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FILED FOR RECORD
SKAMANIA COUNTY, WASH
BY Robert K. Leick
MAR 1 4 40 PM '99
G Lowry
AUDITOR
GARY H. OLSON

Return Address: ROBERT K. LEICK
Attorney at Law
P.o. Box 247
Stevenson, WA 98648

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Affidavit re: Community Property Agreement
2.
3.
4.

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

1. PAASCH, AUGUST
2.
3.
4.

[ ] Additional Names on page _____ of document.

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

1. PAASCH, NELTA
2.
3.
4.

[ ] Additional Names on page _____ of document.

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

No Legal Property - Personal PRoperty Only

[ ] Complete legal on page _____ of document.

REFERENCE NUMBER(S) Of Documents assigned or released:

N/A 46/20

[ ] Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

[ ] Property Tax Parcel ID is not yet assigned.
[ ] 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)
ss
County of Skamania)

Nelta Paasch, being first duly sworn , on oath , does hereby depose and say:

1. I am the surviving spouse of AUGUST PAASCH , who died at Skamania County Wash.on Jan. 7th. The decedent and I provided for this disposition of all our community property under that certain Community Property Agreement dated 3/21/52 and recorded on 3/23/52 in the offices of the Skamania County Auditor under file number 55022

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 except:

3. The value of all our community property, whether real or personal, on the date of death, was approximately $170,000.00

Gary H. Martin, Skamania County Assessor
Date 3/1/99 Parcel # No R/P applicable
W

Dated: FEBRUARY 2nd 1999
Nelta a Paasch
NELTA PAASCH, SURVIVING SPOUSE

ROBERT K. LEICK NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES FEBRUARY 4, 2002

Subscribed and Sworn to before me this 2nd day of Feb.,1999.

Notary Public in and for the State of Washington,
residing at Stevenson , Washington
My Commission expires:Feb. 4th , 2002

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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TYPE OR PRINT IN PERMANENT BLACK INK

05
LOCAL FILE NUMBER

Washington State Department of Health

CERTIFICATE OF DEATH

146
STATE FILE NUMBER

1 NAME First	Middle	Last	2 SEX (M / F)	3 DEATH DATE (Mo. Day Yr.)
August	Michael	PAASCH	M	Jan. 7, 1999

4 AGE LAST BIRTHDAY (Yrs)	5 UNDER 1 YEAR MOS / DAYS	6 UNDER 1 DAY HRS / MINS	7 BIRTHDATE (Mo. Day. Yr.)	8 BIRTHPLACE (City, State or Foreign Country)	9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No)	10 COUNTY OF DEATH
86			7/30/1912	Pine Grove, OR	No	Skamania

11 CITY, TOWN OR LOCATION OF DEATH	12 PLACE OF DEATH (BE BOX FOR PLACE THEN GIVE ADDRESS OR INST. TUTION NAME. 1 X HOME 2 IN TRANSPORT 3 EMERG. INPATIENT 4 HOSP. 5 NURSING HOME 6 OTHER PLACE)	13 SMOKING IN LAST 15 YEARS? (Yes / No)
Stevenson	192 Erickson Road	No

14 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)	15 SURVIVING SPOUSE (If wife, give maiden name)	16 SOCIAL SECURITY NO.	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
Married	Nelta A. Barnes	541-05-2508	8	

18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	19 KIND OF BUSINESS OR INDUSTRY	20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify	21 RACE (Specify)
Truck driver	County Road Dept.	No	White

22 RESIDENCE - NUMBER AND STREET	23 CITY/TOWN OR LOCATION	24 INSIDE CITY LIMITS? (Yes / No)	25A COUNTY	25B LENGTH OF RES IN CO	26 STATE	27 ZIP CODE
192 Erickson Road	Stevenson	No	Skamania	53yrs	WA	98648

28 FATHER'S NAME - FIRST, MIDDLE, LAST	29 MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME
Fred - Paasch	Mary - Altman

30 INFORMANT - NAME	31 MAILING ADDRESS STREET OR RFD NO.	CITY OR TOWN	STATE	ZIP
Nelta A. Paasch	192 Erickson Road	Stevenson,	WA	98648

32 BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33 DATE (Mo. Day Yr.)	34 CEMETERY OR CREMATORY - NAME	35 LOCATION - CITY/TOWN, STATE
Cremation	1/11/1999	Win-quatt Crematory	The Dalles, Oregon

36 FUNERAL DIRECTOR SIGNATURE	37 NAME OF FACILITY	38 ADDRESS OF FACILITY
X	GARDNER FUNERAL HOME	POB 390 White Salmon, WA 98672

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

40 DATE SIGNED (Mo., Day, Yr.)	41 HOUR OF DEATH (24 Hrs.)	42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	46 PRONOUNCED DEAD (Mo. Day Yr.)	47 HOUR PRONOUNCED DEAD (24 Hrs.)
1-11-1999	11:15			

48 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Paul Hamada, M.D. 1784 May St. Hood River, OR 97031

49 MEDICORONER FILE NUMBER

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.)

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

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a CHRONIC RENAL FAILURE	>2 YEARS
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	DUE TO, OR AS A CONSEQUENCE OF b	
	DUE TO, OR AS A CONSEQUENCE OF c	
	DUE TO, OR AS A CONSEQUENCE OF d	

51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE	52 AUTOPSY? (Yes / No)	53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
CONGESTIVE HEART FAILURE	No	Yes

54 ACC, SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	55 INJURY DATE (Mo. Day. Yr.)	56 HOUR OF INJURY (24 Hrs.)	57 DESCRIBE HOW INJURY OCCURRED

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

61 RECORD AMENDMENT (Registrar use only) ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY	DATE

62 REGISTRAR (SIGNATURE)
X Paul Attenjart, md

63 DATE RECEIVED (Mo., Day, Yr.)
1/15/99

DOH 01-003 (8/96)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.