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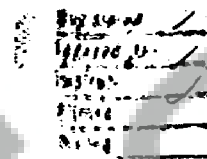
BOOK 207 PAGE 995

WHEN RECORDED MAIL TO
Elizabeth A. Perry, Attorney at Law
Landerholm, Memovich, et. al.
PO Box 1086
Vancouver, WA 98666-1086



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01/16/2001 03:27P
14.00 Clark County, WA

FILED FOR RECORD
SKAMANIA CO. WASH
BY *Landerholm, Memovich*
et al
MAR 27 2 40 PM '01



AUDITOR
GARY M. OLSON

SPACE ABOVE THIS LINE FOR RECORDER'S USE
AFFIDAVIT IN SUPPORT OF REAL ESTATE EXCISE TAX
COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON)
County of Clark) ss.

21436
MAR 27 2001
PAID *EX. 101*
W. H. H. H. H.
SKAMANIA COUNTY TREASURER

Virginia A. Richards being first duly sworn, on oath, deposes and states:

1. This affidavit is for the purpose of supplying information for record pertaining to that certain Community Property Agreement executed by Leverett G. Richards and Virginia A. Richards, husband and wife, which Agreement was dated October 10, 1985 and is attached hereto as Exhibit "A".
2. Leverett G. Richards died on May 4, 2000 in Vancouver, Clark County, Washington. A certified copy of the death certificate is attached hereto as Exhibit "B".
3. The parties to the Community Property Agreement referred to above entered into no subsequent Wills or Agreements which would have the effect of abrogating or nullifying the above-mentioned Community Property Agreement.
4. The decedent left no separate estate.
5. All community obligations together with funeral expenses and expenses of the last illness have been paid or provided for.
6. The total value of all assets in the Estate of Leverett G. Richards, deceased, is less than the minimum value which requires the filing of a Federal Estate Tax Return under Federal Law applicable as of the date of death, and no such tax return has been or will be filed.

Gary H. Martin, Skamania County Assessor
Date *03/16/01* Parcel # *205-19-1803*



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LANDERHOLM MEMOVICH ETAL

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14.00 Clark County, WA

7. No taxes imposed by the Washington Estate and Transfer Tax Reform Act of 1981

are due.

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8. The decedent was survived by the following persons:

Name	Relationship
Virginia A. Richards	Surviving Spouse
Durkee B. Richards	Son
Elmo L. Richards	Son

9. Real property owned by the decedent and the surviving spouse as of the date of death is commonly referred to as 6305 Buena Vista Drive, Vancouver, Clark County, Washington, and is legally described as follows:

Lot 20, Block 21, EVERGREEN HIGHLANDS, according to the plat thereof, recorded in Volume "D" of Plats, page 86, records of Clark County, Washington.

and real property located in Skamania County, Washington which is legally described as follows:

That portion of the Southwest $\frac{1}{4}$ of the Southeast $\frac{1}{4}$ of Section 19, Township 2 North Range 5 E.W. M., lying Southerly of the centerline of Skye-Shields County Road (County Road No. 1108) and Westerly of the centerline of Skyloop County Road (County Road No. 1116); EXCEPT that portion thereof conveyed to School District No. 5 by instrument dated October 18, 1951, recorded May 12, 1952, in Book 35 of Deeds at page 197 under Auditors File No. 43964; and EXCEPT that portion thereof conveyed to Skamania County for road purposes by instrument recorded September 6, 1974, in Book 67 of Deeds at pages 578 and 579 under Auditor's File No. 78126.

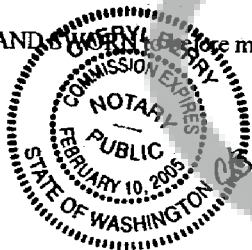
Said Tract containing 6.04 acres, more or less
SUBJECT TO easements of record.

Tax Parcel No. 02 05 19 0 0 1803 00

DATED this 15 day of January, 2001.

Virginia A. Richards
Virginia A. Richards

SIGNED AND *WITNESSED* by me this 15 day of January, 2001 by Virginia A. Richards.



Cheryl Berry
Notary Public for Washington
Residing at Clark County.
My appointment expires: 2/10/05



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LANDERHOLM MEMOVICH ETAL

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COMMUNITY PROPERTY AGREEMENT

This AGREEMENT is executed between LEVERETT G. RICHARDS and VIRGINIA A. RICHARDS, husband and wife, residing at Vancouver, Washington:

1. DECLARATIONS

1.1 Marital Status. The parties hereto are husband and wife, and are residents of the State of Washington.

1.2 Children. The parties have two (2) children, namely: DURKEE BENHAM RICHARDS, born September 15, 1940, and ELMO LESLIE RICHARDS, born June 20, 1944.

Gary H. Martin, Skamania County Assessor
Date 3/1/01 2-5-19-1503 Parcel #

2. CONSIDERATION

FOR AND IN CONSIDERATION of the love and affection they each bear toward the other, and in consideration of the mutual help each will be to the other in the future, and for the consideration of the commingling of their joint efforts and earnings and property, it is 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.

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. If, prior to the death of either spouse, a legal guardian is appointed over the property of

REAL ESTATE EXCISE TAX

21436

MAR 27 2001

EXHIBIT

PAGE

A

1

OF

3

PAID

SKAMANIA COUNTY TREASURER

LYR
Initials
V.A.R.
InitialsLAW OFFICES OF
Landerholm, Memovich,
Lansverk, Whitesides,
Wilkinson, Klossner,
& Perry, Inc., P.S.
Broadway at Evergreen, Suite 400
P.O. Box 1086
Vancouver, Washington 98666
(206) 696-3312

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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. If, after the hearing, the court deems the proposed modification or revocation to be fair and equitable and affords reasonable protection towards all parties concerned, it may authorize the guardian to execute such modification or revocation on behalf of the incompetent spouse.

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. VESTING OWNERSHIP ON DEATH

When one spouse dies, all community property shall vest in the surviving spouse ten (10) full days after the death: PROVIDED, a necessary condition precedent to such vesting shall be that the surviving spouse must still be living at the time set for vesting. If the surviving spouse dies before the time set for vesting, the community property shall be divided equally between the two estates. Immediately upon vesting, the surviving spouse shall have full power to sell, will, or otherwise to dispose of all property subject to this Community Property Agreement.

5. COMMUNITY PROPERTY

All property, real or personal, now owned or hereafter acquired, whether separate or community, is hereby conveyed and converted into community property and hereafter shall be deemed

LEP
Initials
A.A.R.
Initials

EXHIBIT A
PAGE 2 OF 3

LAW OFFICES OF
Landerholm, Memovich,
Lansverk, Whitesides,
Wilkinson, Klossner,
& Perry, Inc., P.S.
Broadway at Evergreen, Suite 400
P.O. Box 1086
Vancouver, Washington 98666
(206) 696-3312

BOOK 207 PAGE 999
community property for all purposes under the laws of the State
of Washington.

DATED this 10th day of October, 1985.

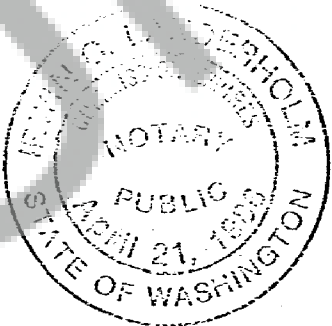
Leverett G. Richards
LEVERETT G. RICHARDS

Virginia A. Richards
VIRGINIA A. RICHARDS

STATE OF WASHINGTON)
County of Clark) ss.

On this day, before me, the undersigned, a Notary Public
in and for the State of Washington, duly commissioned and sworn,
personally appeared LEVERETT G. RICHARDS and VIRGINIA A.
RICHARDS, husband and wife, to me known to be the individuals
described in and who executed the foregoing instrument, and each
acknowledged to me that he severally signed said instrument as
his free and voluntary act and deed for the uses and purposes
therein mentioned.

WITNESS my hand and official seal this 10th day of
October, 1985.



Larry C. Landerholm
Notary Public in and for the
State of Washington, residing
at Vancouver.

EXHIBIT A
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LLP
Initials
V.A.R.
Initials

LAW OFFICES OF
Landerholm, Mamovich,
Lansverk, Whitesides,
Wilkinson, Klossner,
& Perry, Inc., P.S.
Broadway at Evergreen, Suite 400
P.O. Box 1086
Vancouver, Washington 98666
(206) 696-3312

STATE OF WASHINGTON DEPARTMENT OF HEALTH											
OFFICE USE ONLY		TYPE OR PRINT IN PERMANENT BLACK INK		BOOK 207 PAGE 1000		146		STATE FILE NUMBER			
1. DISTRICT		760		LOCAL FILE NUMBER		CERTIFICATE OF DEATH					
2. COPIES 34 VA		3. NAME Last First Middle Leverett G. RICHARDS		4. SEX (M/F) Male		5. DEATH DATE (Mo. Day Yr.) May 4, 2000					
6. HOSPITAL		7. AGE LAST BIRTHDAY (Yr.) 92		8. BIRTHDATE (Mo. Day Yr.) February 14, 1908		9. BIRTHPLACE (City, State or Foreign Country) Pueblo, CO.		10. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) Yes		11. COUNTY OF DEATH Clark	
12. OCCURRENCE		13. CITY, TOWN OR LOCATION OF DEATH Vancouver		14. PLACE OF DEATH—BE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERGENCY ROOM 4. HOSP. 5. NURS HOME 6. OTHER PLACE S.W.M.C.		15. SMOKING #1 LAST 15 YEARS? (Yes/No) No					
16. RESIDENCE		17. MARITAL STATUS—Married Never Married Widowed Divorced (Specify) Married		18. SURVIVING SPOUSE (If wife, give maiden name) Virginia A. Durkee		19. SOCIAL SECURITY NO. 541-01-3735		20. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (1-4 or 5-)		21. RACE (Specify) White	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)		19. KIND OF BUSINESS OR INDUSTRY Journalist Newspaper		22. RESIDENCE—NUMBER AND STREET 6305 Buena Vista Drive		23. CITY/TOWN OR LOCATION Vancouver		24. INSIDE CITY LIMITS? (Yes/No) Yes		25. LENGTH OF RES. IN CO. 69 yrs	
26. FATHER'S NAME—FIRST, MIDDLE, LAST Frank H. Richards		27. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Maude Goss		28. CITY/TOWN OR LOCATION Vancouver		29. STATE WA.		30. ZIP CODE 98661			
31. INFORMANT—NAME Virginia A. Richards (Wife)		32. MAILING ADDRESS 6305 Buena Vista Drive		33. CITY/TOWN OR LOCATION Vancouver		34. STATE Washington		35. ZIP 98661			
36. BIRTHAL CREMATION REMOVAL OTHER (Specify) Cremation		37. DATE (Mo. Day Yr.) 05-08-2000		38. CEMETERY/CREMATORY—NAME Willamette Crematorium		39. LOCATION—CITY/TOWN STATE Tigard, Oregon		40. ADDRESS OF FACILITY 110 East 12th St.		41. CITY/TOWN STATE Vancouver, Washington 98660	
42. FUNERAL DIRECTOR SIGNATURE Kenneth R. Andrews		43. NAME OF FACILITY Vancouver Funeral Chapel		44. ADDRESS OF FACILITY 110 East 12th St.		45. CITY/TOWN STATE Vancouver, Washington 98660					
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN						TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER					
46. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE Paul O. Kretschmar, MD						47. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE Gary H. Martin, Skamania County Assessor					
48. DATE SIGNED (Mo. Day Yr.) 5-6-00						49. HOUR OF DEATH (24 Hrs.) 2130 hrs.					
50. NAME AND TITLE OF ATTENDING PHYSICIAN (Type or Print) Paul O. Kretschmar, MD, 700 NE 87th Ave. Vancouver, Washington 98664						51. PRONOUNCED DEAD (Mo. Day Yr.) 5-6-00					
52. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Paul O. Kretschmar, MD, 700 NE 87th Ave. Vancouver, Washington 98664						53. MEDICORNER FILE NUMBER					
54. IMMEDIATE CAUSE (Final disease or condition resulting in death) Septic Shock						55. INTERVAL BETWEEN ONSET AND DEATH 4 days					
56. 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. Myocardial Infarction, CA of Atherosclerosis						57. INTERVAL BETWEEN ONSET AND DEATH 11					
58. 54. ADT, SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST (Specify) ADT						59. 55. INJURY DATE (Mo. Day Yr.) 5-4-00					
60. 56. INJURY AT WORK? (Yes/No) No						61. 57. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC (Specify) Home					
62. 58. RECORD AMENDMENT (Requester use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE						63. 59. REGISTRAR SIGNATURE R. R. Stengert, MD					
64. 60. DATE RECEIVED (Mo. Day Yr.) MAY 08 2000						65. 61. DATE RECEIVED (Mo. Day Yr.) MAY 08 2000					

AFFIDAVIT FOR CORRECTION BOOK 207 PAGE 1001

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 BIRTH	
4 FATHER'S FULL NAME (REV. HUSBAND / MARRIAGE CERTIFICATE)		5 MOTHER'S FULL NAME (REV. WIFE / MARRIAGE CERTIFICATE)	
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 15			
PHONE NUMBER			
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.			
16 SIGNATURE		17 DATE	18 ACCESS

DOH 100-001 (Rev. 3/99)

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, May 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 (s)g, (l)g, (o)ly 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 (see DOH 100-001).
- This affidavit cannot be used to add a father to a birth certificate; use the paternity affidavit (form DOH 100-001).

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 (not trans- or 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

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CERTIFIED

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GROUP LIFE AND
DISABILITY DIV.

SEP 1 2000

MAY 08 2000

Karen Steingart, MD

Dr. Karen Steingart
Health District Officer
S.W. Wash Health Dist.
HH205293