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FILED FOR RECORD
SKAMANIA CO. WASH
BY Kathleen Butcher
APR 21 8 41 AM '98
J Johnson
AUDITOR
GARY H. OLSON

RETURN ADDRESS:

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Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Affidavit in Support of Community Property Agreement
2.
3.
4.

GRANTOR(S) (Last name, first, then first name and initials)

1. Gerald O. Erickson, Deceased
2.
3.
4.

[ ] Additional Names on page _____ of document.

REAL ESTATE EXCISE TAX
19450
APR 21 1998
PAID exempt
SKAMANIA COUNTY TREASURER

GRANTEE(S) (Last name, first, then first name and initials)

1. Louise C. Erickson
2.
3.
4.

[ ] Additional Names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)

Sec. 33, T2N, R5E.W.M, the NE ¼ of the NE ¼, except...
and Sec. 32, T2N, R5E.W.M., portions thereof

[ ] Additional Names on page _____ of document.

REFERENCE NUMBER(S) Of Documents assigned or released:

[ ] Additional Names on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

2-5-33-102 and # 2-5-32-1-300 and # 2-5-32-3-900

[ ] Property Tax Parcel ID is not yet assigned.
[ ] Additional Names on page _____ of document.

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.

After recording return to:
Anthony H. Connors
Attorney at Law
P. O. Box 1116
White Salmon, WA 98672

AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON)
) ss.
County of Klickitat)

Donna M. Gooch, being first duly sworn, on oath, deposes and says:

1. This Affidavit is for the purpose of supplying information for record pertaining to that certain Community Property Agreement executed by Gerald O. Erickson and Louise C. Erickson, husband and wife, which Agreement was dated November 15, 1973, and which was recorded in the Office of the County Auditor at Skamania County, Washington, on April 1, 1998, as Auditor's File No. 131021. It is intended that the statements set forth herein shall be considered representation of fact which may be relied upon by all parties, including parties dealing with the real estate described on Exhibit "A" attached and made a part hereof.

2. Gerald O. Erickson died on July 12, 1996, in Clark County, Washington.

3. Louise C. Erickson died on March 20, 1997, and it is necessary to establish the underlying Community Property Agreement to settle Louise C. Erickson's estate.

4. 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.

Gary H. Martin, Skamania County Assessor
Date 4/17/98 Parcel # 2-5-33-102
11/2/14 2-5-32-1-300
2-5-32-3-900

5. Gerald O. Erickson left no separate estate.

6. All obligations of the community owing at the date of death of Gerald O. Erickson have been paid in full, and all expenses of last illness and for funeral and burial services have been paid.

7. No inheritance or estate tax is due to either the State of Washington or the United States by virtue of the death of Gerald O. Erickson.

8. Decedent was survived by the following persons:

Name	Address	Relationship
Louise C. Erickson	Now Deceased	wife
Harvey D. Erickson	3651 Skye Road Washougal, WA 98671	son
Norita L. Richards	10322 Washougal River Road Washougal, WA 98671	daughter

Donna M. Gooch	2308 East 10th The Dalles, OR 97058	daughter
Leo M. Erickson	122 Preachers Row Road Washougal, WA 98671	son

DATED this 13 day of April, 1998.

Donna M. Gooch
DONNA M. GOOCH
Daughter of Gerald O. Erickson and
Executrix of the Estate of Louise C. Erickson

SUBSCRIBED AND SWORN TO before me this 13th day of April, 1998.

Kathleen A. Butcher
Name: Kathleen A. Butcher
NOTARY PUBLIC in and for the
State of Washington
Residing at: Cook
My Commission expires: 01/02/01

RECORDER'S NOTE: NOTARY SEAL NOT ATTACHED AT TIME OF RECORDING

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EXHIBIT "A"

1. The following described real estate, situated in the County of Skamania, State of Washington:

All that portion of the following described property lying South or Southerly to County Road No. 106, designated as the Washougal River Road, to-wit:

The Northeast quarter of the Northeast quarter of Section 33, Township 2 North, Range 5 East of the Willamette Meridian, except one acre conveyed to Gertrude S. Ferguson by deed recorded at page 546 of Book 29 of Deeds, records of Skamania County, Washington; and except the following described tract: BEGINNING at the intersection of the center line of County Road No. 106 designated as the Washougal River Road and the East line of the said Section 33; thence North along said East line 208 feet; thence West 208 feet; thence South parallel to said East line 416 feet; thence East 208 feet to the intersection with the East line of the said Section 33; thence North 208 feet along said East line to the point of beginning.
EXCEPT right of way for the Washougal River Road aforesaid.
SUBJECT TO easement for electric transmission lines as now appearing of record.
TOGETHER WITH the 24' X 36' pole barn and the 12' X 60' Nashu mobile home, Model Year 1968, Serial No. NYB 2KD12685 now situated and installed on the aforesaid property.
Skamania County tax parcel No.2-5-33-102

2. The following described real estate, situated in the County of Skamania, State of Washington:

Beginning at the Southeast corner of the Northeast Quarter of Section 32, Township 2 North, Range 5 East, W.M.; thence West on the center line of said Section 1,870 feet; thence North 350 feet to the center line of County Road No. 1110 known and designated as the LaBarre Road; thence following the center line of said County Road in a Northeasterly direction to the East line of said Northeast quarter of the said Section 32; thence following said East line Southerly to the point of beginning.
SUBJECT to Easements of record.
Skamania County tax parcel No.2-5-32-1-300

3. The following described real estate, situated in the County of Skamania, State of Washington:

Lots 44 and 45 of WASHOUGAL RIVERSIDE TRACTS according to the official plat thereof on file and of record in the office of the Auditor of Skamania County, Washington; ALSO, Lot 46 of WASHOUGAL RIVERSIDE TRACTS according to the official plat thereof on file and of record in the office of the Auditor of Skamania County, Washington; EXCEPT the Northwestern 136.5 feet of the said Lot 46, being that portion thereof lying adjacent to the Skye Road and having a frontage of 200 feet on said Skye Road with a depth of 136.5 feet.
Skamania County tax parcel No.2-5-32-3-900

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

BOOK 175 PAGE 110

1 NAME	First: GERALD	Middle: ODELL	Last: ERICKSON	2 SEX: Male	3 DATE OF DEATH (Mo. Day. Yr.): July 12, 1996		
4 AGE LAST BIRTHDAY (Yrs): 85	5 UNDER 1 YEAR: MOS / DAYS	6 UNDER 1 DAY: HOURS / MINS	7 BIRTHDATE (Mo. Day. Yr.): Oct. 18, 1910	8 BIRTHPLACE (City, State or Foreign Country): Washougal, Wash.	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—✱ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 1 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG. INPATIENT FAC. 4 ☒ HOSP. 5 ☐ NURSING HOME 6 ☐ OTHER PLACE — Southwest Washington Medical Center					13 SMOKING IN LAST 15 YEARS? (Yes / No): --	
14 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married	15 SURVIVING SPOUSE (If wife, give maiden name): Louise Buhman		16 SOCIAL SECURITY NO: [redacted]	17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8	College (1-4 or 5+): --		
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Custodian	19 KIND OF BUSINESS OR INDUSTRY: School	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: 10322 Washougal River Rd.	23 CITY/TOWN OR LOCATION: Washougal	24 INSIDE CITY LIMITS? (Yes / No): No	25A COUNTY: Skamania	25B LENGTH OF RES. IN CO.: 85 Yrs	26 STATE: Wash.	27 ZIP CODE: 98671	
28 FATHER'S NAME—FIRST, MIDDLE, LAST: Eilert Berg Erickson	29 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME: Emma Hart						
30 INFORMANT—NAME: Louise Erickson - Wife	31 MAILING ADDRESS (STREET OR RFD NO., CITY OR TOWN, STATE, ZIP): 10322 Washougal Rvr. Rd., Washougal, WA 98671						
32 BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial	33 DATE (Mo. Day. Yr.): July 16, 1996	34 CEMETERY/CREMATORY—NAME: Washougal Memorial Cemetery	35 LOCATION—CITY, TOWN, STATE: Washougal, Washington				
36 FUNERAL DIRECTOR (SIGNATURE): X [signature]	37 NAME OF FACILITY: Straub's Funeral Home	38 ADDRESS OF FACILITY: 325 N. E. 3rd Ave. Camas, WA 98607					

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

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: X [signature]

40 DATE SIGNED (Mo., Day, Yr.): 7-15-96

41 HOUR OF DEATH (24 Hrs.): 1557

42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR 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.
SIGNATURE AND TITLE: X

44 DATE SIGNED (Mo., Day, Yr.):

45 HOUR OF DEATH (24 Hrs.):

46 PRONOUNCED DEAD (Mo., Day, Yr.):

47 HOUR PRONOUNCED DEAD (24 Hrs.):

48 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): George Wiebe, MD, 315 S. E. Stonemill, Vancouver, Washington 98684

49 ME/CORONER FILE NUMBER:

CAUSE OF DEATH

50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death):
A. Respiratory Failure — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
B. COPD / Emphysema — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
C. Smoking Addiction — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
D. — Interval between onset and death:

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, HOM., UNDET., OR PENDING INVEST. (Specify)	56 INJURY DATE (Mo. Day. Yr.)	58 HOUR OF INJURY (24 Hrs.)	57 DESCRIBE HOW INJURY OCCURRED

59 INJURY AT WORK? (Yes / No)	58 PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)	60 LOCATION—STREET OR RFD NO., CITY/TOWN, STATE

61 RECORD AMENDMENT (Preparer use only)

ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY	DATE

REGISTRAR'S SIGNATURE: [signature] mal

53 DATE RECEIVED (Mo., Day, Yr.): JUL 16 1996

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly OSHS 9-157)

A

DOH 01-003 (8/95)