

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

A F F I D A V I T

MAY 5 2 58 PM '95

P. Lowry
AUDITOR

GARY H. OLSON

STATE OF WASHINGTON)

) ss.

COUNTY OF CLARK)

122244

BOOK 149 PAGE 720

122279

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

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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. *122278 Vol 149 Pg. 800*; 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:

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P. Lowry
AUDITOR

GARY H. OLSON

Req. Mover	<input checked="" type="checkbox"/>
Indexed, Dir	<input checked="" type="checkbox"/>
Indirect	<input checked="" type="checkbox"/>
Filed	<input checked="" type="checkbox"/>
Signed	<input checked="" type="checkbox"/>
Ret. Stamp	<input checked="" type="checkbox"/>
Noted	<input checked="" type="checkbox"/>
Filed	<input checked="" type="checkbox"/>
Mailed	<input checked="" type="checkbox"/>

2-5-27-1109 *John*

John

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Affidavit

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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.



Forrest W. O'Neil
Notary Public in and for the State of
Washington, Residing at Vancouver.
My appointment expires: 9/22/97.

Health CERTIFICATE OF DEATH

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1. NAME First Middle Last DELMAR CLAIR SANDERS		2. SEX (M / F) Male	3. DEATH DATE (Mo Day Yr) January 10, 1995
4. AGE LAST BIRTH DAY (Mo Day Yr) 78	5. UNDER 1 YEAR MOS DAYS HOURS MINS	6. UNDER 1 DAY HOURS MINS	7. BIRTH DATE (Mo Day Yr) Feb. 2, 1916
8. BIRTH PLACE (City, State or Foreign Country) McMinnville, Oregon		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes	10. COUNTY OF DEATH Clark
11. CITY, TOWN OR LOCATION OF DEATH Washougal		12. PLACE OF DEATH: IN BOX FOR PLACE THEN DATE ADULTS OR INSTITUTION NAME 1 (1) HOME 2 (2) IN TRANSPORT 3 (3) EMERGENCY 4 (4) HOSP 5 (5) NURS HOME 6 (6) OTHER PLACE Behind 35300 E. Evergreen Blvd.	
13. SMOKING IN LAST 15 YEARS? (Yes / No) No		14. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify) Married	
15. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary / Secondary (K-12) College (13 or 14) or 5+ 12 4		16. SOCIAL SECURITY NO. 541-14-5999	
17. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Police Officer		18. KIND OF BUSINESS OR INDUSTRY Law Enforcement	
19. RACE (Specify) White		20. Was Decedent of Hispanic origin or descent? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No	
21. RESIDENCE - NUMBER AND STREET 38919 N.E. Washougal Rvr. Rd.		22. CITY/TOWN OR LOCATION Washougal	23. INSIDE CITY LIMITS? (Yes / No) No
24. COUNTY Clark		25. 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, MARRIAGE SURNAME Amy Pearle Robison		30. INFORMANT - NAME Clara Sanders - Wife	
31. MARRIAGE ADDRESS - STREET OR RFD NO. CITY OR TOWN STATE ZIP 38919 N.E. Washougal Rvr. Rd., Washougal, WA 98671		32. FUNERAL CREMATION REMOVAL OTHER (Specify) Burial	
33. DATE (Mo Day Yr) Jan 13, 1995		34. CEMETERY/CREMATORY - NAME Willamette National Cemetery	
35. LOCATION - CITY/TOWN STATE Portland, Oregon		36. TIME OF DEATH (Specify) X	
37. NAME OF FACILITY Straub's Funeral Home		38. ADDRESS - FACILITY 525 N. E. 3rd Ave. Camas, WA 98607	
39. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN 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 Brian Miller Deputy Coroner		40. DATE SIGNED (Mo Day Yr) Jan. 12, 1995	
41. HOUR OF DEATH (24 Hrs) 2200		42. NAME AND TITLE OF ATTENDING PHYSICIAN OR OTHER HEALTH CARE PROVIDER (Type or Print) Brian Miller Deputy Coroner PO BOX 5000 Vancouver WA 98668	
43. ON THE BASIS OF EXAMINATION AND MY OWN SITUATION IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE X Brian Miller Deputy Coroner		44. DATE SIGNED (Mo Day Yr) Jan. 10, 1995	
45. HOUR OF DEATH (24 Hrs) 2200		46. HOUR OF DEATH (24 Hrs) 2200	
47. HOUR OF DEATH (24 Hrs) 2200		48. HOUR OF DEATH (24 Hrs) 2200	
49. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Brian Miller Deputy Coroner PO BOX 5000 Vancouver WA 98668		50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) A Probable Cardiac Dysrhythmia DUE TO, OR AS A CONSEQUENCE OF B Dilated/ Hypertrophied Cardiomyopathy DUE TO, OR AS A CONSEQUENCE OF C DUE TO, OR AS A CONSEQUENCE OF D	
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, UNDET. OR PENDING INVEST. (Specify) Natural	
55. INJURY DATE (Mo Day Yr) 		56. HOUR OF INJURY (24 Hrs) 	
57. DESCRIBE HOW INJURY OCCURRED 		58. LOCATION - STREET OR RFD NO. CITY/TOWN STATE 	
59. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG. ETC. (Specify) 		60. INJURY AT WORK? (Yes / No) 	
61. RECORD FILING/REVIEW (Specify use only) ITEM SECONDARY REVIEWED BY DATE X		62. DATE RECEIVED (Mo Day Yr) 	

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

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