

117934

AFFIDAVIT IN SUPPORT
OF COMMUNITY PROPERTY AGREEMENT

BOOK 139 PAGE 459

STATE OF WASHINGTON)
) ss.
County of Skamania)

VELDA RUTH BLAKE, being first duly sworn on oath, deposes and says:

1. I am the surviving spouse of ALVIS L. BLAKE, who died on November 7, 1993, in Camas, Clark County, State of Washington, being at the time of his death, a resident of 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 the 20th day of October, 1960, and recorded on October 21, 1960, in the office of the Skamania County Auditor in Book 48, pages 19-20, records of said County, under Auditor's File No. 87696.

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 is the following described real estate situated in the County of Skamania, State of Washington, to-wit:

Lots 13 and 14 of Block Three of JOHNSON'S ADDITION to the Town of Stevenson, according to the official plat thereof on file and of record in the office of the Auditor of Skamania County, Washington.

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 and affiant had no children born as the issue of their marriage.

Dated at Stevenson, Washington, this 12th day of November, 1993.

Velda R. Blake
VELDA RUTH BLAKE

SUBSCRIBED AND SWORN to before me this 12th day of Nov, 1993.

[Signature]
Notary Public in and for the State of Washington, residing at Stevenson
My commission expires _____



FILED FOR RECORD
SKAMANIA CO. WASH.
BY Velda Ruth Blake

Nov 12 3 56 PM '93
[Signature]
AUDITOR
GARY M. OLSON

016235
REAL ESTATE EXCISE TAX

NOV 15 1993
PAID exempt
[Signature]
SKAMANIA COUNTY TREASURER

Registered
Indexed, Uir
Indexed
Filed
Marked

Glenda J. Kimball, Skamania County Assessor
By: [Signature] Parcel # 3-2-36-3-4-6000

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

146

STATE FILE NUMBER

BOOK 139 PAGE 460

1. NAME First: ALVIS Middle: LAVERNE Last: BLAKE				2. SEX (M/F) Male		3. DEATH DATE (Mo. Day, Yr.) November 7, 1993	
4. AGE LAST BIRTHDAY (Yr.) 82		5. UNDER 1 YEAR MO. DAY		6. UNDER 1 DAY HOUR MIN.		7. BIRTHDATE (Mo. Day, Yr.) Nov. 9, 1910	
8. BIRTHPLACE (City, State or Foreign Country) Guyman, Oklahoma		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) Yes		10. COUNTY OF DEATH Clark			
11. CITY, TOWN OR LOCATION OF DEATH Camas				12. PLACE OF DEATH - BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME Highland Terrace Nursing Center			
13. SNOWED OUT IN LAST 15 YEARS? (Y/N) No							
14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife give maiden name) Velda Ruth Tourney		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) 8 College (14 or 16)	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Patcher		19. KIND OF BUSINESS OR INDUSTRY Plywood Mill		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 441 Jefferson St.		23. CITY/TOWN OR LOCATION Stevenson		24. INSIDE CITY LIMITS? (Yes/No) Yes		25A. COUNTY Skamania	
25B. LENGTH OF RES. IN CO. 37 Yrs		26. STATE Wash.		27. ZIP CODE 98648			
28. FATHER'S NAME - FIRST, MIDDLE, LAST Edwin Lee Blake				29. MOTHER'S NAME - FIRST, MIDDLE, MARRIAGE SURNAME Ollie Hankla			
30. INFORMANT - NAME Velda R. Blake - Wife		31. MAILING ADDRESS - STREET OR RFD NO. CITY OR TOWN STATE ZIP P. O. Box 91, Stevenson, Washington 98648					
32. BURIAL CREATION (Burial, Other, Specify) Burial		33. DATE (Mo. Day, Yr.) Nov. 10, 1993		34. CEMETERY/CREMATORY - NAME Willamette National Cemetery		35. LOCATION - CITY/TOWN, STATE Portland, Oregon	
36. PLACE OF BURIAL (Specify) Life & Death		37. NAME OF FACILITY Straub's Funeral Home		38. ADDRESS OF FACILITY 325 N. E. 3rd Ave. Camas, WA 98607			
39. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				40. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
41. 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. 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]			
43. DATE SIGNED (Mo. Day, Yr.) 11-8-93		44. HOUR OF DEATH (24 Hrs.) 2035		45. DATE SIGNED (Mo. Day, Yr.)		46. HOUR OF DEATH (24 Hrs.)	
47. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				48. PROLONGED DEAD (Mo. Day, Yr.)		49. HOUR PROLONGED DEAD (24 Hrs.)	
50. NAME AND ADDRESS OF CERTIFYING PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Timothy Ross, MD 1950 Ft. Vancouver Way, Vancouver, WA 98663				51. MCCORCHER FILE NUMBER			
52. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A. Acute pulmonary edema DUE TO, OR AS A CONSEQUENCE OF:					
DO NOT ENTER THE MIDDLE OF DYSING, 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		B. Constrictive heart failure DUE TO, OR AS A CONSEQUENCE OF:					
		C. Atherosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF:					
		D. 5 yrs.					
53. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE Recent urinary tract infection							
54. AOC: SUICIDE, HOMICIDE, 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, ETC. (Specify) [REDACTED]					
60. RECORD AMENDMENT (Registrar use only) ITEM REASON REVIEWED BY DATE		61. DATE RECEIVED (Mo. Day, Yr.) NOV 9 1993				62. SIGNATURE OF REGISTRAR [Signature]	

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 61-003 (5/92)

CERTIFIED

NOV 9 1993

Karen Steingart
Dr. Karen Steingart
Health District Officer
S.W. Wash. Health Dist.

AA393338