

138003

138261

After recording return to:

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

FILED FOR RECORD  
SKAMANIA CO. WASH  
By *Louis Wellman*  
May 31 3 51 PM '00  
*Olavry*  
GARY H. OLSON

BOOK 198 PAGE 736

FILED FOR RECORD  
SKAMANIA CO. WASH  
By *Louis L. Wellman*  
Apr 26 2 34 PM '00  
*U. Bertels*  
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 Auditor's 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 EXCISE # 2008 DTD

*Geraldine M. Wellman, DePutee*  
GRANTOR: SKAMANIA COUNTY TREASURER

GRANTEE: LOUIS L. WELLMAN

LEGAL DESCRIPTION: not applicable

REAL ESTATE EXCISE TAX  
20808

APR 26 2000

PAID *U. Bertels*  
*Geraldine M. Wellman, DePutee*  
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*  
*5-31-99D*

Prepared   
Indexed   
Recorded   
Filed   
\$2.00

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

BOOK 198 PAGE 737

BOOK 199 PAGE 677

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.

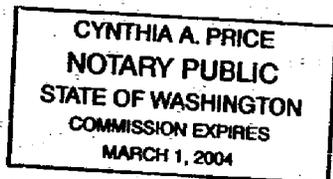
5. The following named persons survived decedent:

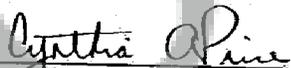
Name	Address	Relationship
LOUIS L. WELLMAN	P.O. Box 406, Stevenson, WA 98648	husband
STANLEY B. WELLMAN	21704 NE Lucia Falls Road, Yacolt, WA 98675	son
PAUL W. WELLMAN	37713 NE 167 <sup>th</sup> Avenue, Yacolt, WA 98675	son
MONTE W. WELLMAN	2003 Todd Road #73, Vancouver, WA 98661	son

  
LOUIS L. WELLMAN, 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.



  
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

BOOK 198 PAGE 738  
BOOK 199 PAGE 678

Local File Number  
06389

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	5. AGE Last Birthday (Years) 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"/> 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 of work done during dead of working life. Omit if not stated) Homemaker		14. KIND OF BUSINESS/INDUSTRY Own Home	
15. MARITAL STATUS - Married (Specify if Married, Widowed, Divorced, Separated) Married		16. SPOUSE (If Married, Widowed) Louis	
17a. RESIDENCE - STATE Washington		17b. COUNTY Skamania	
17c. CITY, TOWN OR LOCATION Stevenson		17d. STREET AND NUMBER P.O. Box 406	
18. ZIP CODE 98648		19. RACE (Specify if American Indian, Black, White, etc.) White	
20. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) <input type="checkbox"/> College (1-4 or 5+)			
21. FATHER - NAME first middle last White		22. MOTHER - NAME first middle maiden Marie	
23. INFORMANT - NAME and relationship to decedent Louis Wellman (spouse)			
24. 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)		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Wilhelm Crematory	
26. LOCATION - City or Town, State Portland, Oregon			
27. SIGNATURE OF QUALIFYING SERVICE LICENSEE OR PERSON AUTHORIZED TO SIGN		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 Hilda Chaski Adams	
31. DATE (Month, Day, Year) DEC 08 1998			

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32. TIME OF DEATH 3:10 a.m.		33. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34. TO BE COMPLETED BY CERTIFYING PHYSICIAN 34a. To the best of my knowledge, death occurred at the time, date, place and cause stated. <i>Jeffrey Williams</i> 34b. DATE SIGNED (Month, Day, Year) DEC 9 1998		35. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 35a. TIME OF DEATH 35b. DATE PRONOUNCED DEAD (Month Day, Year Hour) 35c. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the causes and manner stated. <i>Jeffrey Williams</i> 35d. DATE SIGNED (Month, Day, Year) COUNTY	
36. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) JEFFREY I. MENASHE 2050 NE HWY #256 PORTLAND, OR 97213			
37. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			

38. IMMEDIATE CAUSE (ENTER ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter signs of dying, e.g. Cardiac or Respiratory Arrest)		Interval between onset and death
PART I (a) ADENOCARCINOMA - METASTATIC; ?LUNG ORIGIN		6 MONTHS
DUPLICATE TO OR AS A CONSEQUENCE OF		Interval between onset and death
(b)		Interval between onset and death
(c)		Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I		
39. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		40. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
41. NUMBER OF DEATH <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Unattended <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		42. YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
43. DATE OF INJURY (Month, Day, Year)	44. TIME OF INJURY	45. DESCRIBE HOW INJURY OCCURRED
46. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	47. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	48. LOCATION (Street and Number or Rural Route Number, City or Town, State)

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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.

DATE ISSUED DEC 08 1998

*Hilda Chaski Adams*  
HILDA CHASKI ADAMS, MPH  
COUNTY REGISTRAR  
MULTNOMAH COUNTY, OREGON



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

8002290090

4/10

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.

146

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.

