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BOOK 184 PAGE 752A

Return Address:

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FILED
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DEC 18 3 11 PM '98
P. Johnson

GARY M. OLSON

Please Print or Type Information.

Document Title(s) or transactions contained therein:	
1. AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT	
2. Death Carl. P. Strom	
3.	
4.	
GRANTOR(S) (Last name, first, then first name and initials)	
1. STROM, CARL WALTER, JR., Deceased	
2.	
3.	
4.	
<input type="checkbox"/> Additional Names on page _____ of document.	
REAL ESTATE EXCISE TAX	
GRANTEE(S) (Last name, first, then first name and initials)	
1. STROM, DORANNE (Surviving Spouse)	
2.	
3.	
4.	
<input type="checkbox"/> Additional Names on page _____ of document.	
19920	
DEC 18 1998	
PAID <u>Exempt</u>	
<u>SW</u>	
SKAMANIA COUNTY TREASURER	
LEGAL DESCRIPTION (Abbreviated: I.E., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)	
Lot 1, SCHUPBACH-BARBER SP, Sec. 36, T3N, R 7 1/2 EWM	
Portion of Sec. 29, T3N, R8EWM	
Lot 45 COLUMBIA HEIGHTS and LOT 16 HILLTOP MANOR	
<input checked="" type="checkbox"/> Complete legal on page <u>2</u> of document.	
REFERENCE NUMBER(S) Of Documents assigned or released:	
3-8-29-4-1-0500; 3-8-29-4-1-5600; 3-75-36-3-201; 3-75-36-3-2-0800	
13-18-98 JPD	
<input type="checkbox"/> Additional numbers on page _____ of document.	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER	
<input type="checkbox"/> Property Tax Parcel ID is not yet assigned	
<input type="checkbox"/> Additional parcel #'s 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.	

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON)
County of Skamania) ss.

DORANNE STROM, being first duly sworn, on oath, does hereby depose and say:

1. I am the surviving spouse of CARL WALTER STROM, JR., who died at Portland, Oregon, on the 12th day of November, 1998. The decedent and I provided for this disposition of all our community property under that certain Community Property Agreement dated the 25th day of October, 1998.

2. There are no unpaid creditors of the decedent or of our former marital community, nor are there unpaid funeral expenses or expenses of last illness.

3. The value of all our community property, whether real or personal, on the date of death, was approximately \$900,000 and the decedent had no separate property, real or personal, on the date of his death.

4. Under the terms of the Community Property Agreement, title to all real property of the community vests immediately in the survivor upon the death of either party to the Agreement. Among other items of community property was the following real estate, located in Skamania County, State of Washington, more particularly described as:

Affidavit re:
Community Property Agreement
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Tax Parcel No. 03 08 29 4 1 0500 00

A portion of Section 29, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania and State of Washington, described as follows: Commencing at a point 16.5 feet South of the Northwest corner of the Southeast Quarter of the Northeast Quarter of Section 29 in Township 3 North, Range 8 East of the Willamette Meridian, running thence South 278.5 feet; thence East 82.2 feet; thence in a Northeasterly direction 202.7 feet to a point 91.3 feet South and 158.0 feet East of the point of beginning; thence North 91.3 feet; thence West 158.0 feet to the Place of Beginning.

Tax Parcel No. 03 08 29 4 1 5600 00

Lot 45, Columbia Heights, according to the Plat thereof, recorded in Book A of Plats, Page 136, in the County of Skamania, State of Washington; SUBJECT to easements and restrictive covenants of record.

Tax Parcel No. 03 75 36 3 0 0201 00

Lot 1 SCHUPBACH-BARBER SHORT PLAT, according to the Plat thereof, recorded July 28, 1978 in Book T, Page 7, Auditors File No. 86908, Skamania County Short Plat Records, being a tract in Section 36, Township 3 North, Range 7 1/2 East of the Willamette Meridian, Skamania County, Washington. 1987 Dartmouth 27x56, Lic +15331

Tax Parcel No. 03 75 36 3 2 0800 00

Lot 16 & PTN Lot 17, HILLTOP MANOR, according to the amended plat thereof on file and of record in the office of the Auditor of Skamania County, Washington, at page 110 of Book A of Plats, Records of Skamania County, Washington; SUBJECT building restrictions and restrictive covenants of record.

Gary H. Martin, Skamania County Assessor

Date 12-18-98 Parcel # 3-8-29-4-1-500
810 3-8-29-4-1-5600
3 1/2-36-3-201
3 1/2-36-3-2-800

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5. All estate taxes, whether state or federal, have been paid, and releases and closing letters have been obtained if obtainable.

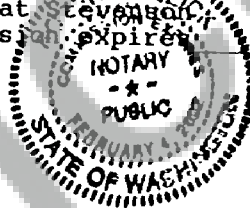
6. This affidavit is made pursuant to law and the public may rely upon the representations set forth above.

DATED: Nov 17th, 1998.

Doranne Strom
DORANNE STROM, Surviving Spouse

SUBSCRIBED AND SWORN to before me this 17th day of November, 1998.

Robert R. [Signature]
Notary Public, State of Washington
Residing at Everett, WA
My commission expires February 1, 2000



Affidavit re:
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CERTIFICATION OF VITAL RECORD

08199

10. TAG NO

05940

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

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136

State File Number

1. DECEDENT'S NAME Carl Walter Strom Jr.		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) November 2, 1998	
4. SOCIAL SECURITY NUMBER [REDACTED]		5. AGE-Last Birthday (Years) 60		6. BIRTHPLACE (City and State or Foreign Country) Ellensburg WA	
7. DATE OF BIRTH (Month, Day, Year) September 30 1938		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> HOME <input type="checkbox"/> OTHER (Specify)			
9. FACILITY NAME (If not institution, give street and number) Legacy Emanuel Hospital		10. CITY, TOWN, OR LOCATION OF DEATH Portland		11. COUNTY OF DEATH Multnomah	
12. DECEASED'S USUAL OCCUPATION (One kind of work done during most of working life) Teacher		13. MARRITAL STATUS (Married, Widowed, Divorced, Single) Married		14. SPOUSE (If Married, Widowed, Divorced) Doranne	
15. RESIDENCE - STATE WA		16. RESIDENCE - COUNTY Stamania		17. CITY, TOWN, OR LOCATION Stevenson	
18. ZIP CODE 98643		19. STREET AND NUMBER PO Box 518		20. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary Secondary (8-12)	
21. FATHER - NAME first middle last Carl W. Strom		22. MOTHER - NAME first middle last Thelma Evans		23. INFORMANT - NAME and relationship to decedent Doranne Strom-Wife	
24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Stevenson Cemetery		26. LOCATION - City or Town, State Stevenson WA	
27. SIGNATURE OF OREGON LICENSED SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		28. OREGON LICENSE NO. (If Licensed) 10 1961		29. NAME, ADDRESS AND ZIP OF FACILITY Gardner Funeral Home, Inc. 1270 North Main Street White Salmon, WA 98672	
30. DATE FILED (Month, Day, Year) NOV 16 1998		31. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

32. TIME OF DEATH 00:43		33. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) NOV 6 1998	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) Bernie Sperley 265 N. Broadway Portland, OR 97227		35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Gerry H. Martin, Stamania County Assessor	
36. DATE SIGNED (Month, Day, Year) NOV 6 1998		37. DATE SIGNED (Month, Day, Year) NOV 6 1998	
38. PART I (a) UNKNOWN DUE TO, OR AS A CONSEQUENCE OF: (b) PERIPHERAL VASCULAR DISEASE DUE TO, OR AS A CONSEQUENCE OF:		39. PART II (a) 2 mos Interval between onset and death (b) 2 mos Interval between onset and death	
40. PART III OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the use of cause given in PART I: DIABETES MELLITUS		41. PART IV (a) NO Did tobacco use contribute to the death? (b) NO Did alcohol use contribute to the death?	
42. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		43. DATE OF INJURY (Month, Day, Year) NOV 2 1998	
44. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) At home		45. LOCATION (Street and Number or Rural Route Number, City or Town, State) Stevenson WA	

ORIGINAL-VITAL STATISTICS COPY

452 Rev. 10/97

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

NOV 16 1998

DATE ISSUED

Hilda Chasio Adams

HILDA CHASIO ADAMS, MPH
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE