

BOOK 211 PAGE 714

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY *Anthony H. Connors*

JUN 28 10 57 AM '01

*Lowry*  
AUDITOR  
GARY M. OLSON

# AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

**Marilyn Doris Nielsen, being first duly sworn, on oath, deposes and says:**

1. This Affidavit is for the purpose of supplying information for record pertaining to that certain Community Property Agreement executed by ROBERT ALLEN NIELSEN and MARILYN D. NIELSEN, husband and wife, which Agreement was dated May 28, 1963, and which was recorded in the Office of the County Auditor at Skamania County, Washington, on June 3, 1963, as Auditor's File No. 61612. It is intended that the statements set forth herein shall be considered representation of fact which may be relied upon by all parties, including parties dealing with the following described real property:

Lot Four (4), Block Fifteen (15) and Lots One (1) and Two (2), Block Sixteen (16) Manzanola Tracts according to the official plat thereof on file and of record in the office of the Auditor of Skamania County, Washington; EXCEPTING that part of said Lot One (1) lying on the easterly side of the Jessup Road; and EXCEPTING ALSO the following: Commencing at the southeast corner of said Lot Two (2); thence west 405 feet; thence north 100 feet; thence northeasterly to a point on the east line of said Lot Two (2) which is 312 feet north of the southeast corner thereof; thence east 245 feet more or less to the westerly line of the said Jessup Road; thence southerly along the westerly line of said Jessup Road to the south line of said Lot One (1); thence west along the south line of said Lot One (1) to the point of beginning, said tract of land being located in Section Fifteen (15), Township Three (3) North, Range Nine (9) E.W.M.  
Skamania County Tax Parcel No. 03-09-15-0-0-0400/00.

**AFFIDAVIT IN SUPPORT OF COMMUNITY  
PROPERTY AGREEMENT - Nielsen - Page 1**

3-9-15-400  
4-28-01 GWH

Page 10000  
 10000-10000  
 10000-10000  
 10000-10000  
 10000-10000

2. Robert A. Nielsen died on June 1, 2001, in Skamania County, Washington. A certified copy of the death certificate is attached.
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. Robert A. Nielsen left no separate estate.
5. All obligations of the community owing at the date of death of Robert A. Nielsen have been paid in full, and all expenses of last illness and for funeral and burial services have been paid.
6. No inheritance or estate tax is due to either the State of Washington or the United States by virtue of the death of Robert A. Nielsen.
7. Decedent was survived by his wife, Marilyn D. Nielsen.

DATED this 27 day of June, 2001.

Marilyn D. Nielsen  
Marilyn D. Nielsen

SUBSCRIBED AND SWORN TO before me this 27<sup>th</sup> day of June, 2001.



Kathleen A. Butcher  
Name: Kathleen A. Butcher  
NOTARY PUBLIC in and for the  
State of Washington;  
Residing at: Cooks, Skamania County  
Commission expires: 01/07/05

REAL ESTATE EXCISE TAX

21612  
JUN 28 2001

PAID 21612  
Skamania County Treasurer  
SKAMANIA COUNTY TREASURER



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

BOOK 211 PAGE 716

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

20

LOCAL FILE NUMBER

OFFICE  
USE ONLY  
D-2

COPIES  
[+]

HOSPITAL

OCUPATION

RESIDENCE

DATE

TIME

PLACE

REMARKS

DATE

TIME

PLACE

REMARKS

DATE

TIME

PLACE

REMARKS

DATE

TIME

PLACE

REMARKS

DATE

TIME

PLACE

REMARKS

DATE

TIME

PLACE

REMARKS

DATE

TIME

PLACE

REMARKS

DATE

TIME

PLACE

REMARKS

DATE

TIME

PLACE

REMARKS

DATE

TIME

PLACE

REMARKS

DATE

TIME

PLACE

REMARKS

DATE

TIME

PLACE

REMARKS

DATE

TIME

PLACE

REMARKS

DATE

TIME

PLACE

REMARKS

DATE

1. NAME <b>ROBERT ALLEN NIELSEN</b>		2. SEX (M/F) <b>M</b>	3. DATE OF BIRTH (Mo, Day, Yr) <b>June 1, 2001</b>
4. AGE LAST BIRTH DAY (Yr) <b>82</b>	5. UNDER 1 YEAR <b>NO</b>	6. UNDER 1 DAY <b>NO</b>	7. BIRTH DATE (Mo, Day, Yr) <b>4/2/1919</b>
8. BIRTH PLACE <b>Molalla, OR</b>		9. WAS DECEASED EVER PLUS, ADDITIONAL <b>Yes</b>	10. COUNTY OF DEATH <b>Skamania</b>
11. CITY/TOWN OR LOCATION OF DEATH <b>Cook/Willard</b>		12. PLACE OF DEATH - X BOX FOR PLACE THEN ONE ADDRESS OR INSTITUTION NAME <b>Forested area near 431 Jessup Rd. Cook, WA</b>	
13. MARITAL STATUS - Married, Never married, Widowed, Divorced (Specify) <b>Married</b>		14. SURVIVING SPOUSE (If wife, give maiden name) <b>Marilyn Allen</b>	15. SOCIAL SECURITY NO. <b>538-05-4075</b>
16. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Fisherman</b>		17. DECEASED'S EDUCATION Elementary, Secondary (9-12), College (14 or 16) <b>12</b>	
18. KIND OF BUSINESS OR INDUSTRY <b>Fishing Company</b>		19. Was Deceased of Hispanic origin or descent? <b>No</b>	
20. RESIDENCE - NUMBER AND STREET <b>431 Jessup Road</b>		21. CITY/TOWN OR LOCATION <b>Willard/Cook</b>	22. STATE <b>WA</b>
23. FATHER'S NAME - FIRST, MIDDLE, LAST <b>Martin - Nielsen</b>		24. MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME <b>Elizabeth - Austin</b>	
25. INFORMANT - NAME <b>Marilyn Nielsen</b>		26. ADDRESS <b>431 Jessup Road Cook WA 98605</b>	
27. BIRTHAL CREMATION REMOVAL, OTHER (Specify) <b>Cremation 06/7/2001</b>		28. DATE (Mo, Day, Yr) <b>06/7/2001</b>	
29. NAME OF FACILITY <b>Killingsworth Chimes Crematory</b>		30. ADDRESS OF FACILITY <b>430 N Killingsworth Street Portland, OR 97217</b>	
31. TO BE COMPLETED BY PHYSICIAN 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 <b>Bradley W. Andersen, County Coroner</b>		32. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <b>Bradley W. Andersen, County Coroner</b>	
33. DATE SIGNED (Mo, Day, Yr) <b>June 6, 2001</b>		34. HOUR OF DEATH (24 Hr) <b>0845 found</b>	
35. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>BRADLEY W. ANDERSEN, County Coroner, P.O. Box 790, Stevenson, WA 98648</b>		36. DATE SIGNED (Mo, Day, Yr) <b>June 1, 2001</b>	
37. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>BRADLEY W. ANDERSEN, County Coroner, P.O. Box 790, Stevenson, WA 98648</b>		38. ME CORONER FILE NUMBER <b>2001-165K</b>	
39. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.			
IMMEDIATE CAUSE (Final disease or condition resulting in death) DO NOT ENTER THE MODE OF DYING, SUCH AS CARING 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.		INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>	
A. GUNSHOT WOUND OF THE HEAD DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
B. DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
C. DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
D. DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
40. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE			
41. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST (Specify) <b>Suicide</b>		42. INJURY DATE (Mo, Day, Yr) <b>June 1, 2001</b>	
43. PLACE OF INJURY - AT HOME, FARM, BLDG, ETC (Specify) <b>Forested area</b>		44. HOW INJURY OCCURRED <b>Deceased shot self with handgun.</b>	
45. INJURY AT WORK? (Yes/No) <b>No</b>		46. STREET OR R.D. NO., CITY/TOWN, STATE <b>Willard/Cook, WA</b>	
47. RECORD AMENDMENT (Register use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE <b>Stewart, MD</b>		48. DATE RECEIVED (Mo, Day, Yr) <b>June 6, 2001</b>	

DOH 01-809 (5-98)