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FILED FOR RECORD
SKAMANIA COUNTY, WASH
BY *Randy Krog/Prosecutor's Office*
SEP 24 10 03 AM '01
P. Lawry
AUDITOR
GARY H. OLSON

Return Address:

Skamania County Prosecutors Office

Document Title(s) or transactions contained herein:

Affidavit in Support of Community Property Agreement
Community Property Agreement and Death Certificate

GRANTOR(S) (Last name, first name, middle initial)

Hilliker, Kenneth Robert

☐ Additional names on page _____ of document.

GRANTEE(S) (Last name, first name, middle initial)

Hilliker, Vera Margaret

☐ Additional names on page _____ of document.

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

No Real Property

☐ Complete legal on page _____ of document.

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

N/A

☐ 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.

IN RE THE ESTATE OF:

KENNETH ROBERT HILLIKER,

Deceased.

AFFIDAVIT IN SUPPORT
OF COMMUNITY PROPERTY

STATE OF WASHINGTON

COUNTY OF SKAMANIA

) ss:

VERA MARGARET HILLIKER, being first duly sworn, on oath,
depose and say:

1. This Affidavit provides information for the record regarding that certain Community Property Agreement dated May 30, 1989, and executed by KENNETH ROBERT HILLIKER and VERA MARGARET HILLIKER, husband and wife, (the "Agreement"). The statements set forth in this Affidavit are representations of fact which may be relied upon by all parties dealing with the real and personal property located in Skamania County, Washington and more fully described on Exhibit "A" attached and made a part hereof.
2. Kenneth Robert Hilliker, the decedent, was one of the parties to the Agreement and died on June 26, 2001 in Skamania County, Washington.
3. The parties to the Agreement were legally competent at the time of the Agreement and executed no subsequent Wills or Agreements which would have the effect of abrogating or nullifying the Agreement.
4. The community property of the Decedent and the affiant is listed on Exhibit "A" attached hereto.
5. The Decedent left no separate property.
6. All obligations of the community composed of the Decedent and the affiant owing at the date of the Decedent's death have been paid in full, and all expenses of last illness and for funeral and burial service of the Decedent have been paid or payment has been provided for.
7. There were no Federal Estate Tax nor State of Washington estate tax due.

8. The Decedent was survived by the following persons:

Name	Address	Relationship
Vera M. Hilliker	986 NW Rock Creek Dr. #115 Stevenson, WA 98648	Wife

Dated: 12 day of September, 2001.

VERA MARGARET HILLIKER
VERA MARGARET HILLIKER

SUBSCRIBED AND SWORN to before me this 12 day of September, 2001.



[Signature]

Notary Public in and for the State of
Washington, Residing at NORTH BANGOR, WA
My Commission expires: 10-31-04

000041

COMMUNITY PROPERTY AGREEMENT

THIS COMMUNITY PROPERTY AGREEMENT, entered into this day by and between KENNETH ROBERT HILLIKER and VERA MARGARET HILLIKER, husband and wife, of Skamania County, 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, KENNETH ROBERT HILLIKER and VERA MARGARET HILLIKER, husband and wife, 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 wheresoever situate, shall be and it is hereby declared to be the community property of the parties, and each of the parties to this agreement do hereby convey and transfer to the other party and to their 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 do hereby convey and transfer to the other and to their community, all such property hereafter acquired by either of them, even though the same be acquired in his or her separate estate; and;

IN WITNESS WHEREOF, the parties have executed this agreement
this 30 day of May, 1989.

Kenneth Robert Walker
Vera Margaret Walker

I, the undersigned, a Notary Public in and for the State of Oregon, do hereby certify that on this 30th day of May, 1963, personally appeared before me **KENNETH ROBERT HILLIKER and VERA MARGARET HILLIKER**, 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.

Commission expires 4-28-90

STATE OF WASHINGTON DEPARTMENT OF HEALTH											
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146											
CERTIFICATE OF DEATH											
1 NAME: Kenneth Robert HILLIKER											
2 SEX: M											
3 DEATH DATE AND TIME: June 26, 2001											
4 AGE LAST BIRTHDAY: 90											
5 UPPER YEAR: 1911											
6 LOWER YEAR: 3/15/1911											
7 BIRTH PLACE: Portland, OR											
8 BIRTH DATE: 3/15/1911											
9 WAS CREMATED? (YES/NO) No											
10 COUNTY OF DEATH: Skamania											
11 CITY/TOWN/LOCATION OF DEATH: Stevenson											
12 PLACE OF DEATH: 986 NW Rock Creek Drive											
13 DECEASED'S RACE: No											
14 MARITAL STATUS: Married											
15 DECEASED'S SPOUSE: Vera Margaret Paranto											
16 SOCIAL SECURITY: [REDACTED]											
17 DECEASED'S EDUCATION: 1											
18 USUAL OCCUPATION: Postal Worker											
19 INDUSTRY: US Postal Service											
20 WAS DECEASED'S OCCUPATION OR INDUSTRY? (YES/NO) No											
21 RACE: White											
22 RESIDENCE: 986 NW Rock Creek Dr											
23 CITY/TOWN/LOCATION: Stevenson											
24 INSIDE CITY: Yes											
25 COUNTY: Skamania											
26 LENGTH OF RES: 38 yrs											
27 STATE: WA											
28 ZIP CODE: 98648											
29 FATHER'S NAME: Harley Marshall Hilliker											
30 MOTHER'S NAME: Margaret McGill											
31 ADDRESS: 986 NW Rock Creek Dr, Stevenson, WA 98648											
32 BURIAL/CREMATION: Cremation											
33 DATE: 6/28/2001											
34 CEMETERY/CREMATORY: Win-quatt Crematory											
35 LOCATION: The Dalles, Oregon											
36 ADDRESS OF FACILITY: POB 390											
37 NAME OF FACILITY: Gardner Funeral Home											
38 ADDRESS OF FACILITY: White Salmon, WA 98672											
39 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE											
40 SIGNATURE AND TITLE: [Signature]											
41 DATE SIGNED: 6/28/01											
42 HOUR OF DEATH: 2300											
43 NAME AND TITLE OF ATTENDING PHYSICIAN: Gregory Zuck, M.D.											
44 ADDRESS OF CERTIFIER: POB 1519 White Salmon, WA 98672											
45 IMMEDIATE CAUSE (Final disease or condition resulting in death)											
46 DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEAVY FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.											
47 Sequence of conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.											
48 a. Arteriosclerosis											
49 b. Hemiparesis											
50 c. Transitional Cell Carcinoma of Bladder											
51 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN UNDERLYING CAUSE GIVEN ABOVE											
52 ACC. SUICIDE FROM UNDET. OR PENDING INVEST. (Specify)											
53 INJURY DATE (Mo, Day, Yr)											
54 HOUR OF INJURY											
55 DESCRIBE INJURY OCCURRED											
56 INJURY AT WORK? (Yes/No)											
57 PLACE OF INJURY - AT HOME, FARM, STREET, BLDG, ETC. (Specify)											
58 RECORD AMENDMENT (Specify by line only)											
59 DATE RECEIVED: 6/29/2001											

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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.

1. USER OF CERTIFICATE	2. FEE NUMBER	3. INITIALS	4. DATE	5. OFFICIAL, TITLE/SEE
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 2. NAME _____ for:		1. STATE FILE NUMBER _____ 3. DATE OF EVENT _____ 4. PLACE OF EVENT (City, State, Zip) _____		
5. FATHER'S FULL NAME (YEM, HUSBAND, FORMAL DISSOLUTION)		6. MOTHER'S FULL MAIDEN NAME (YEM, WIFE (FORMAL 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. _____		
15. 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.				
16. SIGNATURE _____		17. DATE _____		18. ADDRESS _____

DOH 110-001 (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, 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 cert file) 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 (minor 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 (minister) 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

JUN 29 2001

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

HH00644859