

FILED FOR RECORD
SKAMANIA CO. WASH
BY *Brett & Deagert*

OCT 21 1 37 PM '93

P. Laury
AUDITOR
GARY M. OLSON

**AFFIDAVIT IN SUPPORT OF
COMMUNITY PROPERTY AGREEMENT**

117721

STATE OF WASHINGTON

SKAGIT CO.
COUNTY OF WHATCOM

SS.

BOOK 138 PAGE 932

IRMA MUNCH, after being first duly sworn upon oath, deposes and says:

1. This Affidavit is for the purpose of supplying information for record pertaining to that certain Community Property Agreement executed by Herman Munch and Irma Munch, husband and wife, which Agreement was dated August 9, 1982, and which is recorded is recorded at the same time as this affidavit. It is intended that the statements set forth herein shall be considered representations of fact which may be relied upon by all parties dealing with real estate described on Exhibit "A" attached and made a part hereof.

2. Herman Munch died on November 17, 1985, in Vancouver, Washington. A copy of the death certificate is attached as Exhibit "B."

3. Herman Munch and Irma Munch entered into no subsequent Wills or Agreements which abrogated or nullified the Community Property Agreement.

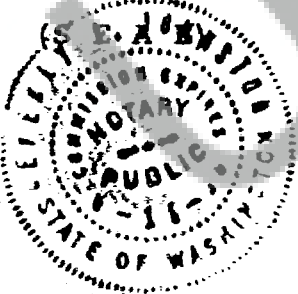
4. All obligations of the community owing at the date of death of Decedent have been paid in full, and all expenses of last illness and for funeral and burial services have been paid. No estate of inheritance taxes were due.

5. The undersigned is the surviving spouse of Herman Munch, and resides at 1423 Gilman Rd Mt Vernon, WA 98273.

DATED this 27 day of September, 1993.

Irma Munch
IRMA MUNCH

SUBSCRIBED AND SWORN TO before me this 27th day of SEPTEMBER, 1993.



E. A. Johnston
Notary Public
My Commission Expires: 6-15-96

016175

REAL ESTATE EXCISE TAX

**AFFIDAVIT IN SUPPORT OF COMMUNITY
PROPERTY AGREEMENT**

Page 1
ca:munchaf

OCT 21 1993

Exempt
sw

SKAMANIA COUNTY TREASURER

| | |
|--------------|--|
| Registered | |
| Indexed, Cir | |
| Indirect | |
| Filmed | |
| Mailed | |

Glenda J. Kimmel, Skamania County Assessor
By: *[Signature]* Parcel # 2-5-3700

EXHIBIT A

The South half of the Southeast quarter of Section 23, Township 2 North, Range 5 East of Willamette Meridian except for the property described as follows:

That portion of the South half of the Southeast quarter lying westerly of the Maybee Mines Road, formerly Washougal Guard Station Road, of Section 23, Township 2 North, Range 5 East of the Willamette Meridian of Skamania County, Washington.

Unofficial
Copy

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF HEALTH

TOTAL RECORDS

CERTIFICATE OF DEATH

BOOK 738 PAGE 934

146-8

STATE FILE NUMBER

| | | | | | | | |
|--|--|--|--|---|--|---|--|
| LOCAL FILE NUMBER | | NAME FIRST MIDDLE LAST | | SEX | | DEATH DATE MO DAY YR | |
| | | HERMAN WEBERG MUNCH | | Male | | Nov. 17, 1985 | |
| RACE (WHITE, BLACK, AM, NO, ETC. (SPECIFY)) | | AGE LAST BIRTH DAY (YR) | | US CITIZENSHIP | | BIRTH DATE MO DAY YR | |
| White | | 71 | | | | Feb. 19, 1914 | |
| CITY, TOWN OR LOCATION OF DEATH | | PLACE OF DEATH | | PLACE WHERE ONE ADDRESS OR INSTITUTION NAME | | RECEIVED EMERGENCY CARE | |
| Vancouver | | St. Joseph Community Hospital | | | | Yes | |
| BIRTH STATE, IF NOT IN USA GIVE COUNTRY | | CITIZEN OF WHAT COUNTRY | | MARRIED NEVER MARRIED WIDOWED DIVORCED | | SPOUSE OF WIFE (GIVE MARRIAGE NAME) | |
| Washington | | U.S.A. | | Married | | Irma Meyer | |
| SOCIAL SECURITY NO. | | USUAL OCCUPATION (GIVE AND IF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED) | | KIND OF BUSINESS OR INDUSTRY | | WAS OCCIDENT EVER IN U.S. ARMED FORCES (YES/NO) | |
| | | Tree Farmer | | Tree Farming | | No | |
| RESIDENCE NUMBER AND STREET | | CITY, TOWN OR LOCATION | | NEED CITY, TOWNSHIP NO. | | COUNTY | |
| 4209 J Street | | Washougal | | No | | Clark | |
| FATHER NAME FIRST MIDDLE LAST | | MOTHER MARRIAGE NAME FIRST MIDDLE LAST | | CITY OR TOWN | | STATE | |
| Nels Maurice Munch | | Esther Weberg | | | | | |
| INFORMANT NAME | | MAILING ADDRESS | | STREET OR R.F.D. NO. | | CITY OR TOWN | |
| Irma Meyer - Wife | | P. O. Box 52, Washougal, Washington 98671 | | | | | |
| BURIAL CREMATION REMOVAL OTHER (SPECIFY) | | DATE MO DAY YR | | CEMETERY CREMATORY NAME | | LOCATION CITY TOWN STATE | |
| Cremation | | Nov. 19, 1985 | | Park Hill Crematory | | Vancouver, Washington | |
| FUNERAL DIRECTOR SIGNATURE | | NAME OF FACILITY | | ADDRESS OF FACILITY | | | |
| X <i>Wayne T. Shandera</i> | | Straub's Funeral Home | | 325 N. E. 3rd Ave. Camas, WA 98607 | | | |
| TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN | | | | TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER | | | |
| SIGNATURE AND TITLE | | | | SIGNATURE AND TITLE | | | |
| X <i>Wayne T. Shandera, M.D.</i> | | | | X | | | |
| DATE SIGNED MO DAY YR | | | | DATE SIGNED MO DAY YR | | | |
| November 19, 1985 | | | | 5:20 A.M. | | | |
| NAME AND TITLE OF ATTENDING PHYSICIAN (OTHER THAN CERTIFYING TYPE OR PRN) | | | | PRONOUNCED DEAD MO DAY YR | | | |
| Wayne Shandera, M.D., 1702 "C" ST. Washougal, WA 98671 | | | | | | | |
| IMMEDIATE CAUSE | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| (A) Respiratory arrest | | | | 5 min. | | | |
| (B) Hemorrhagic cerebrovascular accident (CVA) | | | | 2 hours | | | |
| DUE TO OR AS A CONSEQUENCE OF | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| Hypertension | | | | No | | | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT HELD TO CAUSE GIVEN ABOVE | | | | AUTOPSY YES/NO | | | |
| | | | | No | | | |
| ACC. SUICIDE HOW UNDERT OR PENDING INVEST (SPECIFY) | | INJURY DATE MO DAY YR | | HOUR OF INJURY (24 HRS) | | DESCRIBE HOW INJURY OCCURRED | |
| | | | | | | | |
| INJURY AT WORK/YES/NO | | PLACE OF INJURY AT HOME FARM STREET FACTORY OFFICE BLDG ETC. (SPECIFY) | | LOCATION STREET OR R.F.D. NO. CITY TOWN STATE | | | |
| | | | | | | | |
| REGISTRAR SIGNATURE | | DATE RECEIVED MO DAY YR | | DOCUMENTARY EVIDENCE | | REVIEWED BY DATE | |
| X <i>Wayne T. Shandera</i> | | NOV 19 1985 | | | | | |
| STATE REGISTRAR ONLY | | DOCUMENTARY EVIDENCE | | REVIEWED BY DATE | | | |

OSHS 9-150 (REV. 1-82)

NOV 19 1985

WAYNE T. SHANDERA, M.D.
District Health Officer

OSHS 9-041A (5-85)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.