FILED FOR RECORD
SKAMANIA CO. WASH.
BY Marlene Hiatt

Sep 26 2 15 PM '95
P Johnson
AUDITOR
GARY M. OLSON

AFFIDAVIT

123365

STATE OF WASHINGTON)
: ss.
COUNTY OF CLARK)

MARLENE L. CLINE, being first and duly sworn, on oath, deposes and says:

BOOK 152 PAGE 521

1. That this affidavit is for the purpose of supplying information for record pertaining to that certain Community Property Agreement, executed by and between Kim B. Cline and Marlene L. Cline, husband and wife, dated October 30, 1981, and recorded under Skamania County Auditor's File No. 111623, Book 124, Page 21, and also to the estate of KIM B. CLINE, deceased, one of the parties to said agreement; and it is intended that the statements set forth herein shall be considered representations of fact which may be relied upon by all persons dealing with the real property described in Exhibit "A", attached hereto and made a part hereof by reference.

2. KIM B. CLINE died on July 3, 1991, in Washougal, County of Skamania, State of Washington.

3. The parties to said agreement entered into no subsequent Joint Wills or Agreements which would have the effect of abrogating or nullifying the above mentioned Community Property Agreement.

4. The community estate of decendent and MARLENE L. CLINE, the surviving spouse, at the date of death was of the approximated value of $65,300.00, including real property which had an approximate market value of $124,500.00, subject to encumbrances of $36,000.

5. Decendent left no separate estate.

6. All of the obligations of the community owing at the time of death of the decedent have been paid in full, except the encumbrances on the real property, and all expenses of last illness and funeral and burial expenses have been paid.

7. Decedent is survived by the following named children:

Indexed ✓
Abstracted ✓
Scanned ✓
Filed
Mailed

Brent Karl Cline and
Misti Dawn Cline

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all of whom are minors.

Marlene L. Cline
MARLENE L. CLINE

SUBSCRIBED AND SWORN to before me this 22 day of September, 1995.

Debra Schlick
NOTARY PUBLIC in and for the State of Washington, in Washougal.
My appt. expires: April 1, 1997

176.35
REAL ESTATE EXCISE TAX
SEP 26 1995
PAID Exempt
SKAMANIA COUNTY TREASURER

CERTIFICATION OF VITAL RECORD

087644
I.D. TAG NO.

03519
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

BOOK 162 PAGE 623
State File Number

1. DECEDENT'S NAME First	Middle	Last	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Kim	Earl	CLINE	Male	July 3, 1991

4. SOCIAL SECURITY NUMBER	5a. AGE (Last Birthday) (Years)	5b. Under 1 Year: Months / Days	5c. Under 1 Day: Hours / Minutes	6. BIRTHPLACE (City and State or Foreign Country)	7. DATE OF BIRTH (Month, Day, Year)
[redacted]	37			Vancouver, WA	April 10, 1954

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

9a. PLACE OF DEATH (Check only one) — HOSPITAL (X) Inpatient ( ) ER/Outpatient ( ) DOA — OTHER ( ) Nursing Home ( ) Decedent's Home ( ) Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Emanuel Hospital	Portland	Multnomah

10. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	12. SPOUSE (If Married, Widowed, Divorced)
Millwright	Paper Mill	Married	Marlene Meredith

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER
Washington	Skamania	Washougal	M.P. 2.22R Belle Center Rd.

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
☐ Yes ☒ No	98671	☒ No ☐ Yes (Specify)	White	12	

17. FATHER - NAME first middle last	18. MOTHER - NAME first middle maiden	19. INFORMANT - NAME and relationship to deceased
Dale Vernon Cline	Maxine Shellhorn	Marlene Cline - Wife

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION - City or Town, State
☒ Burial ☐ Cremation ☒ Removal from State ☐ Donation ☐ Other (Specify)	Washougal Memorial Cemetery	Washougal, Washington

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER (Of Licensee)	22. NAME, ADDRESS AND ZIP OF FACILITY
Lyle Barnett	OL 816	Straub's Funeral Home 325 N. E. 3rd Ave., Camas, WA 98607

926

23. DATE FILED (Month, Day, Year)	24. REGISTRAR'S SIGNATURE
JUL 11 1991	Arthur W. Bloom

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?	26. WAS GIFT MADE?
☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH	28. WAS MEDICAL EXAMINER NOTIFIED?
M	☐ Yes ☐ No

29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated.
(Signature)

30. DATE SIGNED (Month, Day, Year)

31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print)
KAREN GUNSON, M. D., DEPUTY MEDICAL EXAMINER, 301 N. E. KNOTT, PORTLAND, OREGON 97212

32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

33a. TIME OF DEATH	33b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
5:25P M	July 3, 1991 5:25P M

34. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated.
(Signature) Karen Gunson MD

35. DATE SIGNED (Month, Day, Year)	COUNTY
July 5, 1991	STATE OF OREGON

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.

		Interval between onset and death
PART I (a)	MECHANICAL COMPRESSION OF CHEST WITH ANOXIC BRAIN INJURY	
DUE TO, OR AS A CONSEQUENCE OF: (b)		
DUE TO, OR AS A CONSEQUENCE OF: (c)		
PART II OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in PART I.		

37. Did tobacco use contribute to the death?	38. AUTOPSY	39. If YES were findings considered in determining cause of death?
☐ Yes ☒ No ☐ Probably ☐ Unk	☐ Yes ☒ No	☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY	41c. INJURY AT WORK?	41d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☒ Accident ☐ Undetermined ☐ Suicide ☐ Homicide ☐ Legal Intervention	June 28, 1991	7:46P M	☐ Yes ☒ No	Tractor roll over accident on hillside

41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)	41f. LOCATION (Street or R.F.D. No., City or Town, State)
Home	MP 2.22 K Belle Center Road Washougal, Washington

RESERVED FOR REGISTRAR'S USE

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

DATE ISSUED JUL 16 1991

Arthur W. Bloom
ARTHUR W. BLOOM
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

087644
I.D. TAG NO.
03519
Local File Number

BOOK 152 PAGE 048
State File Number

1. DECEDENT'S NAME: First: Kim; Middle: Earl; Last: CLINE
2. SEX: Male
3. DATE OF DEATH: July 3, 1991
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE: 37
5b. If Under 1 Year: Days
5c. If Under 1 Day: Hours / Minutes
6. BIRTHPLACE: Vancouver, WA
7. DATE OF BIRTH: April 10, 1954
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? No
9a. PLACE OF DEATH: Hospital — Inpatient
9b. FACILITY NAME: Emanuel Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Portland
9d. COUNTY OF DEATH: Multnomah
10a. DECEDENT'S USUAL OCCUPATION: Millwright
10b. KIND OF BUSINESS/INDUSTRY: Paper Mill
11. MARITAL STATUS: Married
12. SPOUSE: Marlene Meredith
13a. RESIDENCE - STATE: Washington
13b. COUNTY: Skamania
13c. CITY, TOWN OR LOCATION: Washougal
13d. STREET AND NUMBER: M.P. 2.22R Belle Center Rd.
13e. INSIDE CITY LIMITS? No
13f. ZIP CODE: 98671
14. WAS DECEDENT OF HISPANIC ORIGIN? No
15. RACE: White
16. DECEDENT'S EDUCATION: Elementary/Secondary (0-12): 12; College (1-4 or 5+):
17. FATHER - NAME: Dale Vernon Cline
18. MOTHER - NAME: Maxine Shellhorn
19. INFORMANT - NAME: Marlene Cline - Wife
20a. METHOD OF DISPOSITION: Burial
20b. PLACE OF DISPOSITION: Washougal Memorial Cemetery
20c. LOCATION: Washougal, Washington
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Lyle R. Burnett
21b. LICENSE NUMBER: OL 816
22. NAME, ADDRESS AND ZIP OF FACILITY: Straub's Funeral Home, 325 N. E. 3rd Ave., Camas, WA 98607
23. DATE FILED: JUL 11 1991
24. REGISTRAR'S SIGNATURE: Arthur W. Bloom
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT (CONSENT)? No
26. WAS GIFT MADE? No

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH:
28. WAS MEDICAL EXAMINER NOTIFIED? No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated.
(Signature)
30. DATE SIGNED:

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: 5:25P M
31b. DATE PRONOUNCED DEAD: July 3, 1991 5:25P M
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated.
(Signature) Karen Gunson MD
33. DATE SIGNED: July 5, 1991
COUNTY: STATE OF OREGON

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): KAREN GUNSON, M. D., DEPUTY MEDICAL EXAMINER, 301 N. E. KNOTT, PORTLAND, OREGON 97212
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest:
PART I (a) MECHANICAL COMPRESSION OF CHEST WITH ANOXIC BRAIN INJURY
DUE TO, OR AS A CONSEQUENCE OF:
(b)
DUE TO, OR AS A CONSEQUENCE OF:
(c)
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.

37. Did tobacco use contribute to death? No
38. AUTOPSY: No
39. Was decedent pregnant within past year? No

40. MANNER OF DEATH: Accident
41a. DATE OF INJURY: June 28, 1991
41b. TIME OF INJURY: 7:46P M
41c. INJURY AT WORK? No
41d. DESCRIBE HOW INJURY OCCURRED: Tractor roll over accident on hillside
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify): Home
41f. LOCATION (Street or R.F.D. Number, City or Town, State): MP 2.22 K Belle Center Road Washougal, Washington

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DATE ISSUED: JUL 16 1991

Arthur W. Bloom
ARTHUR W. BLOOM
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

9-24-95 - 5-5-95