

135273

BOOK 189 PAGE 719

Return Address:

Roger D. Knapp  
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430 NE Everett Street  
Camas, WA 98607

FILED FOR RECORD  
SKAMANIA COUNTY WASH  
BY *Roger D. Knapp*

MAY 26 12 33 PM '99

*O. Laury*  
AUDITOR  
GARY H. OLSON

REAL ESTATE EXCISE TAX

NA

MAY 26 1999

AFFIDAVIT

PAID *See Ex 13592*

*JW*

SKAMANIA COUNTY TREASURER

Grantor: Raymond R. Thagon

Grantee: Helena A. Thagon

Legal Description (Abbrev.) SE 1/4 Sec. 18, T1N, R5E WM

Assessor's Tax Parcel ID# 01-05-18-0-0-0800-00

STATE OF WASHINGTON )

COUNTY OF CLARK )

) ss.

*Myrna M. Kane*  
Subscribed, (s)  
Signed  
Sworn  
Notary

MYRNA M. KANE, being first duly sworn, on oath, deposes and says:

1. This affidavit is made for the purpose of supplying information of record pertaining to that certain Community Property Agreement executed by RAYMOND R. THAGON and HELENA A. THAGON, husband and wife, dated December 4, 1980, and recorded in the office of the Auditor of Skamania County. The information set forth in this affidavit may be relied upon by any person dealing with property, real or personal, the title to which is deraigned through said Community Property Agreement.

2. RAYMOND R. THAGON died on or about October 2, 1988, in Vancouver, Washington, being at the time of his death, a resident of Washougal, Skamania County, Washington.

3. The parties to said Community Property Agreement did no act which would rescind or abrogate such agreement, nor did they, or either of them, execute any testamentary writing which would have the effect of nullifying or abrogating such agreement. Said Community Property Agreement was valid in all respects, and was in full force and effect at the date of death of RAYMOND R. THAGON, one of the parties thereto.

4. The total value of all assets in this estate is less than the minimum value which requires the filing of a federal estate tax return under federal law applicable as of the date of death, and no such tax return has been or will be filed. No tax is imposed by the Washington Estate and Transfer Tax Reform Act of 1981.

Affidavit

Page 2

5. Included among the assets of the community estate of Raymond R. Thagon and Helena A. Thagon, husband and wife, was the following described real property, the disposition of which is controlled by the terms of said Community Property Agreement:

County of Skamania, State of Washington

The East Half of the Southeast Quarter of the Southeast Quarter of Section 18, Township 1 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington.

EXCEPTING THEREFROM THE FOLLOWING:

- A. THAT PORTION CONVEYED TO PAUL MARTIN ET UX BY INSTRUMENT RECORDED IN BOOK 45, PAGE 396.
- B. THAT PORTION CONVEYED TO SCHOOL DISTRICT NO. 29-93 BY INSTRUMENT RECORDED FEBRUARY 20, 1961 IN BOOK 48, PAGE 333.
- C. THAT PORTION LYING WITHIN COUNTY ROAD.

6. No proceedings have been instituted to contest or set aside or cancel said Community Property Agreement.

7. Said decedent, at the time of death, owned no separate property of any kind or held any interest in any separate property.

8. All obligations of the marital community composed of RAYMOND R. THAGON and HELENA A. THAGON, husband and wife, and all separate obligations of the said RAYMOND R. THAGON, have been paid in full, and all expenses of last illness and funeral expenses have been paid.

9. In addition to HELENA A. THAGON, the surviving spouse, the said RAYMOND R. THAGON was survived by three (3) children, namely, Myrna M. Kane, Dawn R. Campbell, and Allen W. Thagon, all of whom have attained majority.

IN WITNESS WHEREOF, I have hereunto set my hand this 25<sup>th</sup> day of May, 1999.

Myrna M. Kane  
MYRNA M. KANE

SUBSCRIBED and SWORN to before me this 25<sup>th</sup> day of May, 1999.

[Signature]  
Notary Public in and for the State of  
Washington, Residing at Armo.  
My appointment expires: 6-12-01.

ROGER D. KNAPP  
STATE OF WASHINGTON  
NOTARY — PUBLIC  
My Commission Expires Oct. 12, 2001



STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF HEALTH											
1. NAME—FIRST, MIDDLE, LAST <b>Raymond Robert THAGON</b>				2. SEX <b>Male</b>	3. DEATH DATE (Mo., Day, Yr.) <b>Oct. 2, 1988</b>	146-8					
4. AGE—LAST BIRTH DAY (Yrs.) <b>74</b>		5. UNDER 1 YEAR MO. DAYS HOURS MINS		7. BIRTHDATE (Mo., Day, Yr.) <b>May 3, 1914</b>		8. COUNTY OF DEATH <b>Clark</b>		STATE FILE NUMBER <b>BOOK 189, PAGE 721</b>			
9. CITY, TOWN OR LOCATION OF DEATH <b>Vancouver</b>				10. PLACE OF DEATH—IN BOX FOR PLACE THEN ONE ADDRESS OR INSTITUTION NAME <b>St. Joseph Hospital</b>				11. BIRTH STATE (If not in USA give country) <b>Minnesota</b>			
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b>		13. SPOUSE (If wife give Maiden Surname) <b>Helena Piontek</b>		14. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) <b>No</b>		15. SOCIAL SECURITY NO. <b>[REDACTED]</b>		16. HIGH SCHOOL GRADUATE (Yes/No) <b>Yes</b>			
17. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Logger</b>				18. KIND OF BUSINESS OR INDUSTRY <b>Logging Company</b>		19. RACE (White, Black, Am. Ind., etc. Specify) <b>White</b>		20. Was Decedent of Foreign Origin? (Specify Yes or No—if yes, specify) <b>1. Yes 2. No</b>			
21. SMOKING IN LAST 15 YEARS (Yes/No) <b>Unk.</b>		22. RESIDENCE—NUMBER AND STREET <b>MP 0.12L Turk Rd.</b>		23. CITY/TOWN OR LOCATION <b>Washougal</b>		24. INSIDE CITY LIMITS? (Yes/No) <b>No</b>		25. COUNTY <b>Clark</b>		26. STATE <b>Wa.</b>	
27. ZIP CODE <b>98671</b>				28. FATHER'S NAME—FIRST, MIDDLE, LAST <b>Julius Thagon</b>		29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME <b>Ida Vandenberghe</b>					
30. INFORMED—NAME <b>Helena Thagon</b>				31. MAILING ADDRESS <b>MP 0.12L Turk Rd/ Washougal, Wa. 98671</b>		32. CITY OR TOWN <b>Washougal</b>		33. STATE <b>Wa.</b>		34. ZIP <b>98671</b>	
35. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>				36. DATE (Mo., Day, Yr.) <b>Oct. 3, 1988</b>		37. CEMETERY/CREMATORY NAME <b>Park Hill Crematory</b>		38. LOCATION—CITY/TOWN, STATE <b>Vancouver, Wa. 98660</b>			
39. FUNERAL DIRECTOR SIGNATURE <i>Richard B. Dobrow</i>				40. NAME OF FACILITY <b>Brown's Funeral Home</b>		41. ADDRESS OF FACILITY <b>410 NE Garfield Camas, Wa.</b>					
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN						TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER					
42. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED						43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED					
SIGNATURE AND TITLE <i>Richard B. Dobrow, M.D.</i>						SIGNATURE AND TITLE <i>[REDACTED]</i>					
44. DATE SIGNED (Mo., Day, Yr.) <b>10-4-88</b>						45. HOUR OF DEATH (24 Hrs.) <b>[REDACTED]</b>					
46. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Richard Dobrow M.D., 2102 E Mc Clellan Blvd Vancouver, Wa. 98661</b>						47. HOUR PRODUCED DEATH (24 Hrs.) <b>[REDACTED]</b>					
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>Richard Dobrow M.D., 2102 E Mc Clellan Blvd Vancouver, Wa. 98661</b>						49. PART 1. ENTER THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARING OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.					
IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter underlying cause (disease or injury which initiated events resulting in death) LAST						(A) <b>METASTATIC ADENOCARCINOMA TO BRAIN.</b> INTERVAL BETWEEN ONSET AND DEATH <b>4 MONTHS</b>					
						(B) <b>SKIN IN, AM. PROBABLY LIVER — EITHER PRIMARY</b> INTERVAL BETWEEN ONSET AND DEATH <b>[REDACTED]</b>					
						(C) <b>LUNG OR METASTATIC TO LUNG</b> INTERVAL BETWEEN ONSET AND DEATH <b>[REDACTED]</b>					
50. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE						51. AUTOPSY? (Yes, No) <b>No</b>					
52. ACC. SICKLE, INJURY, UNDER, OR PENDING INVEST. (Specify)		53. INJURY DATE (Mo., Day, Yr.)		54. HOUR OF INJURY (24 Hrs.)		55. DESCRIBE HOW INJURY OCCURRED		56. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) <b>No</b>			
57. INJURY AT HOME? (Yes/No)		58. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (Specify)		59. LOCATION—STREET OR RD NO., CITY/TOWN, STATE							
60. REGISTRAR SIGNATURE <i>Karen Steingart, m.d.</i>						61. DATE RECEIVED (Mo., Day, Yr.) <b>OCT 10 1988</b>					
62. ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE						63. ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE					

DSHS 9-150 (Rev. 1-83) -1187-

SEAL

OCT 10 1988

*Karen Steingart, m.d.*  
KAREN STEINGART, M.D.  
DISTRICT HEALTH OFFICER

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

DSHS 9-641A (11-85)