

138003

138261

After recording return to:

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

FILED
SKAMANIA CO. WASH
Louis Wellman
May 31 3 51 PM '00
GARY H. OLSON

BOOK 198 PAGE 736

FILED
SKAMANIA CO. WASH
Louis L. Wellman
Apr 26 2 34 PM '00
GARY H. OLSON

BOOK 199 PAGE 676

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.

REAL ESTATE EXCISE TAX

N/A

JUN - 1 2000

PAID IN FULL # 2008 DTD

GRANTOR: Geraldine M. Wellman
SKAMANIA COUNTY TREASURER

GRANTEE:

GERALDINE M. WELLMAN

LOUIS L. WELLMAN

LEGAL DESCRIPTION: not applicable

REAL ESTATE EXCISE TAX
20808

APR 26 2000

PAID IN FULL
Geraldine M. Wellman
SKAMANIA COUNTY TREASURER

AFFIDAVIT IN SUPPORT OF PREVIOUSLY RECORDED
COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON)

County of Clark)

Gary H. Martin, Skamania County Assessor

Date 4/26/00 Parcel # 3-7-26-701

SS 5-31-99 DD

Proposed ☒
Recorded ☒
Index ☒
Filed ☒
Noted ☒
Noted ☒
Noted ☒
Noted ☒

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

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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.

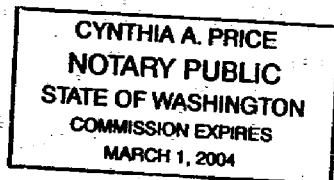
5. The following named persons survived decedent:

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 th 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 L. 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

HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

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Local File Number
06389

136

State File Number

1. DECEDENT'S NAME First Middle Last Geraldine Marie WELLMAN		2. SEX Female	3. DATE OF DEATH (Month Day Year) December 4, 1998
4. SOCIAL SECURITY NUMBER 66	5. AGE Last Birthday (Year) 66	6. BIRTHPLACE (City and State or Foreign Country) Washington	7. DATE OF BIRTH (Month Day Year) March 14, 1932
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
10. FACILITY NAME (If not Institution, give street and number) Providence Medical Center		11. CITY, TOWN OR LOCATION OF DEATH Portland	
12. COUNTY OF DEATH Multnomah			
13a. DECEDENT'S USUAL OCCUPATION (Give only one occupation during last 12 months) Homemaker		13b. KIND OF BUSINESS/INDUSTRY Own Home	
14. MARITAL STATUS - Married Never Married, Widowed, Divorced (Specify)		15. SPOUSE (If Married, Indicate) Louis	
16. RESIDENCE - STATE Washington		17. COUNTY Skamania	
18. CITY, TOWN OR LOCATION Stevenson		19. STREET AND NUMBER P.O. Box 406	
20. ZIP CODE 98648		21. RACE American Indian, Black, White, etc. (Specify) White	
22. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (14 or 15+)			
23. FATHER - NAME First Middle Last White		24. MOTHER - NAME First Middle Last Marie	
25. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		26. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Wilhelm Crematory	
27. SIGNATURE OF OREGON LICENSED SERVICE LICENSEE OR PERSON PERFORMING SUCH <i>[Signature]</i>		28. OREGON LICENSE NO. (If Licensee) 3534	
29. NAME, ADDRESS AND ZIP OF FACILITY Oregon Cremation Company 1634 SE Claybourne Ave. Portland Oregon 97202		30. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
31. DATE OF DEATH (Month Day Year) DEC 08 1998			
32. RESERVED FOR REGISTRAR'S USE			
33. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
34. TIME OF DEATH 3:10 a.m.		35. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36. To the best of my knowledge, death occurred at the time, date, place and cause stated above. <i>[Signature]</i>			
37. DATE SIGNED (Month Day Year) DEC 9, 1998			
38. TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
39. TIME OF DEATH		40. DATE PROHOUNCED DEAD (Month Day Year Hour)	
41. 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)			
42. DATE SIGNED (Month Day Year) COUNTY			
43. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) JEFFREY I. MENASHE DOB ME HWT #256 PORTLAND, OR 97213			
44. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
45. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter more than one cause of death, e.g., Cardiac or Respiratory Arrest)			
(a) ADENOCARCINOMA - METASTATIC; ?LUNG ORIGIN			
(b) DUE TO, OR AS A CONSEQUENCE OF			
(c) DUE TO, OR AS A CONSEQUENCE OF			
46. OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I			
47. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
49. DATE OF INJURY (Month Day Year)		50. TIME OF INJURY	
51. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		52. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
53. DESCRIBE HOW INJURY OCCURRED			
54. NUMBER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other			
55. DATE OF DEATH (Month Day Year)			
56. TIME OF DEATH			
57. PLACE OF DEATH			
58. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
59. DESCRIBE HOW INJURY OCCURRED			

ORIGINAL VITAL STATISTICS COPY

45-2 Rev 5/96

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

8002290090

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 26
day of February, 1980, by and between LOUIS LAMONT WELLMAN
and GERALDINE MARIE WELLMAN, husband and wife, residing at
Battle Ground, Clark County, Washington,

W I T N E S S E T H :

THAT WHEREAS, it is the desire, purpose and intention
of LOUIS LAMONT WELLMAN and GERALDINE MARIE WELLMAN, husband
and wife, to jointly enter into an agreement concerning the
disposition of the whole of the community property, wheresoever
situated, now owned or hereafter at any time acquired by
them, to take effect upon the death of either of them whereby
all of said property shall pass without delay or expense at
the death of either to the survivor. It is understood and
agreed that all property owned by the parties herein is
considered as community property and that neither is possessed
of any separate property.

NOW, THEREFORE, for and in consideration of the
love and affection they bear one toward the other, and for
and in consideration of the comingling of their joint efforts
and earnings and properties heretofore, it is hereby agreed
between the undersigned 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 them or either
of them, including any separate property, and each conveys
and quitclaims to the other his or her interest in any
separate property that he or she may now own or hereafter
acquire so as to convert the same as community property.

SECOND: That upon the death of either of the parties hereto, title to all community property as defined in the preceding paragraph shall immediately vest in fee simple in the survivor of them, absolutely and unconditionally, as the separate property and estate of the survivor.

IN WITNESS WHEREOF, the said LOUIS LAMONT WELLMAN and GERALDINE MARIE WELLMAN, have executed this agreement on the day and year first above written.

Louis L. Wellman

Geraldine M. Wellman

STATE OF WASHINGTON)
COUNTY OF CLARK) ss.

THIS CERTIFIES that on the 26 day of February, 1980, personally appeared before me LOUIS LAMONT WELLMAN and GERALDINE MARIE WELLMAN to me known to be the individuals who executed the within and foregoing instrument and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

SUBSCRIBED AND SWORN to before me this 26 day of February, 1980.

FILED FOR RECORD

John Sax
FEB 27 11 33 AM '80

RUN BOTZAGER

Thomas L. Johnson
Notary Public in and for the State
of Washington, residing at Battle
Ground.

