136781

BOOK 194 PAGE 804

Return Address:

Robert K. Leick
PO Box 247
Stevenson, WA 98648

FILED FOR RECORD AT REQUEST OF
Robert Leick
Nov 9 11 [illegible] '99
O'Leary
AUDITOR
GARY NELSON

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Affidavit in Support of Comm. Prop. Agreement
2. Death Cert.
3.
4.

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

1. Crews, Marion W
2. Crews, Betty Lou
3.
4.

[ ] Additional Names on page _____ of document.

Processed
Indexed
Scanned
Mailed

REAL ESTATE EXCISE TAX

20525
NOV - 9 1999

PAID Exempt
Lin Davison, Deputy
SKAMANIA COUNTY TREASURER

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

1. CREWS, Marion W.
2.
3.
4.

[ ] Additional Names on page _____ of document.

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

Lot 3 & East 1/2 of Lot #2 Skaalheim Tract

[ ] Complete legal on page _____ of document.

REFERENCE NUMBER(S) Of Documents assigned or released:

AF 57779

[ ] Additional numbers on page _____ of document.

Gary R. Martin, Skamania County Assessor
Date 11/9/99 Parcel # 3-7½-36-2-3-1907-00
Lot 3 zoned

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

[ ] Property Tax Parcel ID is not yet assigned.
[ ] Additional parcel #'s on page _____ of document. 03-75-36-2-3-1907-00

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 IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON )
) ss.
COUNTY OF SKAMANIA )

IN RE: BETTY LOU CREWS
deceased

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit provides information for the record regarding that certain Community Property Agreement dated the 15TH day of November , 1990 and Skamania County, Washington on under Auditor's File No. 57779 (the "Decedent") was one of the parties to the Agreement and died on October 26, 1999, a resident of Skamania County, Washington. A copy of the death certificate is recorded herewith.

2. The parties to the Agreement were legally competent at the time of the Agreement and executed no subsequent Wilis or agreements that would have the effect of abrogating or nullifying the Agreement.

3. The real property of the parties to the Agreement at the time of the Decedent's death is listed on Exhibit "A" attached hereto.

4. The Decedent left no separate property.

5. All the obligations of the marital community owing at the date of the Decedent's death have been paid in full, and all expenses of last illness and for funeral and burial services of the Decedent have been paid in full.

6. The Decedent's husband survives her.

Marion W. Crews

SIGNED AND SWORN to before me this 9th day of November, 1999 by Marion W. Crews.

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

NOTARY PUBLIC in and for
the State of Washington
My commission expires Feb 4, 2002

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

BOOK 144 PAGE 807
146

TYPE OR PRINT IN PERMANENT BLACK INK

Health

LOCAL FILE NUMBER

# CERTIFICATE OF DEATH

STATE FILE NUMBER

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1. NAME — First: Betty | Middle: Lou | Last: CREWS | 2. SEX (M / F): F | 3. DEATH DATE (Mo Day Yr): Oct. 26, 1999 | | | |
| 4. AGE LAST BIRTHDAY (Yrs): 77 | 5. UNDER 1 YEAR — MOS: DAYS: | 6. UNDER 1 DAY — HOURS: MINS: | 7. BIRTHDATE (Mo Day Yr): [redacted] | 8. BIRTHPLACE (City, State or Foreign Country): Grass Valley, OR | 9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): No | 10. COUNTY OF DEATH: Klickitat | |
| 11. CITY, TOWN OR LOCATION OF DEATH: White Salmon | 12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 1 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG RM/OUT PTN 4 ☒ HOSP 5 ☐ NURSING HOME 6 ☐ OTHER PLACE: Skyline Hospital | | | | 13. SMOKING IN LAST 15 YEARS? (Yes / No): Yes | | |
| 14. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify): Married | 15. SURVIVING SPOUSE (If wife, give maiden name): Marion W. Crews | | 16. SOCIAL SECURITY NO: [redacted] | 17. DECEDENT'S EDUCATION (Specify only highest grade completed) — Elementary/Secondary (0-12): | College (1-4 or 5+): 1 | | |
| 18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Secretarial | 19. KIND OF BUSINESS OR INDUSTRY: Banking | 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: 495 NE Pine | 23. CITY/TOWN, OR LOCATION: Stevenson | 24. INSIDE CITY LIMITS? (Yes / No): Yes | 25A. COUNTY: Skamania | 25B. LENGTH OF RES IN CO: 50yrs | 26. STATE: WA | 27. ZIP CODE: 98648 | |
| 28. FATHER'S NAME — FIRST, MIDDLE, LAST: Dell - Olds | | | 29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME: Ella - Walkenshaw | | | | |
| 30. INFORMANT — NAME: Marion Crews | 31. MAILING ADDRESS — STREET OR RFD NO / CITY OR TOWN / STATE / ZIP: PO Box 405 Stevenson, WA 98648 | | | | | | |
| 32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation | 33. DATE (Mo Day Yr): 10-28-99 | 34. CEMETERY/CREMATORY — NAME: Win-quatt Crematory | | 35. LOCATION — CITY/TOWN, STATE: The Dalles, Oregon | | | |
| 36. FUNERAL DIRECTOR SIGNATURE: X [signature] | | 37. NAME OF FACILITY: Gardner Funeral Home | | 38. ADDRESS OF FACILITY: 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 Ray Fitz Simmons MD

40. DATE SIGNED (Mo., Day, Yr.): 10/27/99

41. HOUR OF DEATH (24 Hrs): 22:25

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): Raymond FitzSimmons, M.D. PO Box 1519 White Salmon, WA 98672

49. ME/CORONER FILE NUMBER

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

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.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.

| | | |
|---|---|---|
| A | PNEUMONIA | INTERVAL BETWEEN ONSET AND DEATH: DAYS |
| DUE TO, OR AS A CONSEQUENCE OF: B | Chronic OBSTRUCTIVE Pulmonary Disease | INTERVAL BETWEEN ONSET AND DEATH: YEARS |
| DUE TO, OR AS A CONSEQUENCE OF: C | | 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: SMOKING

52. AUTOPSY? (Yes / No): No

53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No): No

| | | | | |
|---|---|---|---|---|
| 54. ACC, SUICIDE, HOM, UNDET, OR PENDING INVEST. (Specify) | 56. 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 [signature] MD

63. DATE RECEIVED (Mo Day Yr): OCT 28 1999

DOH 01-003 (8/96)

THIS COPY CERTIFIED BY THE REGISTRAR WITH CUSTODY OF VITAL STATISTICS. CERTIFIED COPIES MUST HAVE THE SEAL



2200344