

FILED FOR RECORD
SKAMANIA CO WASH
BY *Helen Hays*

APR 15 10 36 AM '93

P. Lowry
GARY R. OLSON

115995

AFFIDAVIT IN SUPPORT
OF COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON)
County of Skamania) ss.

BOOK 134 PAGE 609

HELEN M. HAYS, being first duly sworn on oath, deposes and says:

1. I am the surviving spouse of VICTOR E. HAYS, who died on April 9, 1993, in Stevenson, Skamania County, State of Washington, being at the time of his death, a resident of said 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 April 25, 1972, and recorded on April 25, 1972, in the Office of the Skamania County Auditor in Book 64, pages 43-44, Records of said County, under Auditor's File No. 74716.

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:

Lot 9 of SKAALHEIM TRACTS according to the official plat thereof on file and of record at page 143 of Book A of Plats, records of Skamania County, Washington; and

Lot 10, Skaalheim Tracts, Section 36, Township 3 North, Range 7 1/2 E.W.M.

5. All obligations of the community composed of the decedent and the affiant owing at the date of the decedent's death have been 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: SUSAN NEMCHICK, MICHAEL HAYS, and JAMES HAYS, all being of legal age.

Dated at Stevenson, Washington, this 15th day of April, 1993.

015730

REAL ESTATE EXCISE TAX

Helen M. Hays
HELEN M. HAYS

APR 15 1993

PAID *Exempt*

Skamania County Treasurer
SKAMANIA COUNTY TREASURER

Registered
Indexed, Dir
Indirect
Filmed
Mailed

Grand J. Kimmel, Skamania County Assessor
BY *85* 3-25-96-2-3-1901
3-25-96-2-3-1906

BOOK 134 PAGE 610

1993.

SUBSCRIBED AND SWORN to before me this 15th day of April,

Shirley G. Parker
Notary Public in and for the State of
Washington, residing at Stevenson
My commission expires 8-14-98



AFFIDAVIT OF SURVIVING SPOUSE IN SUPPORT OF
COMMUNITY PROPERTY AGREEMENT - Page 2 of 2
HAYS

STATE OF WASHINGTON DEPARTMENT OF HEALTH



BOOK 134 PAGE 611
146

CERTIFICATE OF DEATH

STATE FILE NUMBER

OFFICE
USE
ONLY
D-2

8

LOCAL FILE NUMBER

6

8

11

14

17

20

23

26

29

32

35

38

41

44

47

50

53

56

59

62

65

68

71

74

77

80

83

86

89

92

95

98

101

104

107

110

113

116

119

TYPE OR PRINT IN INK (MAKENE BLACK INK)

1 NAME (Last, First, Middle)		2 SEX (M/F)		3 DATE OF BIRTH (Mo, Day, Yr)	
VICTOR EUGENE HAYS		M		April 9, 1993	
4 AGE LAST BIRTHDAY (Yr, Mo, Day)	5 UNDER 1 YEAR (Mo, Day)	6 UNDER 1 DAY (Hr, Min)	7 BIRTH DATE (Mo, Day, Yr)	8 BIRTH PLACE (City, State or Foreign Country)	9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No)
84			3-11-1909	Vancouver, Wa.	Yes
11 CITY, TOWN OR LOCATION OF DEATH			12 PLACE OF DEATH (If other than place of residence, give address or institution name)		
Stevenson			178 Tari Lane Stevenson, Wa. 98648		
14 MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify)		15 SURVIVING SPOUSE (If wife, give maiden name)		16 SOCIAL SECURITY NO.	
Married		Helen Ehardt Hays			
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)		19 KIND OF BUSINESS OR INDUSTRY		20 Was Decedent of Hispanic origin or descent? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes/No) Specify	
Power House Oper.		Bonneville Dam		No	
22 RESIDENCE NUMBER AND STREET		23 CITY, TOWN OR LOCATION		24 INSIDE CITY LIMITS? (Yes/No)	
178 Tari Lane		Stevenson		Yes	
25A COUNTY		25B LENGTH OF RES. IN CO.		26 STATE	
Skamania		20 Yrs		Wa.	
27 ZIP CODE		28 FATHER'S NAME - FIRST, MIDDLE, LAST			
98648		Morgan J. Hays			
29 MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME		30 INFORMATION - NAME			
Faye : Fritts Hays		James Hays			
31 MAILING ADDRESS (Street or RFD No., City or Town, State)		32 BURIAL CREMATION (Specify)			
13205 N.E. 90th Vancouver, Wa. 98662		Burial			
33 DATE (Mo, Day, Yr)		34 CEMETERY/CREMATORY - NAME		35 LOCATION - CITY, TOWN, STATE	
4-12-93		Wind River		Carson, Washington	
36 FUNERAL DIRECTOR OR SIGNATURE		37 NAME OF FACILITY		38 ADDRESS OF FACILITY	
R. P. Divick		GARDNER FUNERAL HOME, INC		White Salmon, Wa.	
39 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED			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 AND TITLE		
X			X Robert K. Leick Coroner		
40 DATE SIGNED (Mo, Day, Yr)		41 HOUR OF DEATH (24 Hrs)		44 DATE SIGNED (Mo, Day, Yr)	
		0925		April 12, 1993	
42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		45 PRONOUNCED DEAD (Mo, Day, Yr)		47 HOUR PRONOUNCED DEAD (24 Hrs)	
		April 9, 1993		0930	
46 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)			49 MEDICORNER FILE NUMBER		
ROBERT K. LEICK, P. O. Box 790, Stevenson, WA 98648			93-008		
50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A MYELOFIBROSIS - SCHEMIC FOOT		INTERVAL BETWEEN ONSET AND 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.		B DUE TO OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
Sequently list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST		C DUE TO OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
		D DUE TO OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
51 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE					
54 ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)		55 INJURY DATE (Mo, Day, Yr)		56 HOW INJURY OCCURRED	
				No	
58 INJURY AT WORK? (Yes/No)		59 PLACE OF INJURY - AT HOME, FARM, STREET, BLDG, ETC. (Specify)		60 STREET OR RFD NO., CITY, TOWN, STATE	
61 RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE			63 DATE RECEIVED (Mo, Day, Yr)		
			April 14, 1993		

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/89) (4-93) (5-93) (1-94)

CERTIFIED

APR 14 1993
Karen Steingart
Pr. Karen Steingart
Health District Officer
S.W. Wash. Health Dist
11005

AA044267