

127559

BOOK 163 PAGE 319

FILED
SMITH
Kielinski & Assoc.

MAR 12 3 41 PM '97

P. Laury
RECORDED
GARY N. OLSON

AFTER RECORDING MAIL TO:

Kielinski & 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/X)

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	<input checked="" type="checkbox"/>
Indexed	<input checked="" type="checkbox"/>
Record	<input checked="" type="checkbox"/>
File	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>

STATE OF WASHINGTON)
) ss
COUNTY OF SKAMANIA)

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 2nd day of September, 1987 executed by Howard W. Mostert and Mary Elizabeth Mostert, husband and wife (the "Agreement"). The Agreement was recorded in the office of the County Auditor in Skamania County, Washington on September 3, 1987 under Auditor's File No. 103764 at Book 106, Page 527. The statements set forth in this Affidavit are representations of fact that may be relied upon by all parties dealing with the personal property and any real estate located in Skamania County, Washington more fully described in Exhibit "A" attached hereto and made a part hereof.

2. Howard W. Mostert (the "Decedent") was one of the parties to the Agreement and died on January 24, 1997, a resident of Skamania County, Washington. A copy of the death certificate is 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 of 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.

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.

REAL ESTATE EXCISE TAX
18661

MAR 12 1997

PAID except
147.000, Deputy
SKAMANIA COUNTY TREASURER

Affidavit in Support of Community Property Agreement
Page 1

Gerry M. Martin, Stanislaus County Assessor
Date 2-12-67 Parcel # 3-8-29-1-1-3800
1100- -3803

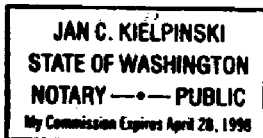
7. The Decedent was survived by the following persons:

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

DATED this 12th day of March, 1997.

Mary Elizabeth Mostert
MARY ELIZABETH MOSTERT

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



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

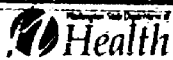
EXHIBIT "A"

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 143 PAGE 323
146

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

5
LOCAL FILE NUMBER

STATE FILE NUMBER

1 NAME First Middle Last Howard William MOSTERT			2 SEX (M/F) M	3 DEATH DATE (Mo Day Yr) January 24, 1997
4 AGE LAST BIRTH DAY (Yr) 88	5 UNDER 1 YEAR MO 88	6 UNDER 1 DAY HRS 88	7 BIRTH DATE (Mo Day Yr) 12-6-1908	8 BIRTH PLACE (City, State or Foreign Country) Portland, OR
11 CITY, TOWN OR LOCATION OF DEATH Carson			12 PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 <input checked="" type="checkbox"/> 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 62 First Street	
14 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15 SURVIVING SPOUSE (If wife, give maiden name) Mary E. Martin		16 SOCIAL SECURITY NO. [REDACTED]
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Pharmacist		19 KIND OF BUSINESS OR INDUSTRY Pharmacy		20 Was Decedent of Hispanic origin or descent? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No
22 RESIDENCE—NUMBER AND STREET 62 First Street		23 CITY/TOWN OR LOCATION Carson	24 INSIDE CITY LIMITS? (Yes/No) Yes	25 COUNTY Skamania
26 FATHER'S NAME—FIRST, MIDDLE, LAST Edward Louis Mostert		27 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Elizabeth Lena Doetsch		
30 INFORMANT—NAME Mary E. Mostert		31 MAILING ADDRESS—STREET OR RFD NO., CITY OR TOWN, STATE, ZIP 62 First Street Carson WA 98610		
32 BURIAL CREMATION REMOVAL, OTHER (Specify) Cremation	33 DATE (Mo Day Yr) 2/5/97	34 CEMETERY/CREMATORY—NAME Killingsworth Chimes Crematory		35 LOCATION—CITY/TOWN, STATE Portland, Oregon
36 FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37 NAME OF FACILITY Killingsworth Little Chapel of the Chimes		
38 ADDRESS OF FACILITY 430 N. Killingsworth Portland, OR 97217				
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				
39 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>				
40 DATE SIGNED (Mo Day Yr) 1-29-97		41 HOUR OF DEATH (24 Hrs) 04:20 A		
42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Gregory Zuck, M.D.; P. O. Box 390; Stevenson, WA 98648				
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) 1-29-97		45 HOUR OF DEATH (24 Hrs) 04:20 A		
46 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Gregory Zuck, M.D.; P. O. Box 390; Stevenson, WA 98648				
47 HOUR PRONOUNCED DEAD (24 Hrs) 04:20 A				
48 MEASUREMENT FILE NUMBER				
49 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH				
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. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.				
A Prostate Cancer				
B				
C				
D				
51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE				
54 ACC. SUICIDE, HOME, UNDET. OR PENDING INVEST. (Specify)		55 INJURY DATE (Mo Day Yr)	56 HOUR OF INJURY (24 Hrs)	57 HOW INJURY OCCURRED
58 INJURY AT WORK? (Yes/No)		59 PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, ETC. (Specify)		
60 LOCATION—STREET OR RFD NO., CITY/TOWN, STATE				
61 RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62 REGISTRAR SIGNATURE <i>[Signature]</i>		63 DATE RECEIVED (Mo Day Yr) 2/4/97

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (Formerly DSHS 9-150)

DOH 01-003 (8/95)

THIS IS A CERTIFIED COPY OF THE RECORD, AND IS WITH CERTIFICATE FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

Copy to: Mary E. Martin, Carson, WA
Date: 3-12-97, File # 3-8-74-11-3400-3403