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126160

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY Blair Schaefer,  
Hutchison etc

9607190387

SEP 4 4 36 PM '96

GARY H. OLSON  
AUDITOR

BOOK 159 PAGE 356

In the Matter of the Estate )  
of )  
MARVIN S. CUMMINGS, )  
Deceased. )  
AFFIDAVIT  
IN SUPPORT OF  
COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON )  
County of Clark )

ELIZABETH L. CUMMINGS, states on oath:

1. This Affidavit is for the purpose of supplying information for record pertaining to that certain Community Property Agreement executed by Marvin S. Cummings and Elizabeth L. Cummings, husband and wife, which agreement was dated March 8, 1962, and the original of which is attached hereto and incorporated herein as Exhibit "A". I make this affidavit based on my own personal knowledge.

2. The facts herein set forth are given to the general public and are to be used for the purpose of informing the general public as to the status of the property belonging to the parties to said agreement.

3. The real property in which the parties had an interest is identified as follows:

A. Real property located in the County of Clark, State of Washington, and more particularly described as shown on the attached Exhibit "B".

B. Real property located in the County of Skamania, State of Washington, and more particularly described as follows:

- (1) Lot 44 of the Government Mineral Springs Summer Home tract. (A plat of which is on file in the office of the Forest Supervisor).

OR

REAL ESTATE EXCISE TAX 18287

Indexed, Dir  
Indexed  
Filmed  
Mailed

SEP 05 1996  
PAID Exempt  
SKAMANIA COUNTY TREASURER

971

Gary H. Martin, Skamania County Assessor  
Date 9-1-96 Parcel # 96 001044

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- (2) Section 31, T.5N, R.7E, W.M., Skamania County as shown the attached map. (Legal Description)

The following improvements, whether on or off the lot, are authorized in addition to the residence structure: Woodshed, toilet, outdoor fireplace, propane tank, water transmission line.

4. Marvin S. Cummings died on April 10, 1996, at Scottsdale, Arizona and a certified copy of the death certificate is attached hereto and incorporated herein as Exhibit "C".

5. The parties to said agreement have entered into no subsequent joint wills or agreements which would have the effect of abrogating or nullifying the above mentioned Community Property Agreement.

6. The decedent left no separate estate.

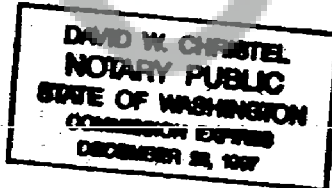
7. All obligations of the community owing at the date of death have been paid in full and all expenses of last sickness and funeral expenses which would constitute a lien upon the above described real estate have been paid. There is no inheritance or estate tax due any governmental agency.

8. That the decedent left surviving him the following persons: Elizabeth L. Cummings, surviving spouse and two children: Terry P. Cummings and Dennis R. Cummings. All of the parties mentioned above are over the age of majority.

DATED this 18 day of July, 1996.

Elizabeth L. Cummings  
Elizabeth L. Cummings

Subscribed and sworn to before me this 18<sup>th</sup> day of July, 1996.



David W. Christel  
Notary Public  
My Commission Expires 12/97



From: Vancouver, WA 98661

ELIZABETH A LUC

973

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

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ORIGINAL  
STATE  
COPY

STATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS  
CERTIFICATE OF DEATH

DEATH NO.  
D 102-

NAME OF DECEASED A. FIRST <b>MARVIN</b>		B. MIDDLE <b>SMITH</b>		C. LAST <b>CUMMINGS</b>		SEX <b>Male</b>	DATE OF DEATH MONTH <b>April</b> DAY <b>10</b> YEAR <b>1996</b>		
RACE (If B. or C. specify) <b>White</b>		WAS DECEASED OF HISPANIC ORIGIN (Specify Yes or No) <b>No</b>		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.		WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No) <b>No</b>			
PLACE OF DEATH A. COUNTY <b>Maricopa</b>		B. TOWN OR CITY <b>Scottsdale</b>		C. HOSPITAL OR INSTITUTION <b>Scottsdale Memorial Hosp. Osborn</b>		D. DCA OF DEATH <input type="checkbox"/> DCA <input type="checkbox"/> OF DEATH <input type="checkbox"/> IN PATIENT			
DATE OF BIRTH MONTH <b>May</b> DAY <b>4</b> YEAR <b>1915</b>		AGE (YEARS LAST BIRTHDAY) <b>80</b>		IF UNDER 1 YEAR MOS. <b>80</b> DAYS <b>80</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		SURVIVING SPOUSE (If wife, give maiden name) <b>Betty L. Vanzante</b>	
STATE AND CITY OF BIRTH (If not in USA, name country) <b>Beaver Creek, MN</b>		CITIZEN OF WHAT COUNTRY? <b>U.S. of Amer.</b>		SOCIAL SECURITY NO. <b>[REDACTED]</b>		USUAL OCCUPATION (Give kind of work) <b>Teacher</b>		KIND OF BUSINESS OR INDUSTRY <b>Education</b>	
USUAL RESIDENCE A. STATE <b>Washington</b>		B. COUNTY <b>Clark</b>		C. TOWN OR CITY <b>Vancouver</b>		D. ZIP CODE <b>98661</b>		HOW LONG IN ARIZONA? <b>5 Months</b>	
STREET ADDRESS OR R.F.D. <b>3838 A NE 45th St.</b>		INSIDE CITY LIMITS? (Specify Yes or No) <b>Yes</b>		ON RESERVATION (Specify Yes or No) <b>No</b>		PREVIOUS STATE OF RESIDENCE <b>Washington</b>		EDUCATION ELEMENTARY SECONDARY <b>12</b> COLLEGE (1-4 or 5+) <b>5+</b>	
FATHER'S NAME A. FIRST <b>Roy</b>		B. MIDDLE <b>H.</b>		C. LAST <b>Cummings</b>		MOTHER'S MAIDEN NAME A. FIRST <b>Flora</b>		B. MIDDLE <b>Smith</b>	
INFORMANT'S SIGNATURE By: <b>Betty L. Cummings</b>		RELATIONSHIP TO DECEASED <b>Wife</b>		ADDRESS <b>3838 A NE 45th St.</b>		CITY AND STATE <b>Vancouver, Washington</b>		ZIP CODE <b>98661</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		DATE <b>4-11-96</b>		CITY AND STATE <b>Paradise Memorial Crematory, Scottsdale, Arizona</b>		EMBALMER'S SIGNATURE <b>[Signature]</b>		CERT. NO. <b>32</b>	
FUNERAL HOME <b>Hessinger Mortuary &amp; Chapel</b>		CITY AND STATE <b>Scottsdale, Arizona</b>		STREET ADDRESS <b>7601 E. Indian School Rd.</b>		FURNAL DIRECTOR or person acting as such (Signature) <b>[Signature]</b>		CERT. NO. <b>32</b>	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED DATE SIGNED (Mo., Day, Year) <b>April 10, 1996</b>		HOUR OF DEATH <b>11:45 A.M.</b>		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) <b>Paul I. Wassermann, M.D., Scottsdale, Arizona</b>		ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED. SIGNATURE <b>[Signature]</b>		DATE SIGNED (Mo., Day, Year) <b>April 10, 1996</b>	
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER, OR TRULY QUALIFIED PERSON <b>Paul I. Wassermann, M.D., Scottsdale, Arizona</b>		REG. FILE NO. <b>7348</b>		REG. DISTRICT <b>2203</b>		DATE RECD. IN STATE OFFICE <b>April 12, 1996</b>		MEDICAL EXAMINER'S SIGNATURE <b>[Signature]</b>	
IMMEDIATE CAUSE (Final disease or condition resulting in death) (ENTER ONLY ONE CAUSE ON EACH LINE) <b>Gastric Carcinoma</b>		B. DUE TO OR AS A CONSEQUENCE OF:		C. DUE TO OR AS A CONSEQUENCE OF:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>4 mo.</b>			
PART II. Other conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No) <b>No</b>		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) <b>Yes</b>		MANNER OF DEATH <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> UNDETERMINED		DATE OF INQUIRY MO <b>April</b> DAY <b>16</b> YEAR <b>1996</b>	
DATE OF INQUIRY MO <b>April</b> DAY <b>16</b> YEAR <b>1996</b>		HOUR <b>11:45</b>		PLACE OF INQUIRY (At home, farm, school, factory, office building, etc.) <b>Scottsdale, Arizona</b>		WHERE LOCATED? <b>Scottsdale, Arizona</b>		STREET ADDRESS <b>3838 A NE 45th St.</b>	
CITY OR TOWN <b>Vancouver</b>		STATE <b>Washington</b>		ZIP CODE <b>98661</b>		CITY OR TOWN <b>Scottsdale</b>		STATE <b>Arizona</b>	

CERTIFIED COPY OF VITAL RECORDS

974

STATE OF ARIZONA  
COUNTY OF MARICOPA

DATE ISSUED

April 16, 1996  
Steven J. Englehardt, MD, MPH  
County Registrar  
Director, Maricopa County Dept.  
of Public Health Services

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

EXHIBIT C

2627356





COMMUNITY PROPERTY AGREEMENT

KNOW ALL MEN BY THESE PRESENTS: That we, MARVIN S. CUMMINGS, and ELIZABETH L. CUMMINGS, husband and wife, residing in the City of Vancouver, County of Clark, State of Washington, for and in consideration of the love and affection which we bear, one toward the other, and further in consideration of the mutual helpfulness we have been, one toward the other in the past, and for and in consideration of the commingling of our joint efforts and earnings and properties heretofore, we do hereby mutually agree, one with the other, that all of the property which we now own, separately, jointly or otherwise, whether real, personal or mixed, and wherever situated, together with all property which we, or either of us may acquire in the future, whether real, personal or mixed and wheresoever situated, shall be by us and all other persons whomsoever deemed, esteemed, regarded and treated, and known as the community property of MARVIN S. CUMMINGS, and ELIZABETH L. CUMMINGS, husband and wife.

In this Agreement so made, one with the other, the date acquiring property and all statements made by either or both of us heretofore respecting alleged separate property or affecting any property, are to be regarded and esteemed as of no force and effect.

The full intent and purpose of this Agreement is to be construed by the court, our heirs, executors and assigns and all other persons whomsoever, as a present voluntary conveyance and conversion, from one to the other, and unitedly to the community,

CUMMINGS  
Community Property Agreement  
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M's initials MSC  
E's initials ELC

EXHIBIT A 193

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of all of our earthly possessions, in such form and manner that the same shall from this date be and constitute the property of the community of ourselves as husband and wife so that we might avail ourselves of the provisions of R. C. W. 26.16.120 concerning agreements between husband and wife, fixing the status and disposition of community property to take effect upon the death of either.

It further being our desire that in the event of the death of either of us, the said property hereinbefore mentioned, and by this instrument declared to be the property of the community of ourselves as husband and wife, shall without delay or expense, pass to the survivor, we hereby mutually agree, one with the other, that in the event of the death of the said MARVIN S. CUMMINGS while the said ELIZABETH L. CUMMINGS survives, the title of and to the whole of said community property shall at once vest in the said ELIZABETH L. CUMMINGS, the real property in fee simple and the personal property absolutely, and that in the event of the death of the said ELIZABETH L. CUMMINGS leaving the said MARVIN S. CUMMINGS surviving her, the title of and to the whole of said community property shall at once vest in and to the said MARVIN S. CUMMINGS, the real property in fee simple and the personal property absolutely.

IN WITNESS WHEREOF, we, the said MARVIN S. CUMMINGS and the said ELIZABETH L. CUMMINGS, husband and wife, have hereunto set our hands this 8 day of March, 1962.

Marvin S. Cummings

Elizabeth L. Cummings

EXHIBIT A 293

CUMMINGS  
Community Property Agreement  
Page 2 of 3 pages

M's initials 376  
E's initials 376



STATE OF WASHINGTON )  
County of Clark ) ss.

THIS IS TO CERTIFY that before me, the undersigned authority in and for the State of Washington on the day and year last above written, personally appeared MARVIN S. CUMMINGS and ELIZABETH L. CUMMINGS, husband and wife, to me known to be the identical persons who executed the foregoing instrument and acknowledged to me that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS MY HAND AND SEAL the day and year last above



*James R. Dean*  
NOTARY PUBLIC in and for the  
State of Washington  
Residing at Vancouver

CUMMINGS  
Community Property Agreement  
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M's initials MJC  
E's initials ELL

*David Christel*  
Jul 19 4 03 PM '96

AUDITOR  
ELIZABETH A. LUCE

EXHIBIT A 343

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