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BOOK 199 PAGE 828

## RETURN ADDRESS:

Dawn Harrison  
Attorney at Law  
1605 F Street  
Vancouver, WA 98663

FILED  
JUN 6 11 35 AM '00  
Dawn Harrison  
Dawn  
GARY N. OLSON

Please Print or Type Information.

## Document Title(s) or transactions contained therein:

1. Affidavit in Support of Community Property Agreement

2.

3.

4.

## GRANTOR(S) (Last name, first, then first name and initials)

1. Johnson, Edward J. II

2.

3.

4.

☐ Additional Names on Page \_\_\_\_\_ of Document.

## GRANTEE(S) (Last name, first, then first name and initials)

1. Johnson, Maria N.

2. Public, The

3.

4.

☐ Additional Names on Page \_\_\_\_\_ of Document.

REAL ESTATE EXCISE TAX

20869

JUN - 6 2000

PAID - exempt

in

SKAMANIA COUNTY TREASURER

## LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section Township, Range, Quarter Quarter)

Lot 21 El Descanso Al Rio

☒ Complete Legal on Page 1 of Document.

## REFERENCE NUMBER(S) Of Document assigned or released:

☐ Additional Numbers on Page \_\_\_\_\_ of Document.

## ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

04-07-15-3-0-1500-00

☐ Property Tax parcel ID is not yet assigned.☐ Additional Parcel Numbers on Page \_\_\_\_\_ of Document.

4-7-15-3-1500

6-5-2000

GHI

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

# AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON )  
County of Clark ) ss.

MARIA N. JOHNSON, states on oath:

1. This Affidavit is for the purpose of supplying information for record pertaining to that certain Community Property Agreement executed by EDWARD J. JOHNSON, II, and MARIA N. JOHNSON, husband and wife, which agreement was dated September 13, 1995, that the facts herein set forth are given to the general public and are to be used for the purpose of informing the general public as to the status of the property belonging to the parties to said agreement. The parties' said Community Property Agreement is attached hereto and incorporated by this reference as Exhibit "A".

2. That EDWARD J. JOHNSON, II, hereafter referred to as "the decedent", died on February 27, 2000, in Vancouver, Washington, and was a resident of the State of Washington at the time of his death. A certified copy of the decedent's death certificate is attached hereto as Exhibit "B" and incorporated by this reference.

3. On the date of the death of EDWARD J. JOHNSON, II, the parties owned real property located in Skamania County, State of Washington, pursuant to that certain Statutory Warranty Deed filed in the office of the Skamania County Auditor under File No. 119775, Book 143, Page 983, and said property is legally described as:

Lot 21, EL DESCANSO AL RIO TRACT, according to the recorded Plat thereof, recorded in Book "A" of Plats, Page 90, in the County of Skamania, State of Washington. Tax Account No.: 040715301500 4-7-15-3-1500

4. That the parties to said agreement have entered into no



subsequent joint wills or agreements which would have the effect of abrogating or nullifying the above mentioned Community Property Agreement.

5. The community estate of the decedent at the date of death exceeded the amount of all of decedent's unpaid debts, including both separate and community indebtedness.

6. The decedent left no separate estate.

7. All obligations of the community owing at the date of death have been paid in full and all expenses of last sickness and funeral expenses which would constitute a lien upon the above described real estate have been paid.

8. In addition to MARIA N. JOHNSON, as surviving spouse, the decedent left surviving him the following heirs: ALLISON K. JOHNSON, CARLINA M. JOHNSON, a minor, and EDWARD J. JOHNSON, III, a minor.

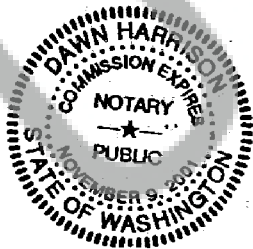
DATED this 24 day of May, 2000.

Maria N. Johnson  
MARIA N. JOHNSON

SIGNED AND SWORN to before me this 24<sup>th</sup> day of May, 2000.

Dawn Harrison

Print: Dawn Harrison  
NOTARY PUBLIC in and for the State of  
Washington, residing at: Vancouver  
My Appointment Expires: 11-9-01





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PROPERTY STATUS AND COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT is between EDWARD J. JOHNSON, II and MARIA N. JOHNSON, husband and wife, of Vancouver, Washington, revoking all prior community property agreements.

1. DECLARATIONS.

The parties hereto are husband and wife and are residents of the State of Washington and were married in Portland, Oregon, on April 21, 1979.

2. CONSIDERATIONS.

FOR AND IN CONSIDERATION of the love and affection that we have one for the other, and in consideration of the mutual help each will be to the other in the future, and for the consideration of the comingling of their joint efforts and earnings and property, and for the covenants and promises in each spouse's Last Will and Testament, as referred to below, it is hereby agreed as herein provided.

3. AMENDMENTS, ETC.

3.1 Amendments. This agreement may be amended or revoked by written instrument executed and acknowledged by the spouses. No such amendment or revocation by mutual consent of the spouses shall become effective except by written revocation or amendment. This agreement may also be amended or revoked by an attorney in fact under a durable power of attorney in behalf of an incompetent spouse according to the terms of a valid and effective written durable power of attorney.

3.2 Effect of Divorce or Dissolution of Marriage. Unless otherwise provided in the divorce or dissolution decree or in the property settlement agreement, this agreement shall be revoked by any decree divorcing the spouses or dissolving their marriage.

3.3 Effect of Incompetency. Upon disability or incompetency of either spouse, this Agreement may be modified or revoked by the other spouse, if such spouse has been granted such power in a power of attorney given by the disabled or incompetent spouse. If, prior to the death of either spouse, a legal guardian is appointed over the property of one of the spouses on account of incompetency, the legal guardian may join with the competent spouse in a petition to the court having jurisdiction over the guardianship proceedings for permission to enter into a modification or revocation of this agreement. Hearing on the petition shall be held after giving such notice to all interested parties as may be ordered by the court.





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15.00 Clark County, WA

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If, after the hearing, the court deems the proposed modification or revocation to be fair and equitable and affords reasonable protection toward all parties concerned, it may authorize the guardian to execute such modification or revocation on behalf of the incompetent spouse. The power to amend or revoke this agreement by court order shall not be construed to limit or nullify the amendment or revocation under sub-paragraph 3.1 above.

3.4 Effect of Domicile Change. Unless otherwise revoked or modified, this agreement shall remain in full force and effect regardless of the state of residence and/or domicile of the spouses at the time of the death of either or both.

4. COMMUNITY PROPERTY. All property owned by the spouses, or either spouse, is and shall be regarded as community property, regardless of the date of acquisition and including all property of any nature whatsoever, whether real, personal, or mixed, and wheresoever situated, now owned or hereafter acquired by either party, with the separate property of the other and thereafter to regard all commingled property as community property under the laws of the state of Washington.

5. VESTING OWNERSHIP ON DEATH.

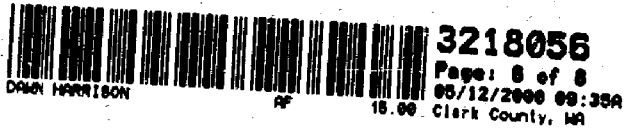
Immediately upon the death of the first spouse, all community property shall become the sole and separate property of the surviving spouse with full power to bargain, sell, convey and otherwise dispose of community property described herein.

6. Disclosure of Property. Each of the spouses acknowledges that they have fully disclosed to the other spouse the nature, value, and extent of their entire separate estates.

7. Legal Counsel. Each of the spouses acknowledges that this agreement was prepared by DAWN HARRISON, attorney at law, at the request and direction of each spouse and that each has had a fair opportunity to obtain independent legal counsel to advise each as to the legal affect this agreement may have on their individual property rights.

8. Third Party Beneficiaries: The parties intend that this agreement shall be binding on each parties' heirs and beneficiaries, and the personal representative's of their respective estates.

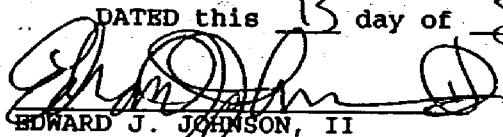
Exhibit "A"  
Page 2 of 3

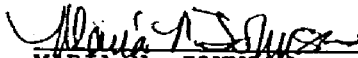


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9. This Agreement shall be interpreted and enforced in accordance with the laws of the State of Washington.

DATED this 13 day of September, 1995.


  
EDWARD J. JOHNSON, II

  
MARIA N. JOHNSON

STATE OF WASHINGTON )  
: ss.  
County of Clark )

I certify that EDWARD J. JOHNSON, II and MARIA N. JOHNSON, husband and wife, appeared personally before me and that I know or have satisfactory evidence that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 13<sup>th</sup> day of September, 1995.

  
Dawn Harrison  
NOTARY PUBLIC in and for the State of  
Washington, residing at Vancouver  
My Appointment Expires: 11-9-97

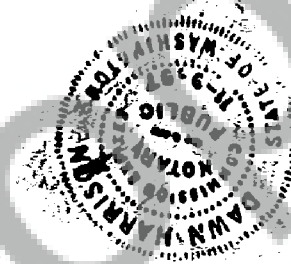


Exhibit "A"  
Page 3 of 3



STATE OF WASHINGTON DEPARTMENT OF HEALTH

OFFICE USE ONLY

363 LOCAL FILE NUMBER

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146 STATE FILE NUMBER

CERTIFICATE OF DEATH

1. NAME: First: EDWARD, Middle: JAMES, Last: JOHNSON II

2. SEX (M/F): Male

3. DEATH DATE (Mo, Day, Yr): FEB 27, 2000

4. AGE LAST BIRTHDAY (Yrs): 50

5. UNDER 1 YEAR: MOS, DAYS, HOURS, MINS

6. UNDER 1 DAY: HOURS, MINS

7. BIRTHDATE (Mo, Day, Yr): JAN 16, 1950

8. BIRTHPLACE (City, State or Foreign Country): Portland, Oregon

9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No): Yes

10. COUNTY OF DEATH: Clark

11. CITY, TOWN OR LOCATION OF DEATH: Vancouver

12. PLACE OF DEATH - BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 6005 N.W. Thunderbird Avenue

13. SMOKING IN LAST 15 YEARS? (Yes/No): No

14. MARITAL STATUS - Married, Never married, Widowed, Divorced (Specify): Married

15. SURVIVING SPOUSE (If wife, give maiden name): Maria Ninfa Maribona

16. SOCIAL SECURITY NO:

17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (9-12), College (1-4 or 5-)

18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): State Registrar

19. KIND OF BUSINESS OR INDUSTRY: Health Division, State of Oregon

20. WAS DECEDENT OF Hispanic origin or descent? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.): No

21. RACE (Specify): White

22. RESIDENCE - NUMBER AND STREET: 6005 N.W. Thunderbird Avenue

23. CITY/TOWN OR LOCATION: Vancouver

24. INSIDE CITY LIMITS? (Yes/No): Yes

25A. COUNTY: Clark

25B. LENGTH OF RES. IN CO.: 21 yrs

26. STATE: WA

27. ZIP CODE: 98663

28. FATHER'S NAME - FIRST, MIDDLE, LAST: Edward James Johnson

29. MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME: Erma Caroline Hansen

30. INFORMANT - NAME: Maria N. Johnson (spouse)

31. MAILING ADDRESS - STREET OR RFD NO., CITY OR TOWN, STATE, ZIP: 6005 N.W. Thunderbird Avenue, Vancouver, WA 98663

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation

33. DATE (Mo, Day, Yr): MAR 07, 2000

34. CEMETERY/CREMATORY - NAME: Oregon Crematory

35. LOCATION - CITY/TOWN, STATE: Portland, Oregon

36. FUNERAL DIRECTOR SIGNATURE: David R. Fuller

37. NAME OF FACILITY: Hamilton-Mylan Funeral Home, Inc.

38. ADDRESS OF FACILITY: 302 West 11th Street, Vancouver, Washington 98660

38. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED: X

39. SIGNATURE AND TITLE: Dennis J. Wickham, Medical Examiner

40. DATE SIGNED (Mo, Day, Yr): Feb. 28, 2000

41. HOUR OF DEATH (24 Hrs): Found 1230

42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

43. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Dennis J. Wickham MD Medical Examiner PO Box 5000 Vancouver WA 98666

44. DATE SIGNED (Mo, Day, Yr): Feb. 27, 2000

45. HOUR OF DEATH (24 Hrs): 1238

46. PRONOUNCED DEAD (Mo, Day, Yr): Feb. 27, 2000

47. HOUR PRONOUNCED DEAD (24 Hrs): 1238

48. MEDICORNER FILE NUMBER: 2000-184

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:

IMMEDIATE CAUSE (Final disease or condition resulting in death): A. Blunt Head Trauma

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.

51. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE:

52. ACCIDENT, SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify): Accident

53. INJURY DATE (Mo, Day, Yr): 2-27-2000

54. PLACE OF INJURY - AT HOME, FARM, BLDG, ETC. (Specify): Home

55. PLACE OF INJURY - STREET OR RFD NO., CITY/TOWN, STATE: 6005 NW Thunderbird Vancouver WA

56. RECORD AMENDMENT (Registrar use only) ITEM, DOCUMENTARY EVIDENCE, REVIEWED BY, DATE:

57. DATE RECEIVED (Mo, Day, Yr): MAR 03 2000

58. SIGNATURE OF REGISTRAR: R. Steingart, MD

59. EXHIBIT: "B"



# AFFIDAVIT FOR CORRECTION

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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	FEE NUMBER	DATE	STATE OFFICE USE ONLY
STATE OFFICE USE ONLY		STATE OFFICE USE ONLY	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with		for	
2 NAME		3 DATE OF EVENT	
5 FATHER'S FULL NAME (If Entry, 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		8	
9		10	
11		12	
13		14	
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 FOREGOING IS TRUE AND CORRECT			
15 SIGNATURE	16 DATE	17 ADDRESS	

DOH 110-007 (Rev. 3/97)

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 fact(s). 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 one-time 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.
  - After age one, surname changes require a certified copy of a court-ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) 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/administrator (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 (name, 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:

Attn: 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**

MAR 03 2000

*Karen Steingart, MD*

Dr. Karen Steingart  
Health District Officer  
SW Wash Health Dist.  
HH202595

