

143922

BOOK 221 PAGE 345

After recording return to:
Anthony H. Connors
Attorney at Law
P. O. Box 1116
White Salmon, WA 98672

REAL ESTATE EXCISE TAX

22083
MAR - 5 2002

PAID *except*
16,000.00
SKAMANIA COUNTY TREASURER

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

MAR 5 4 24 PM '02

P. Laury
J. MICHAEL GARVISON

AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON)

County of Klickitat)

) ss.

PAMELA J. BURCHELL, 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 JAMES H. BURCHELL and PAMELA J. BURCHELL, husband and wife, which Agreement was dated March 11, 1999, and which was recorded in the Office of the County Auditor at Stevenson, Skamania County, Washington, on December 28, 2001 as Auditor's File No. 143323 and also for the estate of James H. Burchell, deceased, one of the parties to said Agreement. 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 real estate described as follows:

Skamania County Tax Parcel No. 03-10-16-0-0-1100/00;

A tract of land in the North half of the Southwest Quarter of the Southeast Quarter of Section 16, Township 3 North, Range 10 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 3 of the STEPHEN ZIEGLER SHORT PLAT, recorded in Book 3 of Short Plats, Page 227, also recorded in Book 3 of Short Plats, Page 230, Skamania County Records. *03-04-02 03-10-16-0-0-1100-00*

2. James H. Burchell died on September 14, 2001, in Hood River County, Oregon.

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

AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY
AGREEMENT - Estate of James H. Burchell - Page 1

By *ss*
Subscribed to *ss*
Witness
Filed

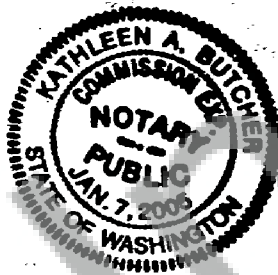
4. The decedent left no separate estate.
5. All obligations of the community owing at the date of death of decedent have been paid in full, and all expenses of last illness and for funeral and burial services have been paid.
6. No inheritance or estate tax is due to either the State of Washington or the United States.
7. Decedent was survived by the following persons:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>
Pamela J. Burchell	P. O. Box 86, White Salmon, WA 98672	Spouse

DATED this 28th day of February, 2002.

Pamela J. Burchell
Pamela J. Burchell

SUBSCRIBED AND SWORN TO before me this 28th day of February, 2002.



Kathleen A. Butcher
Name: KATHLEEN A. BUTCHER
NOTARY PUBLIC in and for the
State of Washington.
Residing at: Cook's Skamania Co.
My Commission expires: 21/07/05

CERTIFICATION OF VITAL RECORD

BOOK 221 PAGE 347

1111 UN
PRINT IN
PERMANENT
BLACK INK

333509
(D TAG NO)
206-01
Local File Number

OREGON DEPARTMENT OF HUMAN SERVICES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136

State File Number

1. DECEASED'S NAME Janes H. BURCHELL		2. SEX M		3. DATE OF DEATH (Month, Day, Year) Sept. 14, 2001	
4. SOCIAL SECURITY NUMBER [REDACTED]		5. AGE Last Birthday (Year) 51		6. PLACE OF BIRTH (City and State of Birth) Fargo, ND	
7. DATE OF BIRTH (Month, Day, Year) June 15, 1950		8. PLACE OF DEATH (Specify only area) Hood River		9. COUNTY OF DEATH Hood River	
10. DECEASED'S USUAL OCCUPATION (Specify kind of work done during year of working life) Construction					
11. KIND OF BUSINESS/INDUSTRY Business Owner					
12. MARITAL STATUS (Specify) Married					
13. SPOUSE (If deceased, specify date of death) Pam J. Siemens					
14. RESIDENCE - STATE Oregon		15. COUNTY Hood River		16. CITY, TOWN OR LOCATION Hood River	
17. STREET AND NUMBER 7 N 18th St.		18. DECEASED'S EDUCATION (Specify only highest grade completed) [REDACTED]			
19. RACE (Specify) White		20. DECEASED'S SIGNATURE [Signature]			
21. FATHER'S NAME (Specify) Floyd Burchell		22. MOTHER'S NAME (Specify) Opal Hyland		23. DECEASED'S NAME AND relationship to deceased Pam Burchell - Wife	
24. METHOD OF DISPOSITION (Specify) Burial		25. PLACE OF DISPOSITION (Specify) Win-quatt Crematory		26. LOCATION, City or Town, State The Dalles, OR	
27. DATE SIGNED (Month, Day, Year) October 18, 2001		28. SIGNATURE OF REGISTRAR Dorothy A. Odell		29. DATE OF DEATH (Month, Day, Year) Sept. 14, 2001	
30. TIME OF DEATH (Month, Day, Year) 8:55					
31. DATE SIGNED (Month, Day, Year) September 17, 2001					
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) Charles Blanke, M.D. 3181 San Jackson Park Rd. Portland, OR 97201					
33. NAME OF ATTENDING PHYSICIAN'S OTHER THAN CERTIFIER (Type or Print)					
34. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g., Cardiac or Respiratory Arrest) Part 1: <u>Refractory advanced liver cancer</u>					
35. DUE TO, OR AS A CONSEQUENCE OF					
36. DUE TO, OR AS A CONSEQUENCE OF					
37. OTHER SIGNIFICANT CONDITIONS (Specify conditions contributing to death but not resulting in the underlying cause given in PART 1)					
38. NUMBER OF DEATH [REDACTED]					
39. DATE OF INJURY (Month, Day, Year) [REDACTED]					
40. TIME OF INJURY [REDACTED]					
41. INJURY AT WORK? [REDACTED]					
42. DESCRIBE HOW INJURY OCCURRED [REDACTED]					
43. LOCATION (Street and Number or Rural Route Number, City or Town, State) [REDACTED]					

ORIGINAL VITAL STATISTICS COPY

45-2 Rev (2/98)

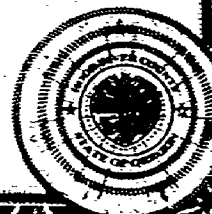


THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE HOOD RIVER COUNTY REGISTRAR.

HOOD RIVER OCT 18 2001 COUNTY OREGON

DATE ISSUED:

Dorothy A. Odell
DOROTHY A. ODELL
COUNTY REGISTRAR
HOOD RIVER COUNTY, OREGON



THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE