

127559

BOOK 163 PAGE 319

FILE  
SEARCHED  
SERIALIZED  
INDEXED  
Kielpinski & Assoc.

MAR 12 3 41 PM '97

*Olson*  
GARY N. 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. Death Certificate
- 3.
- 4.

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

1. MOSTERT, Howard W. (Decedent)
- 2.

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

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

1. MOSTERT, Mary Elizabeth (surviving spouse)
- 2.

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

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

Parcel I: East 80' of Lot 7, Block A, Plat of Carson

Parcel II: Lots 1 & 2 of Frieda M. Bloomquist Short Plat

Complete legal description is on page 3 of document

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

1. Bk 106, Pg 527, File No. 103764 (Community Property Agreement)

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

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

1. 03-08-29-11-3800
2. 03-08-29-11-3803
- 3.
- 4.

Property Tax Parcel ID is not yet assigned

By word   
By deed   
By gift   
By will   
By other





7. The Decedent was survived by the following persons:

<u>Name and Address</u>	<u>Relationship</u>
Mary Elizabeth Mostert P.O. Box 856 Carson WA 98610	Wife
Marilyn Misner 82 Columbia Drive Carson WA 98610	Daughter

DATED this 12<sup>th</sup> day of March, 1997.

*Mary Elizabeth Mostert*  
MARY ELIZABETH MOSTERT

SIGNED and sworn to before me this 12<sup>th</sup> day of March, 1997 by Mary Elizabeth Mostert.

JAN C. KIŁPINSKI  
STATE OF WASHINGTON  
NOTARY — PUBLIC  
My Commission Expires April 28, 1998

*Jan C. Kielpinski*  
Print: Jan C. Kielpinski  
NOTARY PUBLIC in and for  
the State of Washington  
Commission expires 04/28/98

EXHIBIT "A"

PARCEL I: Commencing at the Southeast Corner of Lot 8, Block "A" of the ORIGINAL PLAT OF CARSON as recorded in Book "A" of Plats on Page 23, SKAMANIA County records and running thence South 50 feet; thence West 80 feet; thence North 50 feet; thence East 80 feet to the point of beginning, being the East 80 feet of Lot 7, Block "A" of said Plat as the same existed prior to the vacation of the said Lot 7 by the Skamania County Board of Commissioners on July 20, 1987.

PARCEL II: A Parcel of land located in the Northeast Quarter of the Northeast Quarter of Section 29, Township 3 North, Range 8 East of the Willamette Meridian, Skamania County, Washington described as:

Lots 1 and 2 of the Freida M. Bloomquist Short Plat as recorded in Book 2 of Short Plats on Page 157, Skamania County records.



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



BOOK 163 PAGE 323  
146

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

5 LOCAL FILE NUMBER

STATE FILE NUMBER

1 NAME First: <b>Howard</b> Middle: <b>William</b> Last: <b>MOSTERT</b>			2 SEX (M/F) <b>M</b>	3 DEATH DATE (Mo, Day, Yr) <b>January 24, 1997</b>	
4 AGE LAST BIRTH DAY (Yr) <b>88</b>	5 UNDER 1 YEAR MO. DAYS	6 UNDER 1 DAY HRS. MINS.	7 BIRTH DATE (Mo, Day, Yr) <b>12-6-1908</b>	8 BIRTH PLACE (City, State or Foreign Country) <b>Portland, OR</b>	
11 CITY, TOWN OR LOCATION OF DEATH <b>Carson</b>			12 PLACE OF DEATH (BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME) 1 X HOME 2 <input type="checkbox"/> IN TRANSPORT 3 <input type="checkbox"/> EMERG. INMATE PTN 4 <input type="checkbox"/> HOSP. 5 <input type="checkbox"/> NUR-HOME 6 <input type="checkbox"/> OTHER PLACE <b>62 First Street</b>		13 SMOKING IN LAST 15 YEARS? (Yes/No) <b>No</b>
14 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		15 SURVIVING SPOUSE (if wife, give maiden name) <b>Mary E. Martin</b>		16 SOCIAL SECURITY NO. <b>[REDACTED]</b>	
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIREE) <b>Pharmacist</b>		19 KIND OF BUSINESS OR INDUSTRY <b>Pharmacy</b>		20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes/No) Specify <b>NO</b>	
21 RACE (Specify) <b>White</b>		22 RESIDENCE - NUMBER AND STREET <b>62 First Street</b>		23 CITY/TOWN OR LOCATION <b>Carson</b>	
24 INSIDE CITY LIMITS? (Yes/No) <b>Yes</b>		25 COUNTY <b>Skamania</b>		26 STATE <b>WA</b>	
27 ZIP CODE <b>98610</b>		28 FATHER'S NAME—FIRST, MIDDLE, LAST <b>Edward Louis Mostert</b>		29 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME <b>Elizabeth Lena Doetsch</b>	
30 INFORMANT - NAME <b>Mary E. Mostert</b>		31 MAILING ADDRESS <b>62 First Street</b>		32 CITY OR TOWN <b>Carson</b>	
33 STATE <b>WA</b>		34 ZIP <b>98610</b>		35 LOCATION - CITY/TOWN STATE <b>Portland, Oregon</b>	
36 BURIAL CREMATION (Specify) <b>Cremation</b>		37 DATE (Mo, Day, Yr) <b>2/5/97</b>		38 CEMETERY/CREMATORY - NAME <b>Killingsworth Chimes Crematory</b>	
39 FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		40 NAME OF FACILITY <b>Killingsworth Little Chapel of the Chimes</b>		41 ADDRESS OF FACILITY <b>430 N. Killingsworth Portland, OR 97217</b>	
42 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 <i>[Signature]</i>			43 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>[Signature]</i>		
44 DATE SIGNED (Mo, Day, Yr) <b>1-29-97</b>		45 HOUR OF DEATH (24 Hrs) <b>04:20 A</b>		46 DATE SIGNED (Mo, Day, Yr)	
47 HOUR OF DEATH (24 Hrs)		48 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		49 HOUR PRONOUNCED DEAD (24 Hrs)	
49 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>Gregory Zuck, M.D.; P. O. Box 390; Stevenson, WA 98648</b>		50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) A <b>Prostate Cancer</b>		51 INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>	
52 DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		53 DUE TO, OR AS A CONSEQUENCE OF		54 INTERVAL BETWEEN ONSET AND DEATH	
55 DUE TO, OR AS A CONSEQUENCE OF		56 DUE TO, OR AS A CONSEQUENCE OF		57 INTERVAL BETWEEN ONSET AND DEATH	
58 DUE TO, OR AS A CONSEQUENCE OF		59 DUE TO, OR AS A CONSEQUENCE OF		60 INTERVAL BETWEEN ONSET AND DEATH	
61 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE			62 AUTOPSY? (Yes/No) <b>No</b>		63 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) <b>Yes</b>
64 ACC. SUICIDE, HOME UNDET. OR PENDING INVEST. (Specify)		65 INJURY DATE (Mo, Day, Yr)		66 HOUR OF INJURY (24 Hrs)	
67 HOW INJURY OCCURRED		68 INJURY AT WORK? (Yes/No)		69 PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, BLDG, ETC. (Specify)	
70 LOCATION—CITY/TOWN, STATE		71 RECORD AMENDMENT (Registrar use only) ITEM: <b>DOCUMENTARY EVIDENCE</b> REVIEWED BY: <b>[Signature]</b> DATE: <b>2/4/97</b>		72 DATE RECEIVED (Mo, Day, Yr) <b>2/4/97</b>	

Gary M. Marsh, Governor  
 Date 3-12-97  
 3-8-97  
 3103

