/F) Male		3. DEATH DATE (Mo Day Yr) October 19, 1992	
4. AGE LAST BIRTHDAY (Yr/Mo/Dy) 81		5. UNDER 1 YEAR MOS DAYS HOURS MINS		6. UNDER 1 DAY MOS HOURS MINS		7. BIRTH DATE (Mo Day Yr) July 5, 1911	
8. BIRTH PLACE (City, State or Foreign Country) Pt. Gamble, WA				9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) No		10. COUNTY OF DEATH King	
11. CITY/TOWN OR LOCATION OF DEATH Seattle				12. PLACE OF DEATH (a) BOX OR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME (1) HOME (2) INTRACITY (3) EMERG. HOSPITAL (4) HOSP. (5) NURS HOME (6) OTHER PLACE Highline Hospital			
13. SMOKING IN LAST 15 YEARS? (Yes/No) Yes				14. MARITAL STATUS—Married Never Married Widowed Divorced (Specify) Widowed			
15. SURVIVING SPOUSE (If alive give maiden name)				16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary Secondary (9-12) College (14 or 16) 8	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Carpenter				19. KIND OF BUSINESS OR INDUSTRY Construction		20. WAS DECEDENT OF FOREIGN ORIGIN OR DESCENT? (Specify) (Yes/No) Specify No No	
21. RACE (Specify) Caucasian				22. RESIDENCE NUMBER AND STREET 7230 17th Ave. SW			
23. CITY/TOWN OR LOCATION Seattle				24. INSIDE CITY LIMITS? (Yes/No) No		25. COUNTY King	
26. LENGTH OF RES. IN CO. 50+ yrs				27. STATE WA		28. ZIP CODE 98106	
29. FATHER'S NAME—FIRST MIDDLE LAST Louis Sparks				30. MOTHER'S NAME—FIRST MIDDLE MARRIAGE SURNAME Ina Dodge			
31. PREDECESSOR NAME Phyllis Brien				32. MAILING ADDRESS STREET OR P.O. BOX CITY OR TOWN STATE ZIP 1137 NE 187th, Seattle, WA 98155			
33. BIRTH CREMATION REMOVAL OTHER (Specify) Cremation				34. DATE (Mo Day Yr) 10/22/92		35. CEMETERY/CREMATORY NAME Yarrington's Crematory	
36. FUNERAL DIRECTOR SIGNATURE [Signature]				37. NAME OF FACILITY Yarrington's Funeral Home		38. LOCATION CITY/TOWN STATE Seattle, Washington	
39. ADDRESS OF FACILITY 10708 16th Ave. SW				40. CITY/TOWN STATE ZIP Seattle, WA 98146			
41. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN 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 [Signature] 42. DATE SIGNED (Mo Day Yr) 10/20/92 43. HOUR OF DEATH (24 Hrs) 2100 44. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Rodney Skoglund, M.D.				45. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER 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] 46. DATE SIGNED (Mo Day Yr) 10/20/92 47. HOUR OF DEATH (24 Hrs) 2100 48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Rodney Skoglund, M.D. 16259 Sylvester Rd. SW #504, Seattle, WA 98166			
49. 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. Sequence of conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated process resulting in death) LAST. A. Acute respiratory failure B. Pneumonia C. Severe COPD & emphysema D. None INTERVAL BETWEEN ONSET AND DEATH 5 days 2 weeks 20 years							
50. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN IMMEDIATE DEATH [REDACTED]							
51. AUTOPSY? (Yes/No) No				52. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) No			
53. RECORD AMENDMENT (Request for change) ITEM DOCUMENTARY EVIDENCE REVIEWED BY [Signature] DATE 10/27/92				54. DATE RECEIVED (Mo Day Yr) OCT 27 1992			



THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH THE CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MAY BE OBTAINED FROM THE OFFICIAL SEAL.

EXHIBIT A



Superior Court of Washington
County of King

CERTIFIED
COPY

1992 OCT 26 PM 4:08

BOOK 134 PAGE 4

IN RE THE ESTATE OF

PHILIP S. SPARKS, SR.

DECEASED

NO: 92-4-04458-4

LETTERS OF
ADMINISTRATION

The above named decedent died intestate leaving property in Washington State subject to administration.

PHYLLIS BRIEN

is / are appointed

by the Court as Administrator(s) and authorized to administer the estate according to law.

WITNESS my hand and seal of said Court: 10/26/92

M. JANICE MICHELS
King County Superior Court Clerk

By: Deputy Clerk

PAUL WOOD

STATE OF WASHINGTON)
County of King)

I, M. JANICE MICHELS, Clerk of the Superior Court of the State of Washington, for the County of King, do hereby certify that I have compared the foregoing copy with the original instrument as the same appears on file and of record in my office, and that the same is a true and perfect transcript of said original and of the whole thereof. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Seal of said Superior Court at my office at Seattle on this date OCT 26 1992

M. JANICE MICHELS, Superior Court Clerk

By: Deputy Clerk

PAUL WOOD

• NOT OFFICIAL WITHOUT RAISED SEAL •



RCW 11.28.140; 11.28.280
WP51Vorms

EXHIBIT B

SCOMIS code: LTRAD
revised: 10/91

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFIED COPY OF DEATH CERTIFICATE
BOOK 134 PAGE 5

3899
LOCAL FILE NUMBER

STATE OF WASHINGTON DEPARTMENT OF HEALTH
VITAL RECORDS
CERTIFICATE OF DEATH

1 NAME - FIRST MIDDLE LAST Lucille D. Sparks				2 SEX Female		3 DEATH DATE (Mo Day Yr) Apr 29 1991		146 STATE FILE NUMBER	
4 AGE LAST BIRTH DAY (Yr) 70		5 UNDER 1 YEAR MOOS DAYS		6 UNDER 1 DAY HOURS MINS		7 BIRTH DATE (Mo Day Yr) May 31 1920		8 BIRTH STATE (if not in USA give country) Washington	
9 CITIZEN OF WHAT COUNTRY? USA		10 COUNTY OF DEATH King							
11 CITY, TOWN OR LOCATION OF DEATH Seattle				12 PLACE OF DEATH - IF BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 () HOME 2 () IN TRANSPORT 3 () EMERGENCY ROOM/PTA 4 () HOSP 5 () NUR HOME 6 () OTHER PLACE 4. Highline Community Hospital				13 SMOKING IN LAST 15 YEARS? (Yes/No) No	
14 MARITAL STATUS - Married Never Married Widowed Married		15 SURVIVING SPOUSE (if wife give maiden name) Philip S. Sparks				16 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) No		17 SOCIAL SECURITY NO [REDACTED]	
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT list retired) Homemaker		19 KIND OF BUSINESS OR INDUSTRY Own Home				21 Was Decedent of Hispanic Origin or descent? (Ancestry) (Specify Yes or No. If Yes specify Cuban Mexican Puerto Rican) No		22 RACE (White Black Asian or Pacific Islander Am Ind Hispanic etc) (Specify) White	
23 RESIDENCE - NUMBER AND STREET 7230 SW 17th Ave.				24 CITY/TOWN OR LOCATION Seattle		25 HOME CITY LIMITS? (Yes/No) No		26 COUNTY King	
27 STATE Washington				28 ZIP CODE 98146					
29 FATHER'S NAME - FIRST MIDDLE LAST Alfred Alway				30 MOTHER'S NAME - FIRST MIDDLE MAIDEN SURNAME Helen White					
31 INFORMANT - NAME Paul Hammer				32 MAILING ADDRESS - STREET OR RFD NO CITY OR TOWN STATE ZIP 25029 SE 416th Enumclaw, Washington 98022					
33 BURIAL CREMATION REMOVAL OTHER (Specify) Cremation		34 DATE (Mo Day Yr) 5/1/91		35 CEMETERY CREMATORY - NAME Yarrington's Crematory				36 LOCATION - CITY/TOWN STATE Seattle, Washington	
37 FUNERAL DIRECTOR Steve Buckner		38 NAME OF FACILITY Yarrington's Funeral Home				39 ADDRESS - STREET OR RFD NO CITY/TOWN STATE ZIP 10708 16th Ave. SW Seattle, WA 98146			
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN					TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER				
40 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME DATE AND PLACE AND DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>[Signature]</i> 42 DATE SIGNED (Mo Day Yr) 4/30/91					41 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME DATE AND PLACE AND DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE X 43 HOUR OF DEATH (24 Hrs) 2328				
44 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Rodney Skoglund, MD					46 HOUR OF DEATH (24 Hrs) 2328				
45 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN MEDICAL EXAMINER OR CORONER (Type or Print) Rodney Skoglund, MD 16259 Sylvester Rd. SW Seattle, WA 98166					47 PRONOUNCED DEAD (Mo Day Yr) [REDACTED]				
48 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN MEDICAL EXAMINER OR CORONER (Type or Print) Rodney Skoglund, MD 16259 Sylvester Rd. SW Seattle, WA 98166					49 PRONOUNCED DEAD (24 Hrs) [REDACTED]				
50 PART I ENTER THE DISEASES INJURIES OR COMPLICATIONS WHICH CAUSED THE 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. IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. a) Cardiovascular arrest b) Laceration c) Dehydration secondary to gastroenteritis					51 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE. Severe pulmonary stenosis				
52 ACC. SUICIDE HO. UNDET. OR PENDING INVEST (Specify) X					53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) No				
54 PLACE OF INJURY - AT HOME FAIRM STREET FACTORY OFFICE BLDG ETC (Specify) [REDACTED]					55 DATE RECEIVED (Mo Day Yr) MAY 2 1991				

EXHIBIT C

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.

AFTER RECORDING MAIL TO
7230 17th Avenue S.W.
SEATTLE, WASHINGTON 98106

RECEIVED THIS DAY

89-12-27

RECD. F
CASH

2.00
2.00 + 7.00

BOOK 134 PAGE 6

COMMUNITY PROPERTY SURVIVORSHIP AGREEMENT

THIS AGREEMENT, made and entered into this 12th day of July, 1971, by and between PHILIP S. SPARKS and LUCILLE D. SPARKS, his wife:

WITNESSETH:

That the parties named herein are husband and wife and have been since the 5th day of November, 1966, and are and have been residents of the State of Washington, and whereas said parties desire to avail themselves of the provisions of R.C.W. 26.16.120.

Now, therefore, in consideration of the love and affection that each of said parties has for the other, and in consideration of the mutual benefits to be derived therefrom by the parties hereto, it is hereby agreed that in the case of the death of PHILIP S. SPARKS while LUCILLE D. SPARKS survives him, every and all the property both personal and real now owned by either or both of said parties, together with any other property by them hereafter acquired, shall at once vest in LUCILLE D. SPARKS in fee simple; and in the event of the death of LUCILLE D. SPARKS leaving PHILIP S. SPARKS surviving her, the whole of said property now owned by either or both of said parties, together with all property by them subsequently acquired, shall at once vest in PHILIP S. SPARKS in fee simple.

IN WITNESS WHEREOF, PHILIP S. SPARKS and LUCILLE D. SPARKS have hereunto set their hands and seals this 12th day of July, 1971.

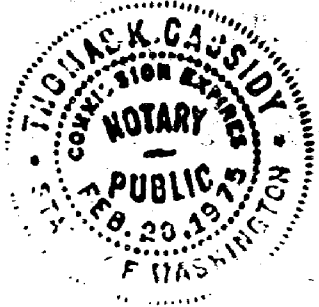
Philip S. Sparks
Philip S. Sparks

Lucille D. Sparks
Lucille D. Sparks

STATE OF WASHINGTON)
COUNTY OF KING) ss:

I, the undersigned a Notary Public in and for the State of Washington, hereby certify that on this 12th day of July, 1971, personally appeared before me PHILIP S. SPARKS and LUCILLE D. SPARKS, to me known to be the individuals described in and who executed the foregoing instrument, and acknowledged that they signed and sealed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal the day and year last above written.



Thomas K. Cassidy has
placed this seal in the
presence of a disinterested
party and before the
Notary Public and under
seal of the State.

Thomas K. Cassidy
NOTARY PUBLIC in and for the State
of Washington, residing at Edmonds.

LAW OFFICES OF
BASSETT, DONALDSON
& HAER
VANDERVEER BUILDING
2819 FIRST AVENUE
SEATTLE 98121
MAIN 4-4515

EXHIBIT D

Filed by Stewart Title

89122270919

W 9689-50