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FILED FOR RECORD
SKAMANIA CO. WASH.
BY Kathleen Butcher

APR 21 8 41 AM '98

AUDITOR
GARY H. OLSON

RETURN ADDRESS:

Anthony H. Connors
Attorney at Law
1000 E. Jewett Blvd.
P. O. Box 1116
White Salmon, WA 98672
509/493-2921
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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

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

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

☐ Additional Names on page _____ of document.

19450

APR 21 1998

PAID exempt

SKAMANIA COUNTY TREASURER

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

Sec. 33, T2N, R5E.W.M, the NE $\frac{1}{4}$ of the NE $\frac{1}{4}$, 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)

County of Klickitat) ss.
)

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.

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

AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY
 AGREEMENT - Estate of Gerald O. Erickson - Page 1

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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. Bither

Name: Kathleen A. Bither

NOTARY PUBLIC in and for the

State of Washington

Residing at: Coolidge

My Commission expires: 01/01/01

RECORDER'S NOTE: NOTARY

SEAL NOT ATTACHED AT

TIME OF RECORDING

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.

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 145 PAGE 170											
1. NAME GERALD ODELL ERICKSON		2. SEX Male		3. DATE OF BIRTH July 12, 1996							
4. AGE (LAST BIRTHDAY) 85		5. UNDER 1 YEAR MOS		6. UNDER 1 DAY HOURS		7. BIRTHDATE (MO, DAY, YR) Oct. 18, 1910		8. BIRTHPLACE Washougal, Wash.		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO) NO	
10. CITY, TOWN OR LOCATION OF DEATH Vancouver		11. PLACE OF DEATH—BE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME Southwest Washington Medical Center						12. COUNTY OF DEATH Clark		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 EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8		18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Custodian		19. RACE (Specify) White	
20. RESIDENCE—NUMBER AND STREET 10322 Washougal River Rd.		21. CITY/TOWN OR LOCATION Washougal		22. INSIDE CITY/BLDG. NO. No		23. COUNTY Skamania		24. LENGTH OF RES. IN CO. 185 Yrs		25. STATE Wash.	
26. FATHER'S NAME—FIRST, MIDDLE, LAST Eilert Berg Erickson		27. MOTHER'S NAME—FIRST, MIDDLE, LAST Emma Hart		28. INFORMANT—NAME Louise Erickson - Wife		29. MAILING ADDRESS—STREET OR RFD NO., CITY OR TOWN, STATE, ZIP 10322 Washougal Rvr. Rd., Washougal, WA 98671		30. DATE OF DEATH (MO, DAY, YR) July 16, 1996		31. CEMETERY/CREMATORY—NAME Washougal Memorial Cemetery	
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 [Signature]		37. NAME OF FACILITY Straub's Funeral Home	
38. 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 [Signature]		39. 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 [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) George Wiebe, MD, 315 S. E. Stonemill, Vancouver, Washington 98684		43. MEDICORNER FILE NUMBER	
44. 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. Specially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which induced events resulting in death) LAST		45. RESPIRATORY FAILURE		46. COPD/Asthma		47. Smoking Addiction		48. INTERVAL BETWEEN ONSET AND DEATH		49. INTERVAL BETWEEN ONSET AND DEATH	
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE 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, HON. UNDET. OR PENDING INVEST. (Specify)		55. INJURY DATE (MO, DAY, YR)	
56. INJURY AT WORK? (YES/NO)		57. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG. ETC. (Specify)		58. HOUR OF INJURY (24 HRS)		59. DESCRIBE HOW INJURY OCCURRED		60. INJURY AT WORK? (YES/NO)		61. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG. ETC. (Specify)	
62. RECORD AMENDMENT (Prepare and sign) ITEM CORRECTION REVIEWED BY DATE		63. DATE RECEIVED (MO, DAY, YR) JUL 16 1996		64. RECORD AMENDMENT (Prepare and sign) ITEM CORRECTION REVIEWED BY DATE		65. DATE RECEIVED (MO, DAY, YR) JUL 16 1996		66. RECORD AMENDMENT (Prepare and sign) ITEM CORRECTION REVIEWED BY DATE		67. DATE RECEIVED (MO, DAY, YR) JUL 16 1996	