

137497

BOOK 196 PAGE 983

Return Address:

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

FILED

Roger D. Knapp

Feb 20 3 40 PM '00

OLSON

GARY L. OLSON

AFFIDAVIT

Grantor: Phillip M. Meyers
Grantee: Juanita R. Meyers
Legal desc. (abbreviated): Lot 3, Wind River Lots, Book B, P. 18
Assessors Tax Parcel ID# 04-07-26-3-1-0103-00
Prior Reference No.: Vol. 196 Pg. 980 AF 137496

STATE OF WASHINGTON)
) ss.
COUNTY OF CLARK)

FILED
RECORDED
INDEXED
FEB 20 2000
CLARK COUNTY
WASHINGTON

JUANITA R. MEYERS, being first duly sworn, upon 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 PHILLIP M. MEYERS and JUANITA R. MEYERS, husband and wife, dated November 5, 1963, 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. PHILLIP M. MEYERS died on or about the 25th day of December, 1999, in Camas, Clark County, Washington, being, at the time of his death, a resident of Vancouver, Clark County, Washington.

Gary H. Martin, Skamania County Assessor
Date 2/28/00 4-7-26-3-1-0103-00 JW
Parcel #

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 PHILLIP M. MEYERS, 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 taxes imposed by the Washington Estate and Transfer Tax Reform Act of 1981 are due.

Affidavit

Page 2

5. Included among the assets of the community estate of PHILLIP M. MEYERS and JUANITA R. MEYERS, husband and wife, was a seller's interest in a Real Estate Contract dated July 15, 1993, between Phillip M. Meyers and Juanita R. Meyers, husband and wife, as Sellers, and Shirley C. Tacheron, a widow, and Clayton N. Smith, a married person as his separate estate, as Purchasers, for the sale and purchase of the following described real property:

County of Skamania, State of Washington

Lot 3, WIND RIVER LOTS, according to the recorded Plat thereof, recorded in Book B of Plats, Page 18 in the County of Skamania, State of Washington.

The disposition of the Sellers' interest in the aforescribed Real Estate Contract is controlled by the terms of said Community Property Agreement.

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 nor held any interest in any separate property.

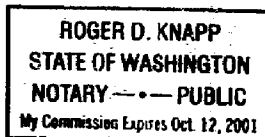
8. All obligations of the marital community composed of PHILLIP M. MEYERS and JUANITA R. MEYERS, husband and wife, and all separate obligations of the said PHILLIP M. MEYERS have been paid in full, and all expenses of last illness and funeral expenses have been paid.

9. In addition to JUANITA R. MEYERS, the surviving spouse, the said PHILLIP M. MEYERS was survived by two (2) children, namely, Keith E. Meyers and ~~Kim E. Meyers~~, both of whom have attained majority.

IN WITNESS WHEREOF, I have hereunto set my hand this 14th day of February, 2000.

Juanita R Meyers
JUANITA R. MEYERS

SUBSCRIBED and SWORN to before me this 14th day of February, 2000.



[Signature]
Notary Public in and for the State of
Washington, Residing at CANON
My appointment expires: 10-12-01

STATE OF WASHINGTON DEPARTMENT OF HEALTH

BOOK 196 PAGE 985

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

OFFICE
USE
ONLY

1 DISTRICT

2 ZONES

3 HOSPITAL

TYPE OR PRINT IN PERMANENT BLACK INK

2066
LOCAL FILE NUMBER

1 NAME First Middle Last Phillip Marvin MEYERS		2 SEX (M/F) Male	3 DEATH DATE (Mo Day Yr) December 25, 1999
4 AGE LAST BIRTHDAY (Yrs) 76 yrs.	5 UNDER 1 YEAR MOS DAYS 12-7-1923	6 BIRTHPLACE (City, State or Foreign Country) Polenonia, Kansas	7 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) Yes
8 CITY, TOWN OR LOCATION OF DEATH Camas		9 PLACE OF DEATH - BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 689 SW Sierra Street	
10 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		11 SURVIVING SPOUSE (Name give maiden name) Juanita Rose Souder	
12 SOCIAL SECURITY NO. 512-20-0611		13 DECEASED'S EDUCATION (Specify only highest grade completed) C-2	
14 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Maintenance Supervisor		15 KIND OF BUSINESS OR INDUSTRY Crown Zellerbach, Camas, WA	
16 RESIDENCE - NUMBER AND STREET 689 SW Sierra Street		17 CITY, TOWN OR LOCATION Camas	
18 FATHER'S NAME - FIRST, MIDDLE, LAST Walter Fredrick Meyers		19 MOTHER'S NAME - FIRST, MIDDLE, M.A.G.E.N. SURNAME Julia Josephine Solomon	
20 INFORMANT - NAME Juanita Meyers - wife		21 MAILING ADDRESS 689 SW Sierra Street Camas Washington 98607	
22 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		23 DATE (Mo Day Yr) 12-30-1999	
24 FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		25 NAME OF FACILITY Brown's Funeral Home	
26 ADDRESS OF FACILITY 410 N.E. Garfield Street Camas, Washington 98607		27 ZIP CODE 98607	
30 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 <i>[Signature]</i> 40 DATE SIGNED (Mo Day Yr) 12-27-99		31 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 <i>[Signature]</i> 44 DATE SIGNED (Mo Day Yr) 12-27-99	
41 HOUR OF DEATH (24 Hrs) 1735		45 HOUR OF DEATH (24 Hrs) 1735	
42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) David Hagen M.D. 327 NE 5th Camas, Washington 98607		43 PHONOUNCED DEAD (Mo Day Yr) 12-27-99	
46 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) David Hagen M.D. 327 NE 5th Camas, Washington 98607		47 HOUR PHONOUNCED DEAD (24 Hrs) 1735	
48 MEDICORNER FILE NUMBER		49	
50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH			
IMMEDIATE CAUSE (Final disease or condition resulting in death) A Natural Cancer, Unknown etiology		INTERVAL BETWEEN ONSET AND 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.		INTERVAL BETWEEN ONSET AND DEATH	
B DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
C DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
D DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
51 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE HTN			
54 ACC. SUICIDE, HOMICIDE, OR PENDING INVEST (Specify)	55 INJURY DATE (Mo Day Yr)	56 DESCRIBE HOW INJURY OCCURRED	57 AUTOPSY? (Yes/No) No
58 INJURY AT WORK? (Yes/No)	59 PLACE OF INJURY - AT HOME, FARM, STREET, PLACE OF OFFICE, BLDG, ETC. (Specify)	60 LOCATION - STREET OR RD NO., CITY/TOWN, STATE	61 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Yes
62 RECORD AMENDMENT (Register use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		63 DATE RECEIVED (Mo Day Yr) <i>[Signature]</i>	

3194335

Page: 3 of 4
02/14/2000 03:38P
11.00 Clark County, WA

WASSUP ROBERT B

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

AFFIDAVIT FOR CORRECTION BOOK 196 PAGE 986

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY
 ANY CHANGES MADE BELOW VOID THIS CERTIFICATE. A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FILE NUMBER	NOTES	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY				
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with		STATE FILE NUMBER		
2 NAME		3 DATE OF EVENT		
5 FATHER'S FULL NAME (If Birth, Husband or Marriage Dissolution)		6 MOTHER'S FULL MAIDEN NAME (If Birth, Wife or Marriage Dissolution)		
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:				
THE TRUE FACT IS:				
7				
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9				
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11				
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13				
14				
15				
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				
PHONE NUMBER				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGONE IS TRUE AND CORRECT.				
16 SIGNATURE		17 DATE		18 ADDRESS

DOH 110-007 (Rev. 2/83)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

- All changes must be established by documentary proof submitted with the affidavit.
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true facts. For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or established within five years of birth.
- Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
- Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided:
 - This is a true name only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
- Parents may change their child's first or middle name by completing and signing an affidavit for correction until their child's 18th birthday.
- This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

Death Certificates

- Only the informant, the funeral director, or executor/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in Births above. A person's own birth certificate is also acceptable proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Alta Corrections
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

This is a legal document.
 Complete in ink and do not alter.

CERTIFIED

DEC 28 1999

Karen Steingart, MD

Dr. Karen Steingart
 Health District Officer
 S.W. Wash Health Dist.
 GG409786

