

137884

BOOK 198 PAGE 342

FILED
SKAMANIA COUNTY
BY *Kielinski & Wardrich*
Apr 17 8 56 AM '00
O'Leary
CLERK
GARY H. OLSON

REAL ESTATE EXCISE TAX

AFTER RECORDING MAIL TO:

Robert K. Leick
P.O. Box 510
Stevenson WA 98648
(509) 427-5665

20775
APR 17 2000
PAID Exempt
hw
SKAMANIA COUNTY TREASURER

Document Title(s) or transactions contained therein:

Affidavit in Support of Community Property Agreement

Grantor(s): [Last name first, then first name and initials]

Hegewald, Marylin

Grantee(s): [Last name first, then first name and initials]

Hegewald, Max William

Abbreviated Legal Description: (i.e., lot/block/plat or sec/twp/range/X/X)

NW1/4 of Sec 36, Township 3 North, Range 7 EWM

X Complete legal description on page 4.

Reference Number(s) of Documents Assigned or Released: [Bk/Pg/Aud#]

Book 55 page 307 Vol 196 Pg 565 AF 137365 2/7/00

Assessor's Property Tax Parcel/Account Number(s):

03 07 36 2 0 2500 00

Gary H. Martin, Skamania County Assessor

Date *4/14/00* Parcel # *3-7-36-2-0-2500*

Sup. 10.00
Advised 10.00
Audited 10.00
Filed
Waited

[Signature]
3-7-36-2-0-2500

AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAMANIA)

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 17th day of March, 1974 and Skamania County, Washington on under Auditor's File No. 137365. Marilyn Rose Hegewald (the "Decedent") was one of the parties to the Agreement and died on November 20, 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 Wills or agreements that would have the effect of abrogating or nullifying the Agreement.

3. The community 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 was survived by the following persons:

Name and Address
Max William Hegewald
721 Grooper Road

Relationship
husband

Stevenson, Washington 98648
Max W. Hegewald, Jr.

son

Daniel R. Hegewald

son

Dennis M. Hegewald

son

Janene M. Frost

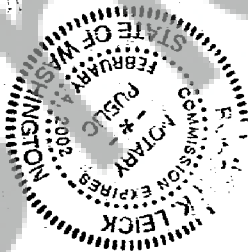
daughter

Richard S. Hegewald

son


Max William Hegewald

SIGNED AND SWORN to before me this 8th day of February, 2000 by Max William Hegewald.



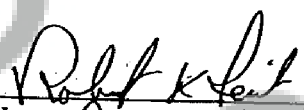

Name Robert K. Leick
NOTARY PUBLIC in and for
the State of Washington
My commission expires Feb 4, 2002

Exhibit "A"

Beginning at the intersection of the county road known as the Gropper Road with the center line running north and south through the Northwest Quarter (NW¹/₄) of Section 36, Township 3 North, Range 7 E.W.M.; thence following said centerline North 281.80 feet; thence East 155 feet; thence South to the center of said Gropper Road; thence West along the center of said Gropper Road to point of beginning; except right of way for Gropper Road.

Subject to an easement for a pipeline for the transportation of natural gas, oil and the products thereof granted to the Pacific Northwest Pipeline Corporation, a Delaware corporation, by right of way contract dated January 6, 1956, and recorded February 16, 1956, at page 170 of Book 41 of deeds, Records of Skamania County, Washington.

CERTIFICATION OF VITAL RECORD

BOOK 198 PAGE 346

309560

1.D. TAG NO.

5144-99

Local File Number

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

136

State File Number

1. DECEDENT'S NAME First Middle Last Marylin Rose HEGEWALD		2. SEX F	3. DATE OF DEATH (Month, Day, Year) Nov. 20, 1999
4. SOCIAL SECURITY NUMBER 533-30-2788	5a. AGE (Last Birthday) 67	5b. Under 1 Year Mths Days Hours Mins	6. BIRTHPLACE (City and State or Foreign) Tacoma, WA
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> En route <input type="checkbox"/> D.O.A. <input type="checkbox"/> Other	
9. FACILITY NAME (If not institution, give street and number) Providence-Hood River Memorial		10. CITY, TOWN, OR LOCATION OF DEATH Hood River	
11. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life) Clerk		12. RIND OF BUSINESS/INDUSTRY Drugstore	
13a. RESIDENCE - STATE Washington		13b. COUNTY Skamania	
14. CITY, TOWN, OR LOCATION Stevenson		15. STREET AND NUMBER 721 Cropper Rd.	
16. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		17. ZIP CODE 98648	
18. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		19. RACE (American Indian, Black, White, etc. (Specify)) White	
20. FATHER - NAME First Middle Last Daniel O. Schmid		21. MOTHER - NAME First Middle Last Rose Marie Plannigan	
22. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		23. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Wind River Cemetery	
24. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR REGISTRAR <i>[Signature]</i>		25. OREGON LICENSE NO. (If Licensed) 1961(WA)	
26. DATE FILED (Month, Day, Year) November 23, 1999		27. NAME, ADDRESS AND ZIP OF FACILITY Gardner Funeral Home POB 390 White Salmon, WA 98672	
28. SIGNATURE OF REGISTRAR <i>[Signature]</i>		29. SIGNATURE OF DECEASED <i>[Signature]</i>	

10. TO BE COMPLETED BY CERTIFYING PHYSICIAN		11. TIME OF DEATH 11:45		12. DATE PRONOUNCED DEAD (Month, Day, Year) 11-23-99	
13. To the best of my knowledge, death occurred on the time, date, place and due to the cause(s) indicated.		14. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated.		15. DATE SIGNED (Month, Day, Year) 11-23-99	
16. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) Paul Hamada, M.D. 1784 May St. Hood River, OR 97031		17. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		18. NAME OF PHYSICIAN SIGNING (Type or Print)	
19. PART I: IMMEDIATE CAUSE OF DEATH ASPIRATION PNEUMONIA		20. PART II: UNDERLYING CAUSE OF DEATH MYOTUBULAR LATENCY SCLEROSIS		21. INTERVAL BETWEEN ONSET AND DEATH 3 DAYS	
22. PART III: OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I: Fracture, Hip		23. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		24. Did alcohol use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidents <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		26. DATE OF INJURY (Month, Day, Year)		27. TIME OF INJURY	
28. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		29. LOCATION (Street and Number or Road, Town, State, City or Town, State)		30. DESCRIBE HOW INJURY OCCURRED	

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 10-87



THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE HOOD RIVER COUNTY REGISTRAR.

DATE ISSUED: **HOOD RIVER NOV 23 1999 COUNTY OREGON**

Dorothy A. O'Dell
DOROTHY A. O'DELL
COUNTY REGISTRAR
HOOD RIVER COUNTY, OREGON



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE