

138003

BOOK 198 PAGE 736

After recording return to:

Louis L. Wellman  
P.O. Box 406  
Stevenson, WA 98648

FILED  
SEAL  
BY *Louis L. Wellman*  
APR 26 2 34 PM '00  
*G. Olson*  
Auction  
GARY L. OLSON

DOCUMENT TITLE: Affidavit in Support of Community Property with Community Property Agreement attached

REFERENCE NUMBERS OF

RELATED DOCUMENTS: Community Property Agreement dated February 26, 1980, Skamania County Auditors File No. 8002290090 recorded February 29, 1980; Warranty Fulfillment Deed dated April 5, 1981, Skamania County Auditor's File No. 92370, recorded April 28, 1981, Book 79, Page 651; Quit Claim Deed dated May 18, 1995, Skamania County Auditor's File No. 122359 recorded May 19, 1995, Book 150, Page 23.

GRANTOR: GERALDINE M. WELLMAN REAL ESTATE EXCISE TAX  
20808

GRANTEE: LOUIS L. WELLMAN APR 26 2000

LEGAL DESCRIPTION: not applicable

PAID *Exempt*  
*Geraldine M. Wellman*  
SKAMANIA COUNTY TREASURER

AFFIDAVIT IN SUPPORT OF PREVIOUSLY RECORDED  
COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON )

Gary H. Martin, Skamania County Assessor  
Date *4/26/00* Parcel # *3-7-24-701*

County of Clark )

Reviewed ☒  
Indexed ☒  
Abstracted ☒  
Certified ☒  
Filed ☒

THE UNDERSIGNED, being first duly sworn upon oath, deposes and states that:

1. This Affidavit is for the purpose of supplying information for records pertaining to the Community Property Agreement ("the Agreement") between LOUIS L. WELLMAN and GERALDINE M. WELLMAN dated February 26, 1980. The statements set forth in this Affidavit are representations of fact that may be relied upon by all parties dealing with the real estate located in Skamania County, Washington and more fully

described in the Warranty Fulfillment Deed dated April 5, 1981, Skamania County Auditor's File No. 92370, recorded April 28, 1981, Book 79, Page 651

2. GERALDINE M. WELLMAN ("Decedent") was one of the parties to the Agreement and died on December 4, 1998 in Portland, Multnomah County, Oregon, a resident of Stevenson, Skamania County, Washington. A copy of the Certificate of Death is attached as Exhibit "A".

3. The parties to the Agreement entered into no subsequent Wills or agreements that would have the effect of abrogating or nullifying the above mentioned Community Property Agreement.

4. All obligations of the community owing at the date of death of Decedent and all expenses of last sickness and for funeral services have been paid or provided for.

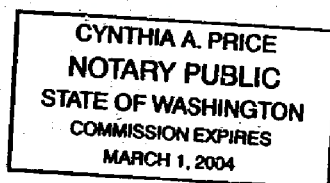
5. The following named persons survived decedent:

Name	Address	Relationship
LOUIS L. WELLMAN	P.O. Box 406, Stevenson, WA 98648	husband
STANLEY B. WELLMAN	21704 NE Lucia Falls Road, Yacolt, WA 98675	son
PAUL W. WELLMAN	37713 NE 167 <sup>th</sup> Avenue, Yacolt, WA 98675	son
MONTE W. WELLMAN	2003 Todd Road #73, Vancouver, WA 98661	son

*Louis L. Wellman*  
LOUIS L. WELLMAN, Surviving Spouse

THIS IS TO CERTIFY that the undersigned Notary Public, on this 25 day of April 2000, LOUIS R. WELLMAN, a person known to me to be the individual described in the foregoing instrument, personally appeared before me and acknowledged to me that he signed the same as his own free and voluntary act and deed for the uses and purposes therein stated.

SIGNED and AFFIRMED before me this 25 day of April 2000.



*Cynthia A. Price*  
NOTARY PUBLIC for Washington  
Printed Name: \_\_\_\_\_  
My commission expires: 3/1/04



# CERTIFICATION OF VITAL RECORD

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## HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

AUSTIN  
ID. TAG NO

06389

136

State Fee Number

1. DECEDENT'S NAME First: <b>Geraldine</b> Middle: <b>Marie</b> Last: <b>WELLMAN</b>		2. SEX <b>Female</b>	3. DATE OF DEATH (Month, Day, Year) <b>December 4, 1998</b>
4. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	5a. AGE Last Birthday (Year) <b>66</b>	5b. Under 1 Year Mos: Days: Hours: Mins:	6. BIRTHPLACE (City and State or Foreign Country) <b>Washington</b>
7. DATE OF BIRTH (Month, Day, Year) <b>March 14, 1932</b>		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Domicile <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify):	
9. FACILITY NAME (If not residence, give street and number) <b>Providence Medical Center</b>		10. CITY, TOWN OR LOCATION OF DEATH <b>Portland</b>	
11. COUNTY OF DEATH <b>Multnomah</b>		12. SPOUSE (If married, widowed, divorced (Specify)) <b>Louis</b>	
13a. RESIDENCE - STATE <b>Washington</b>		13b. COUNTY <b>Skamania</b>	
13c. CITY, TOWN OR LOCATION <b>Stevenson</b>		13d. STREET AND NUMBER <b>P.O. Box 406</b>	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>No</b>		15. RACE American Indian, Black, White, etc. (Specify) <b>White</b>	
16. DECEDENT'S USUAL OCCUPATION (One item of work done during week of working life. Do not use retired) <b>Homemaker</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>Elementary/Secondary (8-12)</b>	
18. FATHER - NAME First: Middle: Last: <b>White Marie</b>		19. MOTHER - NAME First: Middle: Last: <b>Louis Wellman (spouse)</b>	
20. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify):		21. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Wilhelm Crematory</b>	
22. DATE OF DISPOSITION (Month, Day, Year) <b>DEC 08 1998</b>		23. NAME ADDRESS AND ZIP OF FACILITY <b>Oregon Cremation Company 1634 SE Claybourne Ave. Portland Oregon 97202</b>	
24. SIGNATURE OF OREGON LICENSED SERVICE LICENSEE OR PERSON ENGAGED TO DO SO <i>[Signature]</i>		25. OREGON LICENSE NO. (If Licensed) <b>3534</b>	
26. DATE OF DEATH (Month, Day, Year) <b>DEC 08 1998</b>		27. SIGNATURE OF MEDICAL EXAMINER <i>[Signature]</i>	

28. TIME OF DEATH <b>3:10</b>		29. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
30. To the best of my knowledge, death occurred at the time, date, place and registration <i>[Signature]</i>		31. 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 (Signature) <i>[Signature]</i>	
32. DATE SIGNED (Month, Day, Year) <b>DEC 9, 1998</b>		33. DATE SIGNED (Month, Day, Year) <b>DEC 9, 1998</b>	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) <b>JERRARD I. WENASHE 2050 NE HWY #256 PORTLAND, OR 97213</b>		35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z, AND Do not enter mode of dying, e.g. Gaseous or Respiratory Arrest) <b>(a) ADENOCARCINOMA - METASTATIC; ?LUNG ORIGIN</b>		37. Interval between onset and death <b>6 MONTHS</b>	
38. DUE TO OR AS A CONSEQUENCE OF: <b>(b) DUE TO OR AS A CONSEQUENCE OF:</b>		39. Interval between onset and death	
40. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in PART I		41. Interval between onset and death	
42. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		43. DATE OF INJURY (Month, Day, Year)	
44. TIME OF INJURY		45. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
46. PLACE OF INJURY - At home, farm, school, factory, office, building, etc. (Specify)		47. DESCRIBE HOW INJURY OCCURRED	
48. LOCATION (Street and Number or Rural Route Number, City or Town, State)		49. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 5-98

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

DEC 08 1998

DATE ISSUED

*Hilda Chaski Adams*

HILDA CHASKI ADAMS, MPH  
COUNTY REGISTRAR  
MULTNOMAH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE