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

SEP 3 4 42 PM '97

Olson
AUDITOR
GARY M. OLSON

AFTER RECORDING MAIL TO:

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

REAL ESTATE EXCISE TAX

18599

SEP - 4 1997

PAID *example*

du

SKAMANIA COUNTY TREASURER

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. Molsee, Charles E. and
Molsee, Alice E. (husband and wife)

☐ Additional names on page ____ of document

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

1. Molsee, Alice E.

☐ Additional names on page ____ of document

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

Parcel One: NW 1/4, NW 1/4, S 28, T3N., R8 EWM; and

Parcel Two: S 1/2, NW 1/4, SE 1/4, and W 1/2, SW 1/4, SE 1/4,
S6, T3N, R8 EWM

☐ Complete legal description is on page 3 of Document

Reference Number(s) of Documents Assigned or Released:

- [Bk/Pg/Aud#]
1. Bk 52/Pg 473 Aud. #63203
 - 2.

☐ Additional numbers on page ____ of document

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

1. 03-08-28-2-2-0800-00
2. 03-08-06-00-1100-00

☐ Property Tax Parcel ID is not yet assigned

[Signature]

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 11th day of May, 1964, recorded in Skamania County, Washington, in Book 52, Page 473, under Auditor's File No. 63203. CHARLES E. MOLSEE (the "Decedent") was one of the parties to the Agreement and died on April 17, 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 persons, all of whom are of legal age:

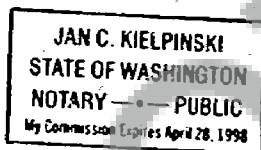
Name	Relationship
Alice E. Molsee	Wife

<u>Name</u>	<u>Relationship</u>
Andre K. Molsee	Son
Timothy H. Molsee	Son
Stephen M. Molsee	Son
Charles Mark Molsee	Son

Further Affiant sayeth not.

Alice E. Molsee
ALICE E. MOLSEE

SIGNED AND SWORN to before me this 11th day of July,
1997 by Alice E. Molsee.



Jan C. Kielpinski
Jan C. Kielpinski Notary
Public in and for the
State of Washington.
My commission expires 4-28-98

Gary H. Morris, Shumaker County Assessor
Date: 9/3/97 Parcel # 03 08 28 2 2 0800 00
870 03 08 06 00 1100 00

Affidavit in Support of
Community Property Agreement
Page 2

EXHIBIT "A"

The following described real property located in Skamania County, Washington:

PARCEL ONE:

A tract of land in the Northwest Quarter of the Northwest Quarter (NW1/4, NW1/4) of Section 28, Township 3 North, Range 8 E.W.M., more particularly described as follows:

Beginning at the northwest corner of the said Section 28; thence south along the west line of the said Section 28 a distance of 130 feet; thence east 125 feet; thence north 130 feet to intersection with the north line of the said Section 28; thence west 125 feet to the point of beginning.

PARCEL TWO:

The South half of the Northwest Quarter of the Southeast Quarter, and the Southwest Quarter of the Southeast Quarter, all in Section 6, Township 3 North, Range 8 East, Willamette Meridian; EXCEPT the South 240 feet of the West 200 feet of the West half of the Southwest Quarter of the Southeast Quarter of Section 6, Township 3 North, Range 8 East of the Willamette Meridian, Skamania County, Washington, except the South 40 feet thereof; and EXCEPT that portion conveyed by Quit Claim Deed recorded June 7, 1996 in Book 157, Page 620, Skamania County Auditor's File #125441; and EXCEPT that portion conveyed by Statutory Warranty Deed recorded February 18, 1992 in Book 127, Page 378, Skamania County Auditor's file #112956.

STATE OF WASHINGTON DEPARTMENT OF HEALTH



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TYPE OR PRINT IN PERMANENT BLACK INK

16

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1 NAME Charles Ernest MOLSEE				2 SEX (M/F) male		3 DEATH DATE (Mo, Day, Yr) April 17, 1997	
4 AGE LAST BIRTHDAY (Yr) 80		5 UNDER 1 YEAR MOSE DAYS		6 UNDER 1 DAY HOURS MIN		7 BIRTH DATE (Mo, Day, Yr) 7/26/1916	
8 BIRTH PLACE Shoshone, ID		9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) No		10 COUNTY OF DEATH Skamania			
11 CITY, TOWN OR LOCATION OF DEATH Carson				12 PLACE OF DEATH: BE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 81 Dalen Street		13 SAILING 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) Alice E. Hicks		16 SOCIAL SECURITY NO. [REDACTED]		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary Secondary (5-12) 4	
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Heavy Equip. Oper		19 KIND OF BUSINESS OR INDUSTRY County Government		20 Was Decedent of Hispanic origin or descent? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No		21 RACE (Specify) White	
22 RESIDENCE—NUMBER AND STREET 82 5th		23 CITY/TOWN OR LOCATION Carson		24 INSIDE CITY LIMITS? (Yes/No) No		25 LENGTH OF RES. IN CO. 56 yrs	
26 STATE WA		27 ZIP CODE 98610		28 FATHER'S NAME—FIRST, MIDDLE, LAST Ernest - Molsee		29 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Bessie - Dearing	
30 INFORMANT NAME Alice Molsee				31 MAILING ADDRESS—STREET OR RFD NO., CITY OR TOWN, STATE, ZIP P.O. Box 297 Carson, WA 98672			
32 BURIAL CREMATION (Specify) Cremation		33 DATE (Mo, Day, Yr) 4/21/97		34 CEMETERY/CREMATORY—NAME Win-quatt Crematory		35 LOCATION—CITY/TOWN, STATE The Dalles, OR	
36 FUNERAL DIRECTOR'S SIGNATURE <i>R. Dierckx</i>		37 NAME OF FACILITY GARDNER FUNERAL HOME, INC.		38 ADDRESS OF FACILITY POB 390		39 ADDRESS OF FACILITY White Salmon, WA 98672	
40 TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN 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) April 23, 1997				41 TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER 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> 42 DATE SIGNED (Mo, Day, Yr) April 23, 1997			
43 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Bradley Andersen, Cor. POB 790 Stevenson, WA 98648				44 HOURS OF DEATH (24 Hrs) 1550			
45 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Bradley Andersen, Cor. POB 790 Stevenson, WA 98648				46 HOURS OF DEATH (24 Hrs) 1615			
47 MEDICOMER FILE NUMBER 97-080SK				48 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. Separately list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST				A. PARKINSON'S DISEASE DUE TO, OR AS A CONSEQUENCE OF B. DUE TO, OR AS A CONSEQUENCE OF C. DUE TO, OR AS A CONSEQUENCE OF D. DUE TO, OR AS A CONSEQUENCE OF			
51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE				52 AUTOPSY? (Yes/No) No			
53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Yes				54 ACC. SUICIDE, HOMICIDE, OR PENDING INVEST (Specify)			
55 INJURY DATE (Mo, Day, Yr)				56 HOUR OF INJURY (24 Hrs)			
57 PLACE OF INJURY—AT HOME, FARM, STREET, BLDG, ETC (Specify)				58 INJURY AT WORK? (Yes/No)			
59 RECORD AMENDMENT (Register and only) ITEM DOCKETED REVIEWED BY DATE				60 DATE RECEIVED (Mo, Day, Yr) 4/25/97			

