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After recording return to:  
JOHN P. HAGENSEN, Attorney at Law  
POB 129 - 90 N.W. Second St.  
Stevenson, Washington 98648  
(509) 427-4448

BOOK 172 PAGE 890

FILED TO RECORD  
SPRING 1998 WASH  
BY Foley & Hagensen

JAN 28 2 45 PM '98

O'Leary  
AUDITOR  
GARY M. OLSON

### AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON)

County of Skamania )

MARJORIE R. CLOE, the surviving spouse of FRED M. CLOE, 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 August 29, 1969, and executed by MARJORIE R. CLOE and FRED M. CLOE, husband and wife, which was recorded in the office of the County Auditor of Skamania, Washington, under file number 71322 on August 29, 1969. The statements set forth in this Affidavit are representations of fact on which all parties may rely in dealing with the real estate located in Skamania County, Washington, and more fully described as follows, to-wit:

Lots 1 and 2 and the West 25 feet of Lot 3 of Block Two of the FIRST ADDITION TO HILL CREST ACRE TRACTS, according to the official plat thereof on file and of record in the Office of the Auditor of Skamania County, Washington.

Subject to restrictive covenants set forth in agreement dated February 16, 1956, and recorded at Page 143 of Book 4 of Agreements & Leases, records of Skamania County, Washington, relating to the keeping of animals, cost of construction, and building limitations.

Tax Lot #03-75<sup>36</sup>-2-2100-00.

2. FRED M. CLOE was one of the parties to the above-referenced agreement, and died on January 7, 1998, in Stevenson, Skamania County, Washington. A certified copy of the Death Certificate of FRED M. CLOE is attached hereto as Exhibit "A", and incorporated herein by reference.

FRED M. CLOE and MARJORIE R. CLOE  
Affidavit in Support of Community Property Agreement  
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3-72-36-3-2-2100  
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Auditor  
GARY M. OLSON

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. A true copy of said Community Property Agreement is attached hereto as Exhibit "B", and incorporated herein by this reference.

5. The Decedent left no separate property.

6. 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.

7. The Decedent was survived by the following persons, other than Affiant: Son, FRED L. CLOE, Post Office Box 68, North Bonneville, Washington 98639; and Daughter, MARY JOANN CLOE, 3592 Payne Avenue #2, San Jose, California 95117.

Dated this 28th day of January, 1998.

Marjorie R. Cloe  
MARJORIE R. CLOE, Surviving Spouse

Subscribed and Sworn to before me this 28th day of January, 1998.

Winifred L. Lemaire  
Notary Public in and for the State of Washington  
Residing at White Salmon, therein.  
Commission expires April 23, 2000.

REAL ESTATE EXCISE TAX

19279

JAN 28 1998

PAID exempt

JW

SKAMANIA COUNTY TREASURER

FRED M. CLOE and MARJORIE R. CLOE  
Affidavit in Support of Community Property Agreement  
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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

EXHIBIT "A"

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02

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First Middle Last <b>Frederick Merlin CLOE</b>				2. SEX (M/F) <b>Male</b>		3. DEATH DATE (MM/DD/YY) <b>January 7, 1998</b>	
4. AGE LAST BIRTH DAY MONTH YEAR <b>82</b>		5. UNDER 1 YEAR WEEKS DAYS <b>1</b>		6. UNDER 1 YEAR WEEKS DAYS <b>1</b>		7. BIRTH DATE (MM/DD/YY) <b>5/18/1915</b>	
8. BIRTH PLACE (City, State or Foreign Country) <b>Sun Prairie, WI</b>				9. WAS DECEASED EVER PLUS ATTEMPTED? (Yes/No) <b>Yes</b>		10. COUNTY OF DEATH <b>Skamania</b>	
11. CITY/TOWN OR LOCATION OF DEATH <b>Stevenson</b>				12. PLACE OF DEATH (X) HOME OR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. NAME 2. CITY/TOWN 3. STATE 4. ZIP CODE 5. PHONE NO. <b>X 640 NE Loop Rd.</b>			
13. MARITAL STATUS (MARRIED) Name of Spouse (Last, First, Middle) <b>Married Marjorie Ruth Eastman</b>		14. SURVIVING SPOUSE (Name, Date of Birth) <b>Marjorie Ruth Eastman</b>		15. SOCIAL SECURITY NO. <b>[REDACTED]</b>		16. DECEASED'S EDUCATION (See 15. If not high school graduate, specify) <b>8</b>	
17. USUAL OCCUPATION (If none, specify) <b>Carpenter</b>		18. KIND OF BUSINESS OR INDUSTRY <b>County Govt.</b>		19. WAS DECEASED EVER PLUS ATTEMPTED? (Yes/No) <b>No</b>		20. RACE (Specify) <b>White</b>	
21. RESIDENCE NUMBER AND STREET <b>640 NE Loop Rd.</b>		22. CITY/TOWN OR LOCATION <b>Stevenson</b>		23. COUNTY <b>Skamania</b>		24. LENGTH OF RES. IN CO. <b>43 yrs</b>	
25. FATHER'S NAME - FIRST, MIDDLE, LAST <b>Edward Taylor Cloe</b>		26. MOTHER'S NAME - FIRST, MIDDLE, MARRIAGE <b>Hellie Mae Sharp</b>		27. STATE <b>WA</b>		28. ZIP CODE <b>98648</b>	
29. RECORDING NAME <b>Marjorie Cloe</b>		30. MAILING ADDRESS <b>640 NE Loop Rd.</b>		31. CITY/TOWN <b>Stevenson</b>		32. STATE <b>WA</b>	
33. DATE (MM/DD/YY) <b>1/9/1998</b>		34. CEMETERY/CREMATION NAME <b>O.H.S.U.</b>		35. LOCATION - CITY/TOWN STATE <b>Portland, Oregon</b>		36. ADDRESS OF FACILITY <b>325 NE 3rd Ave Canas, WA 98607</b>	
37. SIGNATURE OF PHYSICIAN <b>[Signature]</b>		38. NAME OF FACILITY <b>Straub's Funeral Home</b>		39. ADDRESS OF FACILITY <b>325 NE 3rd Ave Canas, WA 98607</b>			
40. 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 <b>[Signature]</b>				41. ON THE BASIS OF EXAMINATION, RECORD INVESTIGATION, INQUIRY OR OTHER DATA OBTAINED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <b>[Signature]</b>			
42. DATE SIGNED (MM/DD/YY) <b>1/8/98</b>		43. HOUR OF DEATH (24 HR) <b>0525</b>		44. DATE SIGNED (MM/DD/YY) <b>1/7/98</b>		45. HOUR OF DEATH (24 HR) <b>1500</b>	
46. NAME AND TITLE OF ATTENDING PHYSICIAN (If other than certifier, give name) <b>Raymond FitzSimmons, M.D.</b>				47. PROFESSIONAL DEED (MM/DD/YY) <b>1/7/98</b>		48. HOUR OF PROFESSIONAL DEED (24 HR) <b>1500</b>	
49. NAME AND ADDRESS OF CERTIFIER (If not a medical examiner or coroner, give name) <b>Raymond FitzSimmons, M.D. POB 1519 White Salmon, WA 98672</b>				49. RECORDER FILE NUMBER <b>172-892</b>			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH							
IMMEDIATE CAUSE (Final cause of death or injury if death) DO NOT ENTER THE MODE OF DYING, SUCH AS CARDS OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ON ONE LINE CAUSE ON EACH LINE. Specify all conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which caused events resulting in death) LAST.							
A. <b>Rectal Cancer</b>		B. <b>Prostate Cancer</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Months</b>		INTERVAL BETWEEN ONSET AND DEATH	
C. <b>Due to or as a consequence of</b>		D. <b>Due to or as a consequence of</b>		INTERVAL BETWEEN ONSET AND DEATH		INTERVAL BETWEEN ONSET AND DEATH	
E. <b>Due to or as a consequence of</b>		F. <b>Due to or as a consequence of</b>		INTERVAL BETWEEN ONSET AND DEATH		INTERVAL BETWEEN ONSET AND DEATH	
G. <b>Due to or as a consequence of</b>		H. <b>Due to or as a consequence of</b>		INTERVAL BETWEEN ONSET AND DEATH		INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE				52. ALIEN? (Yes/No) <b>No</b>		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) <b>Yes</b>	
54. ACC. SUICIDE, HOMICIDE OR PENDING INVEST. (Specify)		55. INQUIRY DATE (MM/DD/YY)		56. HOUR OF INQUIRY (24 HR)		57. DESUP? (Specify) <b>No</b>	
58. INQUIRY AT WORK? (Yes/No)		59. PLACE OF INQUIRY: AT HOME, FARM, STREET, BLDG, ETC. (Specify)		60. OFFICE: CITY/TOWN, STATE		61. DATE RECEIVED (MM/DD/YY) <b>1/7/98</b>	
62. RECORD AMENDMENT (If so, specify item, document, evidence)		63. REVIEWED BY <b>[Signature]</b>		64. DATE RECEIVED (MM/DD/YY) <b>1/7/98</b>		65. DATE RECEIVED (MM/DD/YY) <b>1/7/98</b>	

THIS CERTIFICATE IS TO BE RECORDED IN THE DEPARTMENT OF HEALTH, STATISTICS, AND VITAL RECORDS. COPIES WILL BE MADE AND THE ORIGINAL FILED.

71882

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EXHIBIT "B"

COMMUNITY PROPERTY AGREEMENT

This COMMUNITY PROPERTY AGREEMENT entered into this day by and between FRED M. CLOE and MARJORIE R. CLOE, husband and wife, of Stevenson in Skamania County, State of Washington:

WITNESSETH:

WHEREAS, the parties hereto are the owners of certain real and personal property in the State of Washington; and

WHEREAS, it is contemplated by the parties hereto that in the future they may acquire additional property situated in the State of Washington; and

WHEREAS, it is the desire of the parties hereto that all of their property situated in the State of Washington shall pass to the survivor without delay or expense in the event of the death of either party;

NOW, THEREFORE, we, FRED M. CLOE and MARJORIE R. CLOE, husband and wife, for and in consideration of the love and affection which we have one for the other, do hereby mutually agree that all of the property which we now own separately, jointly or otherwise, and whether real, personal or otherwise, and situated in the State of Washington, shall be and it is hereby declared to be the community property of the parties, and each of the parties to this agreement does hereby convey and transfer to the other party and to the community, all property owned by them in the State of Washington, even though the same be held in his or her separate estate; and

We hereby mutually agree that all of the property which shall hereafter be acquired by either of us, whether separately, jointly or otherwise, and of whatever nature and situated in the State of Washington, shall be and it is hereby declared to be community property, and each of the parties does hereby convey and transfer to the other and to the community all such property hereafter acquired by either of them, even though the same be acquired in his or her separate estate; and

IT IS FURTHER AGREED that the whole of the community now owned by us or hereafter acquired by us in the State of Washington, including all property the status of which is changed or created by this agreement, shall at once, in the event of



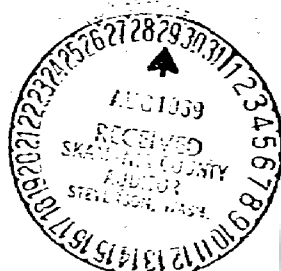
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the death of Fred M. Cloe while the said Marjorie R. Cloe survives, be vested in Marjorie R. Cloe absolutely and in fee simple as her sole and separate property; and in the event of the death of the said Marjorie R. Cloe while the said Fred M. Cloe survives, then the whole of the community property now owned by us or hereafter acquired by us in the State of Washington, including all property the status of which is changed or created by this agreement, shall at once vest in the said Fred M. Cloe absolutely and in fee simple as his sole and separate property.

IT IS FURTHER AGREED that this community property agreement shall pertain only to real and personal property situated in the State of Washington.

IN WITNESS WHEREOF the parties hereto have executed this agreement this 29th day of August 1969.



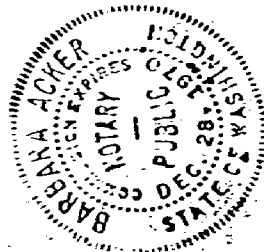
FRED M. CLOE

MARJORIE R. CLOE

STATE OF WASHINGTON )  
County of Skamania ) ss.

I, the undersigned, a Notary Public in and for the State of Washington, hereby certify that on this 29th day of August 1969, personally appeared before me FRED M. CLOE and MARJORIE R. CLOE, husband and wife, to be known to be the individuals described in and who executed the foregoing instrument, and acknowledged that they signed and sealed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal the day and year last above written.



Barbara Ackers  
Notary Public, in and for the State of Washington, residing at Stevenson therein.