

140156

BOOK 205 PAGE 966

RETURN ADDRESS:

Christopher Ford
PO Box 645
Carson, WA 98610

FILED FOR RECORD
SKAMANIA CO. WASH
BY *Chris Ford*

JAN 22 2 18 PM '01

P. Olson
AUDITOR
GARY H. 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. *Ford, Jeri Gay*
2. _____
3. _____
4. _____

☐ Additional Names on Page _____ of Document.

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

1. *Ford, Christopher Lane*
2. _____
3. _____
4. _____

☐ Additional Names on Page _____ of Document.

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

Lot 2, Giffins Short Plat

☒ Complete Legal on Page 2 of Document.

REFERENCE NUMBER(S) Of Document assigned or released:

☐ Additional Numbers on Page _____ of Document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

3-8-20-3-1-101

☐ Property Tax parcel ID is not yet assigned.

☐ Additional Parcel Numbers on Page _____ of Document.

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.

BOOK 205 PAGE 967

AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT TAX

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAMANIA)

21318
JAN 22 2001
PAID except
of Deputy
SKAMANIA COUNTY TREASURER

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 October, 1977 and Skamania County, Washington on under Auditor's File No. n/a (the "Decedent") was one of the parties to the Agreement and died on January 9, 2001, 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 real property of the parties to the Agreement at the time of the Decedent's death is listed on Exhibit "A" attached hereto.

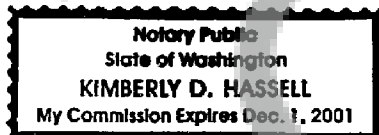
4. The Decedent left no separate property.

5. All the obligations of the marital community owing at the date of the Decedent's death and all expenses of last illness and for funeral and burial services of the Decedent have been provided for.

6. The Decedent's husband survives her.

Christopher L. Ford
Christopher L. Ford

SIGNED AND SWORN to before me this 22nd day of January, 2001 by Christopher L. Ford.



Kimberly Hassell
NOTARY PUBLIC in and for
the State of Washington
My commission expires 12/01/01

BOOK 205 PAGE 968

EXHIBIT "A"

A tract of land in the Southwest Quarter of the Northeast Quarter of Section 20, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 2 of the Gittins short plat, recorded in Book 3 of short plats page 208, Skamania County Records.

COMMUNITY PROPERTY AGREEMENT

This Community Property Agreement entered into this date by and between CHRISTOPHER LANE FORD and JERI GAY FORD, husband and wife, both of Carson, County of Skamania, State of Washington:

W I T N E S S E T H:

WHEREAS, the parties hereto are the owners of certain real and personal property situate in the State of Washington; and

WHEREAS, it is contemplated by the parties hereto that they may acquire additional property in the future; and

WHEREAS, it is the desire hereto that all of their property shall pass to the survivor without delay or expense in the event of the death of either party;

NOW, THEREFORE, we, CHRISTOPHER LANE FORD and JERI GAY FORD, for and in consideration of the love and affection which we have one for the other, do hereby mutually agree that all of the property which we now own separately, jointly or otherwise, and whether real, personal or otherwise, and where-soever situate, shall be and it is hereby declared to be the community property of the parties, and each of the parties to this agreement does hereby convey and transfer to the other party and to the community, all property owned by them, even though the same be held in his or her separate estate; and

We hereby mutually agree that all of the property which shall hereafter be acquired by either of us, whether separately, jointly or otherwise, and of whatsoever nature and wheresoever situate, shall be and it is hereby declared to be community property; and each of the parties does hereby convey and transfer to the other and to the community all such property hereafter acquired by either of them, even though the same be

BOOK 205 PAGE 970

IN WITNESS WHEREOF the parties have executed this agreement
this 17th day of October, 1977.

Christopher Lane Ford
CHRISTOPHER LANE FORD

Jeri Gay Ford
JERI GAY FORD

STATE OF WASHINGTON)
)
County of Skamania) SS

I, the undersigned, a Notary Public in and for the State of Washington, hereby certifies that on this 17th day of October, 1977, personally appeared before me CHRISTOPHER LANE FORD and JERI GAY FORD, husband and wife, to me known to be the individuals described in and who executed the foregoing instrument, and acknowledged that they signed and sealed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal the day and year last
above written.

Susan J. Kellie
NOTARY PUBLIC in and for the State
of Washington, residing at:
Stevenson



0000370

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

BOOK 205 PAGE 971

CERTIFICATE OF DEATH

04

LOCAL FILE NUMBER

146

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

1. NAME First Middle Last Jeri Gay FORD		2. SEX (M/F) F	3. DEATH DATE (Mo Day Yr) January 9, 2001
4. AGE LAST BIRTHDAY (Yr Mo Day) 55	5. UNDER 1 YEAR Mo Day Yr 4/21/1945	6. UNDER 1 DAY Mo Day Yr Burbank, CA	7. BIRTHPLACE (City, State or Foreign Country) Burbank, CA
8. PLACE OF DEATH (Mo Day Yr) 261 Ford's Crossing		9. WAS DECEASENT EVER PLUS ARMED FORCES? (Yes/No) No	10. COUNTY OF DEATH Skamania
11. CITY, TOWN OR LOCATION OF DEATH Carson		12. PLACE OF DEATH (Mo Day Yr) 261 Ford's Crossing	
13. SURVIVING SPOUSE (Name and address) Christopher Ford		14. SOCIAL SECURITY NO. 554-64-5768	
15. DECEASENT'S EDUCATION (Specify only highest grade completed) Married		16. DECEASENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (Jr/Sr)	
17. USUAL OCCUPATION (Specify kind of work done during most of working life. DO NOT USE RETIRED) Court Clerk		18. RACE (Specify) White	
19. PLACE OF BUSINESS OR INDUSTRY Superior Court		20. RACE (Specify) White	
21. RESIDENCE - TRAILER AND STREET 261 Ford's Crossing		22. CITY/TOWN OR LOCATION Carson	
23. STATE WA		24. ZIP CODE 98610	
25. FATHER'S NAME - FIRST MIDDLE LAST Coleman Gray Reynolds		26. MOTHER'S NAME - FIRST MIDDLE MARRIEN SURNAME Helen Rountree	
27. PRESENT NAME Christopher Ford		28. ADDRESS - CITY, TOWN, STATE 261 Ford's Crossing Carson, WA 98610	
29. DATE OF DEATH (Mo Day Yr) January 11, 2001		30. CEMETERY/CREMATORY - NAME Win-quatt Crematory	
31. FUNERAL HOME - NAME Gardner Funeral Home		32. ADDRESS OF FACILITY The Dalles, OR	
33. ADDRESS OF FACILITY White Salmon, WA 98672		34. ADDRESS OF FACILITY White Salmon, WA 98672	
35. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED Eldon Anderson, M.D.			
36. SIGNATURE AND TITLE Eldon Anderson, M.D.			
37. DATE SIGNED (Mo Day Yr) January 12, 2001			
38. HOUR OF DEATH (24 Hrs) 1550			
39. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Eldon Anderson, M.D. 3600 N Interstate Ave Portland, OR 97227			
40. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH Carcinoma of the Stomach			
41. 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. History of Stomach's Stomach			
42. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE History of Stomach's Stomach			
43. AUTOPSY (Yes/No) No			
44. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Yes/No) Yes			
45. ADD. SUICIDE FROM UNKNT OR PENDING INVEST (Specify) No			
46. PLACE OF BURIAL - AT HOME, FARM, STREET, CHURCH, ETC. (Specify) At Home			
47. RECORD AMENDMENT (Register use only) REVIEWED BY DATE			
48. DATE RECEIVED (Mo Day Yr) Jan 18, 01			

THIS CERTIFICATE MUST BE FILED WITH THE RECORDS AND NOT TO BE USED FOR HEALTH STATISTICS. CERTIFIED COPIES AVAILABLE FROM THE STATE OF WASHINGTON.