

128941

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FILED FOR RECORD
SPRINGFIELD, WASH
By *Kielpinski & Assoc.*

AUG 13 8 46 AM '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:
Affidavit in Support of Community Property Agreement

Grantor(s): [Last name first, then first name and initials]
1. Grossie, Harold E. (deceased)

☐ Additional names on page ____ of document

Grantee(s): [Last name first, then first name and initials]
1. Grossie, Eleanor C.

☐ Additional names on page ____ of document

Abbreviated Legal Description: (i.e., lot/block/plat or
sec/twp/range/1/1)

S36, T3N, R 7 EWM

☐ Complete legal description is on page 43 of Affidavit
in Support of Community Property Agreement

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

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☐ Additional numbers on page ____ of document

Assessor's Property Tax Parcel/Account Number(s):
1. 03-07-36-1-3- -00

☐ Property Tax Parcel ID is not yet assigned

By *Stevens*
Indexed, Bk ☒
Indexed, Dir ☒
Indexed ☒
Indexed ☒

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 28th day of October, 1967, recorded in Skamania County, Washington, in Book 168, Page 68 to 70, under Auditor's File No. 128913. HAROLD E. GROSSIE (the "Decedent") was one of the parties to the Agreement and died on March 27, 1997, a resident of Skamania County, Washington. A copy of the death certificate is recorded herewith.

2. 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.

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

4. The Decedent left no separate property.

5. 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.

6. The Decedent was survived by the following:

Name and Address

Eleanor C. Grossie
P.O. Box 266
Stevenson, WA 98648

Relationship

Wife

AUG 12 1997

PAID *exempt*

OK, Deputy

SKAMANIA COUNTY TREASURER

Gary H. Martin, Skamania County Auditor

Date *8/12/97* Parcel # *3-7-36-1-3-3400*

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William A. Grossie
8117 Hunting Cog Road
Oak Ridge, NC 27310

Son

Margaret E. Brahm
7225 N. Boston
Portland, OR 97217

Daughter

Patricia E. Walton
15722 88th Avenue Ct. East
Puyallup, WA 98373

Daughter

Michael H. Grossie
102 Belair Drive
Moses Lake, WA 98837

Son

David A. Grossie
9661-1C Foxhound Drive
Miamisburg, OH 45342

Son

Further Affiant sayeth not.

Eleanor C. Grossie
ELEANOR C. GROSSIE

SIGNED AND SWORN to before me this 16th day of June, 1997 by
Eleanor C. Grossie.

KIM A. TROSPER
STATE OF WASHINGTON
NOTARY — PUBLIC
My Commission Expires March 25, 1998

Kim A. Trospen
Kim A. Trospen, Notary
Public in and for the
State of Washington.
My commission expires 03/25/98

Affidavit in Support of
Community Property Agreement
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EXHIBIT "A"

Following described real property located in Skamania County, Washington:

Beginning at a point on the center line north and south Section 36, Township 3 North, Range 7 East, Willamette Meridian, 894 feet south of the center of said Section 36, thence south 150 feet, thence west to east line of Chesser Road, thence northerly along east line of Chesser Road to point due west of place of beginning, thence east 310 feet to point of beginning.

As described in Book 33, Page 121 of deed records, Skamania County, Washington.

CERTIFICATION OF VITAL RECORD

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227694

I.D. TAG NO.

C2076

LOCAL FILE NUMBER

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME First: Harold Last: Edgar Middle: GROSSIE		2. SEX M	3. DATE OF DEATH (Month, Day, Year) March 27, 1997
4. SOCIAL SECURITY NUMBER (Last 4 digits) 99		5. BIRTHPLACE (City and State or Foreign) Port Arthur, Texas	6. DATE OF BIRTH (Month, Day, Year) February 24, 1907
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Outpatient <input type="checkbox"/> Home <input type="checkbox"/> Other			
9. FACILITY NAME (If not institution, give street and number) Providence Medical Center		10. CITY, TOWN, OR LOCATION OF DEATH Portland	
11. DECEDENT'S USUAL OCCUPATION (State kind of work done during most of working life) Teacher		12. KIND OF BUSINESS/INDUSTRY High Schools	
13. RESIDENCE - STATE Washington		14. COUNTY Skamania	
15. CITY, TOWN, OR LOCATION Stevenson		16. STREET AND NUMBER 320 NW Chesser Rd.	
17. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		18. ZIP CODE 98648	
19. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No		20. RACE (Specify) White	
21. FATHER - NAME (First, Middle, Last) Louis Grossie		22. MOTHER - NAME (First, Middle, Last) Flora S. Quada	
23. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal to another state <input type="checkbox"/> Other (Specify)		24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Killingsworth Chimes Crematory	
25. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH W. Stead W. Stead		26. LICENSE NUMBER (If Licensed) 3423	
27. DATE FILED (Month, Day, Year) APR 17 1997		28. NAME, ADDRESS AND ZIP OF FACILITY Telophase Cremation Society 11667 SE Stevens Rd. Portland, OR 97266	
29. DO HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
31. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
32. TIME OF DEATH 2:08 PM		33. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34. To the best of my knowledge, death occurred at the time, date, place and due to the causes and manner stated. (Signature) Raymond Fitzsimmons			
35. DATE SIGNED (Month, Day, Year) 04-14-97			
36. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) Raymond Fitzsimmons, 212 Skyline Drive, White Salmon, WA 98672			
37. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
38. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR ALL DE AND S; Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest)			
PART I a. Coronary Artery Disease b. Atherosclerotic Vascular Disease			
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I Complications surgery - coronary artery by graft			
39. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		40. DATE OF INJURY (Month, Day, Year)	
41. TIME OF INJURY		42. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
43. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		44. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

Item # 40. corrected by physician's affidavit, 4/17/97, Hilda Adams, Multnomah Co. Reg., jc
Item #8. corrected by funeral home affidavit, 4/25/97, Hilda Adams, Multnomah Co. Reg.

ORIGINAL-VITAL STATISTICS COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

APR 25 1997

DATE ISSUED

Hilda Chaski Adams, MPH

HILDA CHASKI ADAMS, MPH
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON



ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE