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BOOK 142 PAGE 951
FILED FOR RECORD
SKAMANIA CO. WASH
BY Teresa Ziegler
MAY 5 2 34 PM '94
P. Lowry
AUDITOR
GARY H. OLSON

AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON)
) ss.
County of Skamania)

TERESA R. ZIEGLER, being first duly sworn on oath, deposes and says:

1. I am the surviving spouse of RENO A. ZIEGLER, who died on April 30, 1994, in Underwood, Skamania County, State of Washington, being at the time of his death, a resident of said County and State. The decedent and I provided for the disposition of all of our community property under that certain Community Property Agreement (the "Agreement"), dated the 2nd day of March, 1970, and recorded on March 5, 1970, in the office of the Skamania County Auditor in Book 61, pages 541-542, records of said County, under Auditor's File No. 71677.

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:

> All of Lot 25 of SOOTER TRACTS according to the official plat thereof on file and of record at page 138 of Book A of Plats, Records 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 left surviving him the following named children: CLARK ZIEGLER, DALE E. SLOCUM, JAMES F. ZIEGLER, and KENNETH G. ZIEGLER, LINDA K. CREGO.

Dated at Stevenson, Washington, this 5th day of May, 1994.

Teresa R. Ziegler
TERESA R. ZIEGLER

SUBSCRIBED AND SWORN to before me this 5th day of May, 1994.

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

SHIRLEY A. LITTLE NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 8-17-95

016573
REAL ESTATE EXCISE TAX
MAY 05 1994
PAID Exempt
SKAMANIA COUNTY TREASURER

Registered
Indexed
Issued
Filed
Mailed

Glenda J. Kimmel, Skamania County Assessor
By: mf Parcel # 03-10-22-1-4-0600
Lot 25
5/5/94

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

19

LOCAL FILE NUMBER

Health

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STATE FILE NUMBER

CERTIFICATE OF DEATH

1 NAME — First: Reno Artemus; Middle: Rosenberger; Last: ZIEGLER				2 SEX (M / F): Male	3 DEATH DATE (Mo, Day, Yr): April 30 1994
4 AGE LAST BIRTHDAY (Yrs): 82	5 UNDER 1 YEAR — MOS / DAYS	6 UNDER 1 DAY — HOURS / MINS	7 BIRTH DATE (Mo, Day, Yr): Feb 3 1912	8 BIRTHPLACE (City, State or Foreign Country): White Salmon WA	9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): No
10 COUNTY OF DEATH: Skamania					
11 CITY, TOWN OR LOCATION OF DEATH: Underwood	12 PLACE OF DEATH (Check only one box for place then give address or institution name) 1 ( ) Home 2 ( ) In transport 3 ( ) Emerg. Room/Unit 4 ( ) Hosp. 5 ( ) Nursing Home 6 ( ) Other Place: Off Little Buck Creek Road				13 SMOKING IN LAST 15 YEARS? (Yes / No): No
14 MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married	15 SURVIVING SPOUSE (If wife, give maiden name): Teresa J. Reinland		16 SOCIAL SECURITY NO: 534 01 9480	17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12	College (1-4 or 5+):
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Timber Faller	19 KIND OF BUSINESS/INDUSTRY: Timber	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: 25 Circle Drive	23 CITY/TOWN OR LOCATION: Underwood	24 INSIDE CITY LIMITS? (Yes / No): No	25A COUNTY: Skamania	25B LENGTH OF RES. IN CO: 82 yrs	26 STATE: Washington	27 ZIP CODE: 98651
28 FATHER'S NAME — FIRST, MIDDLE, LAST: Israel Reno Ziegler			29 MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME: Fanny Elizabeth Rosenberger		
30 INFORMANT - NAME: Clark Ziegler	31 MAILING ADDRESS — STREET OR RFD NO. / CITY OR TOWN / STATE / ZIP: 10.24L Cook-Underwoood Rd Underwood Wa 98651				
32 BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation	33 DATE (Mo, Day, Yr): May 5 1994	34 CEMETERY/CREMATORY - NAME: Win-quatt Crematory		35 LOCATION - CITY/TOWN, STATE: The Dalles OR	
36 FUNERAL DIRECTOR SIGNATURE: X [signature]		37 NAME OF FACILITY: GARDNER FUNERAL HOME, INC.		38 ADDRESS OF FACILITY: POB 390 WHITE SALMON WA 98672	

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

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

40 DATE SIGNED (Mo, Day, Yr):

41 HOUR OF DEATH (24 Hrs):

42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

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: X [signature], Coroner

44 DATE SIGNED (Mo, Day, Yr): May 4, 1994

45 HOUR OF DEATH (24 Hrs): Found 1440

46 PRONOUNCED DEAD (Mo, Day, Yr): April 30, 1994

47 HOUR PRONOUNCED DEAD (24 Hrs): 1530

48 NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Robert K. Leick, Coroner Skamania Co. Courthouse Stevenson, WA 98648

49 ME/CORONER FILE NUMBER: 94-010SK

50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH

IMMEDIATE CAUSE (Final disease or condition resulting in death):
A CORONARY OCCLUSION — Interval between onset and death: Undetermined

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 initiated events resulting in death) LAST.

B DUE TO, OR AS A CONSEQUENCE OF:
C DUE TO, OR AS A CONSEQUENCE OF:
D DUE TO, OR AS A CONSEQUENCE OF:

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 ACCIDENT, SUICIDE, HOMICIDE OR PENDING INVESTIGATION	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 AMENDMENTS (If applicable, check only one): ITEM / DOCUMENTARY EVIDENCE / REVIEWED BY / DATE

62 REGISTRAR'S SIGNATURE: X [signature] MD

63 DATE RECEIVED (Mo, Day, Yr): May 5, 1994

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

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

DOH 01-003 (5/92)

CERTIFIED

MAY 05 1994

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

BB148768