

FILED FOR RECORD
SKAMANIA CO. WASH
BY *Knapp O'Dell & Lewis*

MAY 5 2 58 PM '95

P. Laury
AUDITOR
GARY H. OLSON

A F F I D A V I T

STATE OF WASHINGTON)

COUNTY OF CLARK)

) ss.

122244

BOOK 149 PAGE 720

CLARA J. SANDERS, being first duly sworn, on oath, deposes and says:

That this affidavit is made for the purpose of supplying information of record pertaining to that certain Community Property Agreement executed by DELMAR C. SANDERS and CLARA J. SANDERS, husband and wife, dated April 7, 1980, and recorded in the office of the Auditor of Skamania County, Washington, on April , 1995, under Auditor's Receiving No. ; that the information set forth in this affidavit may be relied upon by any person in dealing with property, real or personal, the title to which is deraigned through said Community Property Agreement.

1. That DELMAR C. SANDERS died on or about the 10th day of January, 1995, in Washougal, Clark County, Washington, being, at the time of his death, a resident of Washougal, Clark County, Washington.

2. That the parties to said Community Property Agreement did no act which would rescind or abrogate such agreement, nor did they, or either of them, execute any testamentary writing which would have the effect of nullifying or abrogating such agreement; that said Community Property Agreement was valid in all respects and was in full force and effect at the date of death of DELMAR C. SANDERS, one of the parties thereto.

3. That the community estate of DELMAR C. SANDERS and CLARA J. SANDERS, did not owe any estate tax to the federal government.

4. That included among the assets of the community estate of DELMAR C. SANDERS and CLARA J. SANDERS was the following real property situate in Skamania County, Washington sold by Real Estate Contract to Harvey D. Erickson and Marvinna M. Erickson, husband and wife, on May 12, 1988:

Supervised ☒
Federal, Cir ☒
indirect ☒
Funded ☐
Vested ☐

2-5-27-1100 *Laury*

Affidavit

Page 2

County of Skamania, State of Washington

The West Half of the Northeast Quarter and the West Half of the East Half of the Northeast Quarter; all in Section 27, Township 2 North, Range 5 East of the Willamette Meridian, Skamania County, Washington.

EXCEPT that portion thereof lying within a strip of land 300 feet in width acquired by the United States of America for the Bonneville Power Administration's electric power transmission lines.

5. That said decedent, at the time of death, owned no separate property of any kind nor held any interest in any separate property.

6. That all obligations of the marital community composed of DELMAR C. SANDERS and CLARA J. SANDERS, and all separate obligations of the said DELMAR C. SANDERS have been paid in full, and all expenses of last illness and for funeral services have been paid.

7. That in addition to CLARA J. SANDERS, the surviving spouse, the said DELMAR C. SANDERS, was survived by a daughter, Bonnie Jean Sanders.

IN WITNESS WHEREOF, I have hereunto set my hand this 20th day of April, 1995.

Clara J. Sanders
Clara J. Sanders

SUBSCRIBED and SWORN to before me this 20th day of April, 1995.



Robert W. O'Dell
Notary Public in and for the State of
Washington, Residing at Vancouver.
My appointment expires: 12/22/97.

Health CERTIFICATE OF DEATH

148
BOOK *447* PAGE *722*

1. NAME First: DELMAR Middle: CLAIR Last: SANDERS				2. SEX (M/F) Male	3. DEATH DATE (Mo, Day, Yr) January 10, 1995
4. AGE LAST BIRTHDAY (Yrs) 78	5. UNDER 1 YEAR Mo: 12 Day: 28	6. UNDER 1 DAY Hour: 10 Min: 00	7. BIRTH DATE (Mo, Day, Yr) Feb. 2, 1916	8. BIRTH PLACE (City, State & Foreign Country) McMinnville, Oregon	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) Yes
11. CITY, TOWN OR LOCATION OF DEATH Washougal			12. PLACE OF DEATH: IN BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME (1) HOME (2) IN TRANSIT (3) DURING TRAVEL (4) IN HOSP. (5) IN HOME (6) OTHER PLACE Behind 35300 E. Evergreen Blvd.		13. BURNING 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) Clara Brockhaus		16. SOCIAL SECURITY NO. 541-14-5999	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) 12 College (1-4 or 5-1) 4
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Police Officer		19. KIND OF BUSINESS OR INDUSTRY Law Enforcement		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 38919 N.E. Washougal Rvr. Rd.		23. CITY/TOWN OR LOCATION Washougal	24. HOME CITY (Lat/Long) (Yes/No) No	25A. COUNTY Clark	25B. LENGTH OF RES. IN CO. 29 Yrs
				26. STATE Wash.	27. ZIP CODE 98671
28. FATHER'S NAME - FIRST, MIDDLE, LAST Wilbert Clarence Sanders			29. MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME Amy Pearle Robison		
30. INFORMANT - NAME Clara Sanders - Wife		31. MAILING ADDRESS - STREET OR RFD NO., CITY OR TOWN, STATE, ZIP 38919 N.E. Washougal Rvr. Rd., Washougal, WA 98671			
32. BURIAL CREMATION RE INTERMENT (Specify) Burial	33. DATE (Mo, Day, Yr) Jan 13, 1995	34. CEMETERY/CREMATORY - NAME Williamette National Cemetery		35. LOCATION - CITY/TOWN, STATE Portland, Oregon	
36. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		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 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. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER 40. 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 <i>[Signature]</i> Deputy Coroner		
41. DATE SIGNED (Mo, Day, Yr) Jan. 12, 1995		42. HOUR OF DEATH (24 Hrs) 2200		43. DATE SIGNED (Mo, Day, Yr) Jan. 12, 1995	
44. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Brian Miller Deputy Coroner PO BOX 5000 Vancouver WA 98668		45. PRONOUNCED DEAD (Mo, Day, Yr) Jan. 10, 1995		46. HOUR PRONOUNCED DEAD (24 Hrs) 2200	
47. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Brian Miller Deputy Coroner PO BOX 5000 Vancouver WA 98668			48. MEDICORNER FILE NUMBER 95-26		
49. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.					
IMMEDIATE CAUSE (Final disease or condition according to death)		A Probable Cardiac Dysrhythmia		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. Separately list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST		DUE TO, OR AS A CONSEQUENCE OF, B Dilated/ Hypertrophied Cardiomyopathy		INTERVAL BETWEEN ONSET AND DEATH	
		C		INTERVAL BETWEEN ONSET AND DEATH	
		D		INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE Chronic Obstructive Pulmonary Disease			52. AUTOPSY? (Yes/No) Yes	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Yes	
54. ACC. SUICIDE, HOMICIDE, OR PERSONS ARRESTED (Specify) Natural	55. INJURY DATE (Mo, Day, Yr)	56. HOUR OF INJURY (24 Hrs)	57. INJURY 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 AMENDMENT (Register use only) JRM RECORDED REVIEWED BY DATE		62. REGISTRAR SIGNATURE X		63. DATE RECEIVED (Mo, Day, Yr)	

1. ON INSTRUCTIONS SEE BACK AND FOREWORD

DOH 110-000 (Rev. 1/94) (Previously DOH-10-0-720)

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT