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FILED FOR RECORD  
SKAMANIA COUNTY WASH  
BY Robert Leick

Nov 26 12 25 PM '97  
O'Laury  
AUDITOR  
GARY M. OLSON

After recording return to:

Recorded at the request of ROBERT K. LEICK

**AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON )

County of Skamania )  
SS

ELOISE W. LUNDY, being first duly sworn, on oath, does hereby depose and say:

1. This Affidavit provides information for the record regarding that certain Community Property Agreement dated July 19, 1968, and executed by CONRAD LUNDY, JR., and ELOISE W. LUNDY, husband and wife, which was recorded in the office of the County Auditor of Skamania County, Washington, in Book 60 of Deeds at Pages 30-31, under file number 70594, on November 21, 1968. The statements set forth in this Affidavit are representations of fact on which all parties may rely in dealing with any property, real or personal, located in Skamania County, Washington.

2. CONRAD LUNDY, JR., was one of the parties to the above-referenced agreement, and died on November 12, 1997, in Skamania County, Washington.

3. The parties to said agreement were legally competent at the time the agreement was entered into, and executed no subsequent Wills or agreements which would have the effect of abrogating or nullifying the agreement.

4. The Decedent left no separate property.

5. All obligations of the marital community composed of the Decedent and the Affiant owing at the date of the Decedent's death, and the expenses of Decedent's last illness and funeral have been paid in full.

SEARCHED ✓  
INDEXED ✓  
SERIALIZED ✓  
FILED ✓

Gary H. Martin, Skamania County Assessor

Date 11/20/97 Parcel # 376-2-3-100

CONRAD & ELOISE LUNDY  
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6. The Decedent was survived by no persons other than Affiant:

Dated this 17<sup>th</sup> day of November, 1997.

Eloise W. Lundy  
ELOISE W. LUNDY, Surviving Spouse

Subscribed and Sworn to before me this 17<sup>th</sup> day of November, 1997.

Robert K. Lundy  
Notary Public in and for the State of Washington  
residing at Stevenson, Washington  
My commission expires: February 1998

REAL ESTATE EXCISE TAX

19158

NOV 20 1997

PAID Exempt

SW

SKAMANIA COUNTY TREASURER

CONRAD & ELOISE LUNDY  
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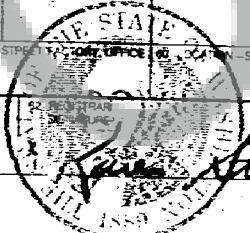
STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

**CERTIFICATE OF DEATH**

800146 171 PAGE 266  
STATE FILE NUMBER

ONLY  
DISTRICT  
COPIES  
4/1  
HOSPITAL  
OCCURRENCE  
RESIDENCE  
MARRIAGE  
OCCUPATION  
PLAC LOC  
CORNER

1 NAME First Middle Last <b>Conrad LUNDY, Jr.</b>		2 SEX (M/F) <b>Male</b>		3 DEATH DATE (Mo Day Yr) <b>Nov. 12, 1997</b>	
4 AGE LAST BIRTHDAY (Yrs) <b>78</b>	5 UNDER 1 YEAR MOS DAYS	6 UNDER 1 DAY HOURS MINS	7 BIRTH DATE (Mo Day Yr) <b>1/6/1919</b>	8 BIRTH PLACE (City, State or Foreign Country) <b>Stevenson, WA</b>	9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) <b>Yes</b>
11 CITY, TOWN OR LOCATION OF DEATH <b>White Salmon</b>			12 PLACE OF DEATH—SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <b>Skyline Hospital</b>		13 COUNTY OF DEATH <b>Klickitat</b>
14 MARITAL STATUS—Married Never Married, Widowed, Divorced (Specify) <b>Married</b>		15 SURVIVING SPOUSE (if wife give maiden name) <b>Eloise W. VanWingerden</b>		16 SOCIAL SECURITY NO. <b>535-01-6679</b>	
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Commissioner</b>		19 A. NO. OF BUSINESS OR INDUSTRY <b>County Government</b>		20 Was Decedent of Hispanic or other descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes/No) Specify <b>No</b>	
22 RESIDENCE—NUMBER AND STREET <b>6311 Loop Road</b>		23 CITY, TOWN OR LOCATION <b>Stevenson</b>		24 INSIDE CITY LIMITS? (Yes/No) <b>No</b>	
25 FATHER'S NAME—FIRST, MIDDLE, LAST <b>Conrad Lundy, Sr.</b>		26 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME <b>FRAE IMAN</b>		27 ZIP CODE <b>98648</b>	
30 INFORMANT—NAME <b>Eloise Lundy</b>		31 MAILING ADDRESS <b>P.O. Box 397 Stevenson, WA 98648</b>			
32 BURIAL CREMATION REMOVAL, OTHER (Specify) <b>Burial</b>		33 DATE (Mo Day Yr) <b>11/16/97</b>		34 CEMETERY/CREMATORY—NAME <b>Iman Cemetery</b>	
36 FUNERAL DIRECTOR SIGNATURE <i>R. P. Duvick</i>		37 NAME OF FACILITY <b>GARDNER FUNERAL HOME, INC.</b>		38 ADDRESS OF FACILITY <b>White Salmon, WA 98672</b>	
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>Ray FitzSimmons</i> 40 DATE SIGNED (Mo Day Yr) <b>11-14-97</b>			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>Ray FitzSimmons</i> 44 DATE SIGNED (Mo Day Yr) <b>11-14-97</b>		
41 HOUR OF DEATH (24 Hrs) <b>1757</b>			45 HOUR OF DEATH (24 Hrs)		46 PRONOUNCED DEAD (Mo Day Yr)
42 NAME AND TITLE OF ATTESTING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Raymond FitzSimmons, M.D. POB 1519 White Salmon, WA 98672</b>			47 HOUR PRONOUNCED DEAD (24 Hrs)		48 ME/CORONER FILE NUMBER
50 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 <b>Metastatic Cancer</b> DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH <b>Months</b>	
		B <b>Colon AND Prostate Cancer</b> DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH <b>Years</b>	
		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 GIVEN ABOVE					
54 ACC SUICIDE MOM, UNDET. OR PENDING INVEST (Specify)		55 INJURY DATE (Mo Day Yr)		56 HOUR OF INJURY (24 Hrs)	
58 INJURY AT WORK? (Yes/No)		59 PLACE OF INJURY—AT HOME, FARM, STREET, etc. (Specify)		57 DESCRIBE HOW INJURY OCCURRED	
61 RECORD AMENDMENT (Register Use Only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62 SIGNATURE OF REGISTRAR <i>Kevin Stenjet, MD</i>		63 DATE RECEIVED (Mo Day Yr) <b>NOV 14 1997</b>	



DOH 110-008 (Rev 7-91) (formerly DSHS 9-150)  
DOH 01-003 (3-95)

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