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SKAMMIA CO. WASH
BY *Kielpinski & Woodnick*

AUG 21 4 21 PM '97

G. Lowry
AUDITOR
GARY H. 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. Choquette, Benjamin G. (Deceased)

Additional names on page _____ of document

Grantee(s): [Last name first, then first name and initials]
1. Choquette, Violet W.

2.
3.
4.

Additional names on page _____ of document

Abbreviated Legal Description: [i.e., lot/block/plat or sec/twp/range/1/4]

Lots 3, 4 and 5 of Block 2 of Estabrooks Addition to the Town of Carson

Gary H. Olson, Skamania County Assessor

8/14/97
03082211050000

Complete legal description is on page 3 of Affidavit in Support of Community Property Agreement

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

Bk 168, Page 64 to 67, Auditors File # 128912

Additional numbers on page _____ of document

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

03-08-29-1-1-0500-00

Property Tax Parcel ID is not yet assigned

PAID
AUG 21 1997
18987
SKAMANIA COUNTY TREASURER
W. S. Woodnick

REAL ESTATE EXCISE TAX

4
6
2
0
0
C

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Rodney Dale Choquette

Son

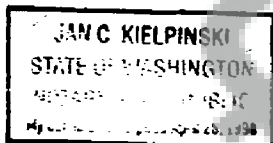
Nancy Joan Paddock

Daughter

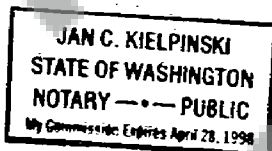
Further Affiant sayeth not.

Violet W. Choquette
VIOLET W. CHOQUETTE

SIGNED AND SWORN to before me this 11 day of July, 1997 by
Violet W. Choquette.



Jan C. Kielpinski
Jan C. Kielpinski, Notary
Public in and for the
State of Washington.
My commission expires 04/28/98



Affidavit in Support of
Community Property Agreement
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EXHIBIT "A"

Following described real property located in Skamania County,
Washington:

Lots 3, 4, and 5 of Block Two of ESTABROOKS ADDITION TO THE
TOWN OF CARSON according to the official plat thereof on file
and of record at page 31 of Book A of Plats, records of
Skamania County Auditor, Washington.

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Community Property Agreement
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STATE OF WASHINGTON
DEPARTMENT OF HEALTH



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CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

19

LOCAL FILE NUMBER

STATE FILE NUMBER

1 NAME First Middle Last Benjamin George CHOQUETTE		2 SEX (M/F) Male	3 DEATH DATE (Mo, Day, Yr) May 9, 1997
4 AGE LAST BIRTH DAY (Yr, Mo, Day)	5 UNDER 1 YEAR MO. DAYS HOURS	6 UNDER 1 DAY HOURS MIN.	7 BIRTH DATE (Mo, Day, Yr) 4/20/1921
8 BIRTH PLACE (City, State or Foreign Country) Montville, CT		9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) Yes	
10 COUNTY OF DEATH Skamania		11 CITY, TOWN OR LOCATION OF DEATH Carson	
12 PLACE OF DEATH (SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME) 1 () HOME 2 () IN TRANSPORT 3 () OTHER (Specify) 4 () HOSP. 5 () NUR HOME 6 () OTHER PLACE Dutton's Foster Home		13 SMOKING IN LAST 15 YEARS? (Yes/No) No	
14 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15 SURVIVING SPOUSE (If wife, give maiden name) Violet Winona Holmes	
16 SOCIAL SECURITY NO. [REDACTED]		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5-) 2	
18 OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Lithographer		19 KIND OF BUSINESS OR INDUSTRY Printing	
20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes/No) Specify No		21 RACE (Specify) White	
22 RESIDENCE - NUMBER AND STREET 31 Third Ave.		23 CITY/TOWN OR LOCATION Carson	24 INSIDE CITY LIMITS? (Yes/No) No
25A COUNTY Skamania		25B LENGTH OF RES. IN CO. 128 yrs	25 STATE WA
26 FATHER'S NAME - FIRST, MIDDLE, LAST Royal - Choquette		27 ZIP CODE 98610	
28 MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME Lucy Jane Shippee		29	
30 INFORMANT - NAME Violet Choquette		31 MAILING ADDRESS - STREET OR P.O. NO. CITY OR TOWN STATE ZIP P.O. Box 694 Carson, WA 98610	
32 BURIAL OR CREMATION (Specify) Cremation 5/13/97		33 CEMETERY OR CREMATORIAL NAME Oregon Crematory	
34 FUNERAL DIRECTOR SIGNATURE K. P. Durick		35 LOCATION - CITY/TOWN STATE Portland, OR	
36 NAME OF FACILITY GARDNER FUNERAL HOME, INC		37 ADDRESS OF FACILITY POB 390 White Salmon, WA 98672	
38		39	
40 DATE SIGNED (Mo, Day, Yr) May 12, 1997		41 HOUR OF DEATH (24 Hr.) 1530	
42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN LISTED IN 45 (Specify) Bradley Andersen, Coroner		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 County Coroner	
44		45 PREPARANCE LEAD (Mo, Day, Yr) May 9, 1997	
46		47 HOUR OF DEATH (24 Hr.) 1610	
48		49 MEDICAL EXAMINER OR CORONER NUMBER 97-083SK	
50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH			
IMMEDIATE CAUSE (Final cause or condition resulting in death)		INTERVAL BETWEEN ONSET AND DEATH	
DO NOT ENTER THE MODE OF DYING, SUCH AS CARING 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 process leading to death) LAST		INTERVAL BETWEEN ONSET AND DEATH	
A CANCER (Prostrate and Lung) DUE TO, OR AS A CONSEQUENCE OF		Months	
B DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
C DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
D DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
51 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (Specify)			
52 AUTOPSY? (Yes/No) No		53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Yes	
54 ACC. SUICIDE, HOME, UNDET. OR PENDING INVEST. (Specify)		55 INJURY DATE (Mo, Day, Yr)	
56 HOURS OF INJURY OCCURRED		57	
58 INJURY AT WORK? (Yes/No)		59 PLACE OF INJURY - AT HOME, FARM, STREET, BLDG. ETC. (Specify)	
60		61	
62 RECORDS MAINTAINED (Specify in 63) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		63 DATE OF DEATH (Mo, Day, Yr) May 16, 1997	



Stewart, MD