136985

BOOK 195 PAGE 459

RECORDING REQUESTED BY
AND WHEN RECORDED RETURN TO:

KATHRYN E. HOLLAND, Attorney
Pabst & Holland, PLLC
900 Washington Street, Suite 910
Vancouver, WA 98660

FILED FOR RECORD AT REQUEST OF
Pabst & Holland
Dec 8 4 24 PM '99
GARY H. OLSON

AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

Gary H. Martin, Skamania County Assessor
Date 12/8/99 1-5-6-1-800 Parcel #
REAL ESTATE EXCISE TAX
N/A
DEC 08 1999
PAID N/A
SKAMANIA COUNTY TREASURER

Grantor (Decedent):	HARRY F. LEWIS
Grantee:	THE PUBLIC
Abbreviated Legal:	N/A
Assessor's Tax Parcel #:	N/A
Other Reference Nos:	N/A

STATE OF OREGON)
: ss.
County of Multnomah)

SUSAN K. WAGNER, Personal Representative of the Estate of BESS D. LEWIS, being first duly sworn, on oath, hereby deposes and states as follows:

1. This Affidavit is for the purpose of supplying information for the record pertaining to that certain Community Property Agreement executed by HARRY F. LEWIS and BESS D. LEWIS, husband and wife, which Agreement was dated December 9, 1985.

2. HARRY F. LEWIS died on April 25, 1993, in Vancouver, Washington.

3. BESS D. LEWIS died on January 5, 1995, in Portland, Oregon.

4. To the best of my knowledge, 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. HARRY F. LEWIS left no separate estate.

Compared
Indexed
Abstracted
Scanned
Verified

PABST & HOLLAND, PLLC
ATTORNEYS AT LAW
900 Washington Street, Suite 910
Vancouver, Washington 98660
(360) 693-1910 • (503) 222-9201

6. All community obligations, together with funeral expenses and expenses of the last illness, have been paid or provided for.

7. A recorded copy of the Community Property Agreement of the decedent is attached hereto as Exhibit "A."

8. A copy of the death certificate of HARRY F. LEWIS is attached hereto as Exhibit "B."

9. A copy of the death certificate of BESS D. LEWIS is attached hereto as Exhibit "C."

10. No estate taxes are due in connection with the death of HARRY F. LEWIS.

11. The Decedent was survived by the following persons:

(a) Spouse: BESS D. LEWIS
(b) Children: ILO LEWIS
CAROL BEHM
SUSAN K. WAGNER (Step Daughter)

DATED this 18th day of November, 1999.

Susan K. Wagner
SUSAN K. WAGNER, Personal Representative
of the Estate of Bess D. Lewis

SUBSCRIBED AND SWORN to before me this 18th day of November 1999.

OFFICIAL SEAL
BRADLEY R WALL
NOTARY PUBLIC–OREGON
COMMISSION NO. 319662
MY COMMISSION EXPIRES FEB 1, 2003

Bradley R. Wall
NOTARY PUBLIC FOR OREGON
My Commission Expires: 2/1/2003

PABST & HOLLAND, PLLC
ATTORNEYS AT LAW
900 Washington Street, Suite 910
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COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 9th day of November, 1985, by and between HARRY P. LEWIS and BESS D. LEWIS, husband and wife, of Skamania County, State of Washington, pursuant to the provisions of Sec. 26.16.120 of the Revised Code of Washington, permitting agreements between husband and wife, fixing the status and disposition of community property to take effect upon the death of either, WITNESSETH:

That in consideration of the love and affection that each of us has for the other, and in consideration of the mutual benefits to be derived by each of us, it is hereby agreed, promised and covenanted as follows:

First: That all property of whatsoever nature or description, whether real, personal or mixed, and wheresoever situated, now owned or hereafter acquired by either of us, or in which either of us claims to own property, shall be considered and is hereby declared to be community property, and each of us hereby conveys and quitclaims to the other his or her interest in any separate property he or she now owns or hereafter acquires so as to convert the same to community property.

Second: That upon the death of either of us, title to all community property as defined in the preceding paragraph is to vest immediately in fee simple to the survivor.

IN WITNESS WHEREOF, We, HARRY P. LEWIS and BESS D. LEWIS, have hereunto set our hands and seals this 9th day of November, 1985.

Harry P. Lewis (Seal)

Bess D. Lewis (Seal)

STATE OF WASHINGTON)
) ss.
County of Skamania)

THIS IS TO CERTIFY that on this 9th day of November, 1985, personally appeared before me HARRY P. LEWIS and BESS D. LEWIS, to me known to be the persons described in and who executed the foregoing instrument, and acknowledged the same as their free and vol-

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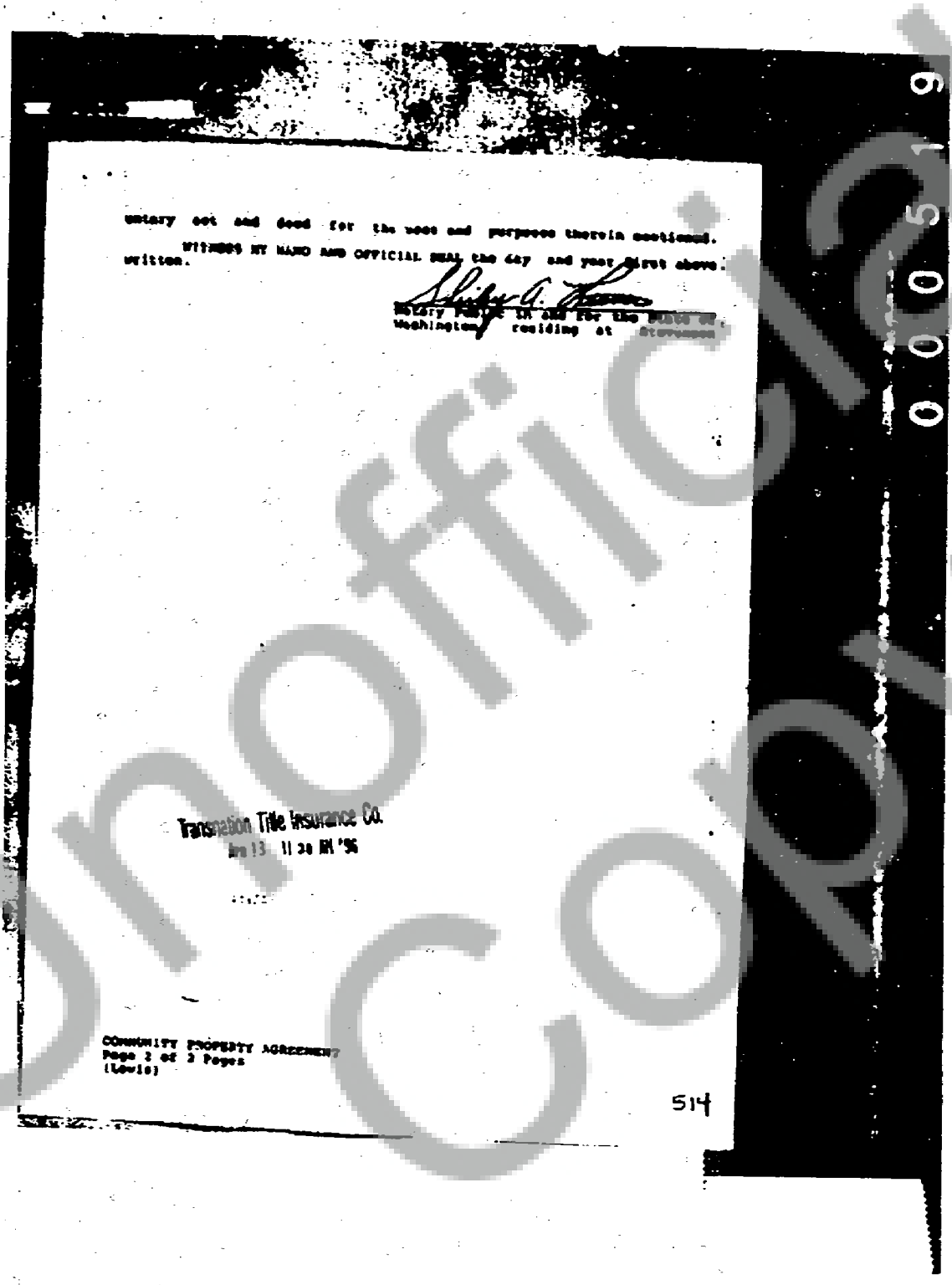

untary act and deed for the uses and purposes therein mentioned.

WITNESS MY HAND AND OFFICIAL SEAL the day and year first above written.

Notary Public in and for the State of Washington, residing at Stevenson

Transnation Title Insurance Co.
Apr 13 11 30 AM '96

COMMUNITY PROPERTY AGREEMENT
Page 2 of 3 Pages
(Lewis)

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

DECEDENT

1. NAME: First	Middle	Last	2. SEX	3. DEATH DATE
Harry	Francis	LEWIS	Male	April 25, 1993

4. AGE LAST BIRTHDAY (Years)	5. UNDER 1 YEAR	6. UNDER 1 DAY	7. BIRTHDATE	8. BIRTHPLACE (City, State or Foreign Country)	9. WAS DECEDENT EVER IN U.S. ARMED FORCES?	10. COUNTY OF DEATH
76			June 21, 1915	Cates, IN	Yes	Clark

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH	13. RESIDING IN LAST 75 YEARS?
Vancouver	8503 NW Fruit Valley Rd.	yes

14. MARITAL STATUS	15. SURVIVING SPOUSE	16. SOCIAL SECURITY NO.	17. DECEDENT'S EDUCATION	
Married	Bess	308-01-8794	Completed (0-12)	College (1-4 or 5+)
				2

18. USUAL OCCUPATION	19. KIND OF BUSINESS OR INDUSTRY	20. Was Decedent of Hispanic origin or descent?	21. RACE
Manager	Telephone	(Yes / No) Specify: No	White

22. RESIDENCE—NUMBER AND STREET	23. CITY/TOWN, OR LOCATION	24. INSIDE CITY LIMITS?	25A. COUNTY	25B. LENGTH OF RES. IN CO.	26. STATE	27. ZIP CODE
8503 N.W. Fruit Valley Rd	Vancouver	yes	Clark	unk	Wash.	98662

28. FATHER'S NAME—FIRST, MIDDLE, LAST	29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME
Joseph Lewis	Cloie Tegarden

30. INFORMANT—NAME	30. MAILING ADDRESS—STREET OR RFD NO.	CITY OR TOWN	STATE	ZIP
Bess Lewis	8503 N.W. Fruit Valley Road	Vancouver,	Washington	98662

DISPOSITION

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33. DATE	34. CEMETERY OR CREMATORY—NAME	35. LOCATION—CITY/TOWN, STATE
Cremation	April 28, 93	Riverview Abbey Crematorium	Portland, Oregon

36. FUNERAL DIRECTOR SIGNATURE	37. NAME OF FACILITY	38. ADDRESS OF FACILITY
X	Riverview Abbey Funeral Home	0319 S.W. Taylors Ferry Rd Portland, Oregon 97219

CERTIFIER

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 CAUSES STATED.

SIGNATURE AND TITLE: X

40. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSES STATED.

SIGNATURE AND TITLE: X Anthony L. Lopez

40. DATE SIGNED	41. HOUR OF DEATH (24 Hrs)	44. DATE SIGNED	45. HOUR OF DEATH (24 Hrs)
		April 27, 1993	2125

42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	46. PRONOUNCED DEAD	47. HOUR PRONOUNCED DEAD (24 Hrs)
	April 25, 1993	2125

48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER	49. M/E/CORONER FILE NUMBER
Anthony L. Lopez Deputy Coroner P.O. Box 5000 Vancouver, WA 98668	93-277

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. Probable Arteriosclerotic heart disease	
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)
	No	Yes

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

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	SUPPORTING EVIDENCE	REVIEWED BY	DATE	62.	63. DATE RECEIVED
				Registrar mal.	APR 27 1993

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

A

THE SEAL OF THE STATE OF WASHINGTON 1889

DOH 291-003 (5/92)

CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

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163729 ID PAG NO
00212 Local File Number

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

95-002218 State File Number

1. DECEDENT'S NAME: Bess D. LEWIS
2. SEX: Female
3. DATE OF DEATH: January 5, 1995
4. SOCIAL SECURITY NUMBER: 529-32-1297
5. AGE: 70
6. BIRTHPLACE: Little Rock, Arkansas
7. DATE OF BIRTH: August 17, 1924
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? No
9. PLACE OF DEATH: Inpatient
10. FACILITY NAME: Town Center Village
11. CITY, TOWN OR LOCATION OF DEATH: Portland
12. COUNTY OF DEATH: Clackamas
13. DECEDENT'S USUAL OCCUPATION: Operator Supervisor
14. KIND OF BUSINESS/INDUSTRY: Telephone communications
15. MARITAL STATUS: Widowed
16. SURVIVING SPOUSE: Harry F. Lewis
17. RESIDENCE STATE: Washington
18. COUNTY: Clark
19. CITY, TOWN OR LOCATION: Vancouver
20. STREET AND NUMBER: 8503 N.W. Fruit Valley Road
21. INSIDE CITY LIMITS?: Yes
22. ZIP CODE: 98662
23. WAS DECEDENT OF HISPANIC ORIGIN?
24. RACE: White
25. DECEDENT'S EDUCATION: 12
26. FATHER'S NAME: William Brian Rose
27. MOTHER'S MAIDEN NAME: Maude Mansfield
28. INFORMANT'S NAME AND MAILING ADDRESS: Susan Wagner - Daughter
29. METHOD OF DISPOSITION: Cremation
30. PLACE OF DISPOSITION: Riverview Abbey Crematorium
31. LOCATION: Portland, Oregon
32. NAME OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James A. Martens
33. LICENSE NUMBER: 3501
34. DATE FILED: FEB 3 1995
35. NAME, ADDRESS AND ZIP OF FACILITY: Riverview Abbey Funeral Home, 0319 S.W. Taylors Ferry Road, Portland, Oregon 97219-4668
36. REGISTRAR'S SIGNATURE: Mozelle A Thompson
37. WAS MEDICAL EXAMINER NOTIFIED? Yes
38. WAS CASE REFERRED TO MEDICAL EXAMINER? No
39. TIME OF DEATH: 0430
40. DATE PRONOUNCED DEAD: 2/1/95
41. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER: Howard Grailzec, M.D., 8601 S.E. Causey Avenue, #3, Portland, Oregon 97266
42. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: Dr.
43. IMMEDIATE CAUSE: PART I a. End stage liver disease
b. DUE TO OR AS A CONSEQUENCE OF:
c. DUE TO OR AS A CONSEQUENCE OF:
PART II OTHER SIGNIFICANT CONDITIONS
44. AUTOPSY: Yes
45. WAS CASE REFERRED TO MEDICAL EXAMINER? Yes
46. MANNER OF DEATH: Natural
47. DATE OF INJURY:
48. TIME OF INJURY:
49. INJURY AT WORK? No
50. DESCRIBE HOW INJURY OCCURRED:
51. PLACE OF INJURY:
52. LOCATION:
RESERVED FOR REGISTRAR'S USE

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OF THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED DEC 07 1995

EDWARD J JOHNSON I
STATE REGISTRAR

STATE OF OREGON 1859

OREGON STATE HEALTH DIVISION