

129760

BOOK 170 PAGE 926

FILED FOR RECORD
SKAMIA CO. WASH
BY *Landerholm, Memovich*
etal

Nov 13 4 43 PM '97

P. Lowry
AUDITOR
GARY H. OLSON

Return Recorded Instrument to:

JMW
Duane Lansverk, Attorney at Law
Landerholm, Memovich,
Lansverk & Whitesides, P.S.
PO Box 1086
Vancouver, WA 98666-1086

Document Title(s) (or transactions contained therein):	
AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT	
Reference Number(s) or Documents assigned or released:	
N/A Additional reference numbers on page _____ of document	
Grantor(s) (Last name first, then first name and initials):	
BURNS, LeROY L. & COLLEEN M. <input type="checkbox"/> Additional names on page _____ of document	REAL ESTATE EXCISE TAX 19143
Grantee(s) (Last name first, then first name and initials):	
BURNS, LeROY L. <input type="checkbox"/> Additional names on page _____ of document	NOV 14 1997 PAID <i>exempt</i> <i>JW</i> SKAMIA COUNTY TREASURER
Legal Description (abbreviated: i.e. lot, block, plat or section, township, range):	
N/A <input type="checkbox"/> Additional legal is on page _____ of document	
Assessor's Property Tax Parcel/Account Number: 02 05 32 10 0201 00 N/A <input type="checkbox"/> Assessor Tax Number not yet assigned	

The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

WHEN RECORDED MAIL TO
Duane Lansverk, Attorney at Law
Landerholm, Memovich, et. al.
PO Box 1086
Vancouver, WA 98666-1086

SPACE ABOVE THIS LINE FOR ADDITIONAL LIST

STATE OF WASHINGTON)
County of Clark) ss.

LeROY L. BURNS, being first duly sworn, on oath, deposes and states:

1. This affidavit is for the purpose of supplying information for record pertaining to that certain Community Property Agreement executed by LeROY L. BURNS and COLLEEN M. BURNS, husband and wife, which Agreement was dated April 18, 1969, and a copy is attached hereto as Exhibit "A".
2. COLLEEN M. BURNS died on June 9, 1997, in Vancouver, Clark County, Washington. A copy of the death certificate is attached hereto as Exhibit "B".
3. The parties to the Community Property Agreement referred to above entered into no subsequent Wills or Agreements which would have the effect of abrogating or nullifying the above-mentioned Community Property Agreement.
4. The decedent left no separate estate.
5. All community obligations together with funeral expenses and expenses of the last illness have been paid or provided for.

6. The total value of all assets in the Estate of COLLEEN M. BURNS, deceased, is less than the minimum value which requires the filing of a Federal Estate Tax Return under Federal Law applicable as of the date of death, and no such tax return has been or will be filed.

7. No taxes imposed by the Washington Estate and Transfer Tax Reform Act of 1981 are due.

8. The decedent was survived by the following persons:

<u>Name</u>	<u>Relationship</u>
LeRoy L. Burns	Surviving Spouse
Michael K. Burns	Son
Keith LeRoy Burns	Son
Katheryne I. Elston	Daughter
Karrie C. Sadler	Daughter

9. The fair market value of the real property owned by the decedent and the surviving spouse was \$42,500 as of the date of death. The legal description is attached hereto as Exhibit "C".

DATED this 31st day of October, 1997.

LeRoy L. Burns
LEROY L. BURNS

SIGNED AND SWORN to before me this 31st day of October, 1997.

JUDITH M. WALTER
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
JUNE 5, 1998

Judith M. Walter
Notary Public in and for the
State of Washington, residing
at Clark County.
My appointment expires: 6-5-98

EXHIBIT "A"

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT entered into this 18th day of April, 1969, by and between LeROY L. BURNS, party of the first part, and COLLEEN M. BURNS, his wife, party of the second part, both being residents of Clark County, Washington.

W I T N E S S E T H:

That, WHEREAS, the parties hereto are husband and wife, and are the owners of certain real and personal property located in Clark County, State of Washington, and,

WHEREAS, all the property owned by the parties hereto is the community property of said parties, and being desirous that said property as well as all other property owned by said parties herein or hereinafter acquired by the parties hereto, shall pass without delay or expense in case of the death of either of the said parties to the survivor,

NOW, THEREFORE, in consideration of the love and affection that each of said parties has for the other, it is hereby agreed that in case of the death of LeROY L. BURNS, while the said COLLEEN M. BURNS survives, the whole of said property hereinbefore referred to, together with any and all other property of the parties hereto hereafter acquired shall at once pass to and vest in COLLEEN M. BURNS in fee simple; and in the event of the death of COLLEEN M. BURNS, leaving LeROY L. BURNS surviving her, the whole of said property hereinbefore referred to, together with all property by them subsequently acquired, shall at once vest in LeROY L. BURNS in fee simple.

This contract shall not be considered a Will; it shall not be necessary to probate the same, the only requirement being to place the said contract in full operation is the death of one of the contracting parties hereto, the recording of said contract with the proper recording officer where any or all of said property is located and the recording of an affidavit of the attending physician of the deceased, or in the alternative, the affidavit of the death of the deceased by the undertaker or party in charge of the funeral.

IN WITNESS WHEREOF the parties hereto have hereunto set their hands and seals this day and date first above written.

LeRoy L. Burns
Party of the First Part

Colleen M. Burns
Party of the Second Part

STATE OF WASHINGTON)
COUNTY OF CLARK) ss

On this day personally appeared before me LeROY L. BURNS and COLLEEN M. BURNS, his wife, to me known to be the individuals described in and who executed the within and foregoing instrument and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 18th day of April, 1969.

C. L. Burns
Notary Public in and for the State of Washington, residing at Vancouver, therein.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

EXHIBIT B

BOOK 170

PAGE 931

OFFICE
USE
ONLY

1. DISTRICT

2. COPIES

3. HOSPITAL

4. OCCUPATION

5. RESIDENCE

6. TRACT

7. OCCUPATION

8. OCCUPATION

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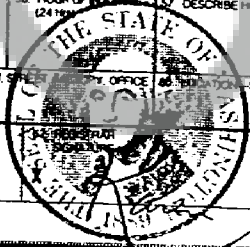
74. OCCUPATION

75. OCCUPATION

889

LOCAL FILE NUMBER

1. NAME Colleen Mary BURNS		2. SEX (M / F) Female	3. DEATH DATE (Mo. Day Yr.) June 9, 1997
4. AGE LAST BIRTH DAY (Yr.) 68	5. UNDER 1 YEAR NOS	6. UNDER 1 DAY HOURS	7. BIRTH DATE (Mo. Day Yr.) 2/26/1929
8. BIRTH PLACE (City, State or Foreign Country) Wenatchee, WA		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No	10. COUNTY OF DEATH Clark
11. CITY, TOWN OR LOCATION OF DEATH Vancouver		12. PLACE OF DEATH—SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 <input type="checkbox"/> HOME 2 <input type="checkbox"/> IN TRANSPORT 3 <input type="checkbox"/> DURING TRAVEL 4 <input type="checkbox"/> IN HOSP. 5 <input type="checkbox"/> IN HOME 6 <input type="checkbox"/> OTHER PLACE Southwest Washington Medical Center	
13. SURVIVING SPOUSE (If wife, give maiden name) LeRoy L. Burns		14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married	
15. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Teacher		16. SOCIAL SECURITY NO. [REDACTED]	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) 6		18. WAS DECEDENT OF HISPANIC ORIGIN OR DESCENT? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No	
19. RACE (Specify) White		20. RACE (Specify) White	
21. RESIDENCE—NUMBER AND STREET 613 W. 44th Street		22. CITY/TOWN OR LOCATION Vancouver	
23. INSIDE CITY LIMITS? (Yes / No) Yes		24. COUNTY Clark	
25. LENGTH OF RES. IN CO. 40 yrs		26. STATE WA	
27. ZIP CODE 98660		28. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Genevieve - Sullivan	
29. FATHER'S NAME—FIRST, MIDDLE, LAST Warrick - Adams		30. INFORMANT—NAME LeRoy Burns	
31. MAILING ADDRESS 613 W. 44th St. Vancouver, WA 98660		32. BIRTH DATE (Mo. Day Yr.) 6/12/1997	
33. DATE (Mo. Day Yr.) 6/12/1997		34. CEMETERY/CREMATORY—NAME Washougal Cemetery	
35. LOCATION—CITY/TOWN, STATE Washougal, WA		36. ADDRESS OF FACILITY 325 NE 3rd Ave. Camas, WA 98607	
37. NAME OF FACILITY STRAUB'S FUNERAL HOME		38. ADDRESS OF FACILITY 325 NE 3rd Ave. Camas, WA 98607	
39. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN			
40. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED			
41. SIGNATURE AND TITLE [Signature] DATE SIGNED (Mo. Day Yr.) 6/10/97			
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) J. Warren REID MD 505 NE 87TH AVE #360, VANCOUVER WA 98664			
43. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
44. 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			
45. SIGNATURE AND TITLE [Signature]			
46. DATE SIGNED (Mo. Day Yr.)			
47. HOUR OF DEATH (24 Hrs.)			
48. HOUR OF DEATH (24 Hrs.)			
49. HOUR OF DEATH (24 Hrs.)			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:			
IMMEDIATE CAUSE (Final disease or condition resulting in death)			
A. sepsis			
B. orfomyelitis & empyema			
C. coronary artery bypass surgery			
D. atherosclerotic coronary artery disease			
E. Diabetes mellitus, breast cancer & chest radiation			
INTERVAL BETWEEN ONSET AND DEATH			
2 weeks			
2 weeks			
6 weeks			
years			
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) No			
54. ACC. SUICIDE, HOMICIDE, OR PENDING INQUEST (Specify)			
55. INJURY DATE (Mo. Day Yr.)			
56. HOUR OF INJURY (24 Hrs.)			
57. DESCRIBE HOW INJURY OCCURRED			
58. INJURY AT WORK? (Yes / No)			
59. PLACE OF INJURY—AT HOME, FARM, STREET, ETC. (Specify)			
60. STREET OR RFD NO., CITY/TOWN, STATE			
61. RECORD AMENDMENT (Register use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE			
62. DATE RECEIVED (Mo. Day Yr.) JUN 10 1997			



THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH THE CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

EXHIBIT "C"

Real property located in Skamania County, State of Washington, and legally described as follows:

Commencing at the intersection of the North line of Section 32, Twp. 2 N. R. 5 E.W.M. with the center line of North Fork County Road and now located and on file in the office of the County Engineer, Skamania County, Washington, thence South $21^{\circ} 34'$ West along said center of North Fork Road 300 feet, thence East 290 feet, thence North $21^{\circ} 34'$ East 300 feet, thence West along said North line of Section 32, Twp. 2 N. R. 5 E.W.M. to point of beginning, containing 1.9 acres more or less.

Gary H. Martin, Skamania County Assessor

Date 4-13-97 Parcel # 02 05 32 1 0020100

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY
ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES: <input type="checkbox"/> FEE NUMBER: <input type="checkbox"/>		INITIALS: <input type="checkbox"/>	DATE: <input type="checkbox"/>	AFFIDAVIT NUMBER: BOOK 170 PAGE 932
STATE OFFICE USE ONLY		STATE OFFICE USE ONLY		
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with <input type="checkbox"/>		1 STATE FILE NUMBER <input type="checkbox"/> for <input type="checkbox"/>		
2 NAME <input type="checkbox"/>		3 DATE OF EVENT <input type="checkbox"/> 4 PLACE OF EVENT (CITY AND COUNTY) <input type="checkbox"/>		
5 FATHER'S FULL NAME (LAST, FIRST, MIDDLE) <input type="checkbox"/>		6 MOTHER'S FULL NAME (LAST, FIRST, MIDDLE) <input type="checkbox"/>		
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS				
THE RECORD NOW SHOWS:		THE TRUE FACT IS:		
7 <input type="checkbox"/>		8 <input type="checkbox"/>		
9 <input type="checkbox"/>		10 <input type="checkbox"/>		
11 <input type="checkbox"/>		12 <input type="checkbox"/>		
13 <input type="checkbox"/>		14 <input type="checkbox"/>		
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY <input type="checkbox"/>				
PHONE NUMBER: <input type="checkbox"/>				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT				
16 SIGNATURE <input type="checkbox"/>		17 DATE <input type="checkbox"/>		18 ADDRESS <input type="checkbox"/>

DCH 110-007 (Rev. 8/96)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian or the adult (18 or older) may change the birth certificate.
3. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
4. The proof(s) for names must be five (or more) years old, while proof(s) for dates, places, or ages must have been established within five years of birth.
5. Examples of documents of proof:

Baptismal Certificate	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card
Hospital Records	Military Record (DD-214)	(if it bears an effective date)
Insurance Records	Your Child's Birth Record	Passport
6. Surname changes require a certified copy of a court ordered name change, except that minor spelling changes may be made with an affidavit and documentary proof.
7. Parent(s) may change their child's first or middle name with only their signature until the child's 18th birthday.
8. This affidavit cannot be used to add a father to a birth certificate.

Death Certificates

1. Only the informant, the funeral director, or executor/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

This is a legal document.
 Complete in ink and do not alter.

CERTIFIED

JUN 10 1997

Karen Steingart, MD

Dr. Karen Steingart
 Health District Officer
 SW. Wash Health Dist

EE294360

EXHIBIT "C"

Real property located in Skamania County, State of Washington, and legally described as follows:

Commencing at the intersection of the North line of Section 32, Twp. 2 N. R. 5 E.W.M. with the center line of North Fork County Road and now located and on file in the office of the County Engineer, Skamania County, Washington, thence South $21^{\circ} 34'$ West along said center of North Fork Road 300 feet, thence East 290 feet, thence North $21^{\circ} 34'$ East 300 feet, thence West along said North line of Section 32, Twp. 2 N. R. 5 E.W.M. to point of beginning, containing 1.9 acres more or less.

Gary H. Martin, Skamania County Assessor

Date 11-13-97 Parcel # 02 05 32 10 020100
JHD