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FILED FOR RECORD  
SKAMANIA CO. WASH  
BY *Kielpinski & Assoc*

JAN 10 2 21 PM '97

*P. Lowry*  
AUDITOR  
GARY M. OLSON

**AFTER RECORDING MAIL TO:**

Kielpinski & Associates, P.C.  
P.O. Box 510  
Stevenson WA 98648  
(509) 427-5665

**Document Title(s) or transactions contained therein:**

1. Affidavit in Support of Community Property Agreement
2. Certificate of Death - George Turner

**Grantor(s):** [Last name first, then first name and initials]

1. Turner, George (Decedent)
- 2.

☐ Additional names on page \_\_\_\_\_ of document

**Grantee(s):** [Last name first, then first name and initials]

1. Turner, Ardella Mae (Affiant - Surviving Spouse)
- 2.

☐ Additional names on page \_\_\_\_\_ of document

**Abbreviated Legal Description:** (i.e., lot/block/plat or sec/twp/range/X/Y)

Commencing at a point 110 feet northerly from the Southwest corner of Lot 10 of Stevenson Park Addition according to the official plat thereof on file and of record in the office of the auditor of Skamania County, Washington, measured along the westerly line of the said Lot 10; thence northerly along the westerly line of the said Lot 10 a distance of 70 feet to a point on the East side of Strawberry road 180 feet North of the southwest corner of the said Lot 10; thence East 79 feet to intersection with the county road known as the John's Road; thence southeasterly along the said John's Road to a point East of the point of beginning; thence West to the point of beginning.

☐ Complete legal description is on page \_\_\_\_\_ of document

**Reference Number(s) of Documents Assigned or Released:** (Bk/Pg/Aud#)

1. BK 142, Pg 325, File No. 119092 (Community Property Agreement)
- 2.

☐ Additional numbers on page \_\_\_\_\_ of document

**Assessor's Property Tax Parcel/Account Number(s):**

1. 03-07-36-1-4-3400-00
- 2.

☐ Property Tax Parcel ID is not yet assigned

18541

REAL ESTATE EXCISE TAX

Registered ☒  
Indexed, Dir ☒  
Indirect ☒  
Filmed ☒  
Mailed ☒

JAN 9 1997  
PAID *Exempt*  
*in*  
SKAMANIA COUNTY TREASURER

AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON )  
COUNTY OF SKAMANIA ) ss.

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit provides information for the record regarding that certain Community Property Agreement dated the 1st day of April, 1994 executed by George Turner and Ardella M. Turner, husband and wife (the "Agreement"). The Agreement was recorded in the Office of the County Auditor in Skamania County, Washington on April 1, 1994 under Auditor's File No. 119092 at Book 142, Page 325. The statements set forth in this Affidavit are representations of fact that may be relied upon by all parties dealing with the real estate located in Skamania County, Washington and more fully described on Exhibit "A" attached hereto and made a part hereof.

2. George Turner (the "Decedent") was one of the parties to the Agreement and died on November 17, 1996, a resident of Skamania County, Washington. A copy of the death certificate attached hereto and recorded herewith.

3. The parties to the Agreement were legally competent at the time of the Agreement and executed no subsequent Wills or agreements that would have the effect of abrogating or nullifying the Agreement.

4. The community property of the parties to the Agreement at the time of the Decedent's death is listed on Exhibit "A" attached hereto.

5. The Decedent left no separate property.

Gary M. Martin, Skamania County Auditor  
Date 01/09/97 Percol # 5-7-36-1-9-8 for  
affidavit



6. All the obligations of the marital community owing at the date of the Decedent's death have been or will be paid in full, and all expenses of last illness and for funeral and burial services of the Decedent have been or will be paid in full.

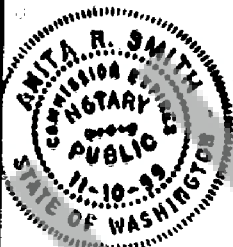
7. The Decedent was survived by the following persons:

Name and Address	Relationship
Ardella Mae Turner 312 N.W. Loop Rd. Stevenson WA 98648	Wife
Linda Sworde Address unknown Orient WA	Daughter

DATED this 3rd day of December, 1996.

Ardella Mae Turner  
ARDELLA MAE TURNER

SIGNED AND SWORN to before me this 3rd day of December, 1996 by Ardella Mae Turner.



Anita R. Smith  
Print: Anita R. Smith  
NOTARY PUBLIC in and for  
the State of Washington  
My commission expires 11/10/99

KIELPINSKI & ASSOCIATES  
A PROFESSIONAL SERVICE CORPORATION  
ATTORNEYS AT LAW  
40 Cascade Avenue Suite 110 \* P.O. Box 510  
Stevenson, Washington 98648  
Telephone: (509) 427-5665  
Fax: (509) 427-7618

6. All the obligations of the marital community owing at the date of the Decedent's death have been or will be paid in full, and all expenses of last illness and for funeral and burial services of the Decedent have been or will be paid in full.

7. The Decedent was survived by the following persons:

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Ardella Mae Turner  
ARDELLA MAE TURNER

SIGNED AND SWORN to before me this 3rd day of December, 1996 by Ardella Mae Turner.

Anita R. Smith  
Print: Anita R. Smith  
NOTARY PUBLIC in and for  
the State of Washington  
My commission expires 11/10/99



EXHIBIT "A"

1. Real property situated in Stevenson, Skamania County, Washington, commonly known as 312 N.W. Loop Rd., Tax Parcel No. 03-07-36-1-4-3400-00, the legal description of which is attached hereto and incorporated herein.
2. 1987 Chevrolet Astro Passenger Van, VIN No. 1GNDM15Z1HB106757.
3. 1982 Datsun Pickup, VIN No. JN6MD01SXCW109912.
4. Bank accounts at First Independent Bank and Riverview Savings Bank in Stevenson, Washington, held JTWROS with Ardella Mae Turner.
5. Insurance, pension and survivor benefits, if any.



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Commencing at a point 110 feet northerly from the Southwest corner of Lot 10 of Stevenson Park Addition according to the official plat thereof on file and of record in the office of the Auditor of Skamania County, Washington, measured along the westerly line of the said Lot 10; thence northerly along the westerly line of the said Lot 10 a distance of 70 feet to a point on the East side of Strawberry Road 180 feet North of the southwest corner of the said Lot 10; thence East 79 feet to intersection with the county road known as the John's Road; thence southeasterly along the said John's Road to a point East of the point of beginning; thence West to the point of beginning.

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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



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146 FOR VETERANS USE ONLY

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

34

LOCAL FILE NUMBER

STATE FILE NUMBER

1 NAME George TURNER		2 SEX (M/F) Male	3 DEATH DATE (Mo Day Yr) November 17, 1996
4 AGE LAST BIRTH DAY (Yr) 70	5 UNDER 1 YEAR AGE DAYS HOURS MINS 1	6 BIRTH DATE (Mo Day Yr) 7/22/1926	7 BIRTH PLACE City State or Foreign Country Toledo, WA
11 CITY, TOWN OR LOCATION OF DEATH Carson		12 PLACE OF DEATH 1 (1) HOME 2 (2) IN HOSPITAL 3 (3) EMERGENCY 4 (4) NURSING HOME 5 (5) OTHER PLACE Boyer's Foster Home	13 SMOKING IN LAST 15 YEARS? (Yes/No) Yes
14 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married	15 SURVIVING SPOUSE (If wife give maiden name) Ardella M. Eakins	16 SOCIAL SECURITY NO. [REDACTED]	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10/12) College (14 or 5-) 6
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Logger	19 KIND OF BUSINESS OR INDUSTRY Timber	20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No	21 RACE (Specify) White
22 RESIDENCE—NUMBER AND STREET 312 NW Loop Road	23 CITY/TOWN OR LOCATION Stevenson	24 INSIDE CITY Yes	25 LENGTH OF RES. IN CO. 5 yrs
26 FATHER'S NAME—FIRST MIDDLE LAST George Washington Turner	27 MOTHER'S NAME—FIRST MIDDLE MAIDEN SURNAME Jenny - Flemmings	28 STATE WA	29 ZIP CODE 98648
30 INFORMANT—NAME Ardella Turner	31 MAILING ADDRESS 312 NW Loop Rd. Stevenson, WA 98648	32 BURIAL/CREMATION REMOVAL (Specify) Cremation	33 DATE (Mo Day Yr) 11/20/96
34 CREMATION/REMOVAL—NAME Win-quatt Crematory	35 LOCATION—CITY/TOWN, STATE The Dalles, OR	36 ADDRESS OF FACILITY POB 390	37 ADDRESS OF FACILITY White Salmon, WA 98672
38 SIGNATURE AND TITLE [Signature] TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN		39 SIGNATURE AND TITLE [Signature] TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER	
40 DATE SIGNED (Mo Day Yr) November 19, 1996		41 HOUR OF DEATH (24 Hrs) Between 0430 and 1000	
42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) BRADLEY W. ANDERSEN, P.O. Box 790, Stevenson, WA 98648		43 HOUR OF DEATH (24 Hrs) 1045	
44 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH			
45 IMMEDIATE CAUSE (Final disease or condition resulting in 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.		46 CONGESTIVE CARDIOMYOPATHY DUE TO, OR AS A CONSEQUENCE OF: A B C D	
47 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE		48 INTERVAL BETWEEN ONSET AND DEATH weeks	
49 ACC. SUICIDE, HOMICIDE, OR PENDING INVEST (Specify)	50 INJURY DATE (Mo Day Yr)	51 HOUR OF INJURY (24 Hrs)	52 ALTOPTSY? (Yes/No) No
53 INJURY AT WORK? (Yes/No)	54 PLACE OF INJURY—AT HOME, FARM, STREET, BLDG, ETC (Specify)	55 OCCASION OF INJURY (Specify)	56 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Yes
57 RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE	58 SIGNATURE AND TITLE [Signature] TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER	59 DATE RECEIVED (Mo Day Yr) 11/20/96	

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

004110.008 (Rev. 7/81) (2-94-9324-535)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH THE CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.