

FILED FOR RECORD
SKAMANIA CO. WASH
BY *James Boyd*

MAR 1 4 14 PM '96

P. Johnson
AUDITOR

GARY H. SUTTON

124705

AFFIDAVIT TO THE PUBLIC

IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

In Re The Estate Of:

RALPH S. SUTTON, JR.,

Deceased.

BOOK 155 PAGE 834

STATE OF WASHINGTON)

COUNTY OF CLARK) ss:

NANCY C. SUTTON, being first duly sworn, on oath, depose and say:

That this affidavit is made for the purpose of supplying information for the record pertaining to that certain Community Property Agreement executed by RALPH S. SUTTON, JR. and NANCY C. SUTTON, husband and wife, dated the 23rd day of September, 1982, and also the estate of RALPH S. SUTTON, JR., 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 both real and personal property as listed on the attached Inventory of Assets and which is incorporated herein as through fully set out.

FIRST, that RALPH S. SUTTON, JR., the decedent, died on or about November 22, 1989, in Skamania County, Washington, being at the time of his death a resident of 302 Canyon Road, Washougal, Washington.

SECOND, that the parties to said Community Property Agreement entered into no subsequent wills or agreements which would have the effect of abrogating or nullifying the above-mentioned Community Property Agreement. The affiant certifies that the Community Property Agreement was validly executed and in full force and effect upon the death of the decedent.

THIRD, that no Federal Estate Tax was due the United States of America for the reason that the taxable estate was within the specific exemption allowed decedent at the time of his death.

FOURTH, no estate taxes were imposed by the State of Washington pursuant to RCW Sec. 83.100.080(1)(a).

REAL ESTATE EXCISE TAX
17934

MAR 04 1996

AFFIDAVIT TO THE PUBLIC - Page 1

PAID *exempt*

W. R. R. Deputy

SKAMANIA COUNTY TREASURER

Boyd, Gaffney, Sowards
McCray & Sandstrom
ATTORNEYS AT LAW
413 N.E. EVERETT STREET
CAMAS, WASHINGTON 98607
834-6282

BOOK/SS PAGE 835

1 FIFTH, that all obligations of the community owing at the
2 date of death have been paid in full or provided for, and all
3 expenses of the last illness and funeral expenses have been paid
4 or provided for.

5 SIXTH, that your affiant is the surviving spouse of the
6 decedent, and these facts and representations set out herein are
7 within the personal knowledge of your affiant, and may be relied
8 upon by all persons dealing with the assets of said decedent.

9 DATED this 26 day of January, 1996.

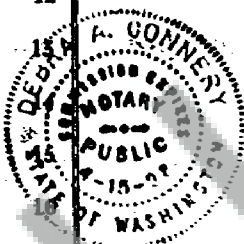
10 Nancy C. Sutton

11 NANCY C. SUTTON
12 302 Canyon Road
13 Washougal, WA 98671

14 Subscribed and sworn to before me this 26th day of January,
15 1996.

16 Debra A. Conner

17 NOTARY PUBLIC in and for the State
18 of Washington, residing at: Vancouver
19 My Commission expires: 4-15-98



1 In Re the Estate of:)
2 RALPH S. SUTTON, JR.,) INVENTORY
3 Deceased.)
4)

5 STATE OF WASHINGTON)
6 : ss.
7 COUNTY OF CLARK)


8 I, NANCY C. SUTTON, being first duly sworn, upon oath, depose
9 and say:

10 I am the surviving wife of RALPH S. SUTTON, JR. deceased.
11 The following is a true inventory of our community and jointly
12 held property:

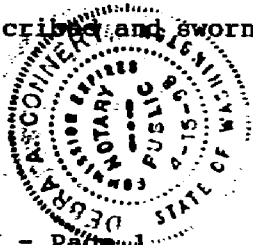
- 13 1) Real Estate and Mobile Home (60' x 24' 1980
14 identification number 02910148N) located at 302 Canyon
15 Road, Washougal, Skamania County, Washington further
16 described on attached Exhibit "A" and by reference
17 incorporated herein.
- 18 2) 1970 Maverick automobile, 1964 Ford pickup, 1972 Honda
19 automobile and 1984 Ford Bronco.
- 20 3) Checking and Savings Account with LaCamas Community
21 Credit Union.
- 22 4) Miscellaneous household goods and furnishings.

23 Affiant further states that all of the above-listed property is
24 community property.

25 DATED this 26 day of January, 1996.

26 
Nancy C. Sutton
302 Canyon Road
Washougal, WA 98671

27 Subscribed and sworn to before me this 26th day of January,
28 1996.

29 
30 Debra A. Conner
31 NOTARY PUBLIC in and for the State
32 of Washington. My commission
33 expires: 4-15-98

INVENTORY - Page 1

Boyd, Gaffney, Sowards
McCray & Sundstrom
ATTORNEYS AT LAW
413 N.E. EVERETT STREET
CAMAS, WASHINGTON 98607
834-6282

EXHIBIT "A"

BOOK 108 PAGE 225

THE FOLLOWING DESCRIBED REAL PROPERTY LOCATED IN SKAGANAWIA COUNTY, STATE OF WASHINGTON, TO-WIT;

PARCEL "A"

BOOK 155 PAGE 837

A TRACT OF LAND LOCATED IN THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 4, TOWNSHIP 1 NORTH, RANGE 5 EAST OF THE WILLAMETTE MERIDIAN, DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHWEST CORNER OF THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF THE SAID SECTION 4; THENCE EAST 520 FEET ALONG THE NORTH LINE OF THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF THE SAID SECTION 4; THENCE SOUTH 1,320 FEET, MORE OR LESS, TO THE SOUTH LINE OF THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SAID SECTION 4; THENCE WEST 520 FEET TO THE SOUTHWEST CORNER OF THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 4; THENCE NORTH 1,320 FEET, MORE OR LESS, TO THE POINT OF BEGINNING. EXCEPT THE NORTH 208 FEET OF THE EAST 418 FEET THEREOF.

PARCEL "B"

THE NORTH 208 FEET OF THE EAST 418 FEET OF THE FOLLOWING:

A TRACT OF LAND LOCATED IN THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 4, TOWNSHIP 1 NORTH, RANGE 5 EAST OF THE WILLAMETTE MERIDIAN, DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHWEST CORNER OF THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF THE SAID SECTION 4; THENCE EAST 520 FEET ALONG THE NORTH LINE OF THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF THE SAID SECTION 4; THENCE SOUTH 1,320 FEET, MORE OR LESS, TO THE SOUTH LINE OF THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SAID SECTION 4; THENCE WEST 520 FEET TO THE SOUTHWEST CORNER OF THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SAID SECTION 4; THENCE NORTH 1,320 FEET, MORE OR LESS, TO THE POINT OF BEGINNING.

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

DIVISION OF HEALTH

VITAL RECORDS														
LOCAL FILE NUMBER					CERTIFICATE OF DEATH					BOOK 155 PAGE 838				
1 NAME—FIRST MIDDLE LAST RALPH SHELTON SUTTON, JR.					2 SEX Male		3 DEATH DATE (Mo. Day, Yr.) Nov. 22, 1989			146			STATE FILE NUMBER	
4 AGE LAST BIRTH DAY (Yr.) 61		5 UNDER 1 YEAR MO		6 UNDER 1 DAY DAYS		7 BIRTH DATE (Mo. Day, Yr.) Mar. 17, 1928		8 BIRTH STATE (If not in U.S.A. give country) Wyoming		9 CITIZEN OF WHAT COUNTRY? U.S.A.		10 COUNTY OF DEATH Skamania		
11 CITY/TOWN OR LOCATION OF DEATH Washougal					12 PLACE OF DEATH — IF BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME M.P. 12.54L S.R. 140					13 SMOKING IN LAST 15 YEARS (If yes, give type) —				
14 MARITAL STATUS — Married, Never Married, Divorced, Widowed Married			15 SURVIVING SPOUSE (If with give maiden name) Nancy Gooding			16 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) Yes			17 SOCIAL SECURITY NO. 520-22-6402			18 HIGH SCHOOL GRADUATE? (Yes/No) Yes		
19 USUAL OCCUPATION (Give kind of work, 3 or 4 for most of working life, DO NOT USE OTHERS) Auto Mechanic			20 KIND OF BUSINESS OR INDUSTRY Automobile Dealer			21 Was Decedent of Hispanic Origin or descent? (Specify Yes or No, if Yes specify Cuban, Mexican, Puerto Rican, etc.) No			22 RACE (White, Black, American Indian, Alaska Native, Hawaiian, etc.) (Specify) White					
23 RESIDENCE - NUMBER AND STREET M.P. 12.54L S.R. 140			24 CITY/TOWN OR LOCATION Washougal			25 INSIDE CITY LIMITS? (Yes/No) No		26 COUNTY Skamania		27 STATE Washington		28 ZIP CODE 98671		
29 FATHER'S NAME - FIRST MIDDLE LAST Ralph Sheldon Sutton, Sr.					30 MOTHER'S NAME - FIRST MIDDLE MIDDLE SURNAME Rachel Mary Saunders									
31 INFORMANT - NAME Nancy Sutton - Wife					32 MAILING ADDRESS - STREET OR RFD NO., CITY OR TOWN, STATE, ZIP P. O. Box 432, Washougal, Washington 98671									
33 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		34 DATE (Mo. Day, Yr.) Nov. 24, 1989		35 CEMETERY/CREMATORY - Name Park Hill Crematory			36 LOCATION - CITY/TOWN, STATE Vancouver, Washington							
37 FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		38 NAME OF FACILITY Straub's Funeral Home			39 ADDRESS OF FACILITY Camas, Washington									
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN										TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER				
40 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSES STATED SIGNATURE AND TITLE <i>[Signature]</i> M.D.										41 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSES STATED SIGNATURE AND TITLE X				
42 DATE SIGNED (Mo. Day, Yr.) Nov. 24 1989		43 HOUR OF DEATH (Mo. Day, Yr.) 4:00 A.M.		44 DATE SIGNED (Mo. Day, Yr.)			45 HOUR OF DEATH (Mo. Day, Yr.)							
46 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) WILLIAM R. SAUNDERS M.D. 411 N.E. 6TH AV CAMAS WA 98607										47 PRONOUNCED DEAD (Mo. Day, Yr.)				
48 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) WILLIAM R. SAUNDERS M.D. 411 N.E. 6TH AV CAMAS WA 98607										49 HOUR OF DEATH (Mo. Day, Yr.)				
50 PART 8 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARING OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. I " Adenocarcinoma, lung, metastatic										INTERVAL BETWEEN ONSET AND DEATH 1 year				
51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE Tobacco use										52 AUTOPSY? (Yes, No) No				
54 ACC. SUICIDE NO. UNDER OR PENDING INVEST. (Specify) Not used		55 INJURY DATE (Mo. Day, Yr.)		56 HOUR OF INJURY (Mo. Day, Yr.)		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 REGISTRAR SIGNATURE <i>[Signature]</i>										62 DATE RECEIVED (Mo. Day, Yr.) November 27, 1989				
DSHS 9-150 (Rev. 1-88) -1187-														

NOV 27 1989

SEAL

SOUTHWEST WASHINGTON HEALTH DISTRICT

[Signature]
Karen R. Steingart, M.D.

Karen R. Steingart, M.D.
District Health Officer

DSHS 9-611A (11-85)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

Gary H. Martin, Skamania County Assessor
Date 3-1-96 Parcel # 1-5-1-1100