144184

BOOK 222 PAGE 387

FILED FOR RECORD
SKAMANIA CO WASH
BY Peter Banks
MAR 29 9 35 AM '02
P Lavry
AUDITOR
J. MICHAEL GARVISON

Return Address:

Ms. Gail H. Banks
Attorney at Law
PO Box 3
Stevenson, WA 98648

Document Title(s) or transactions contained herein:

Affidavit in Support of Community Property Agreement

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

Bernys, Henry Martin

[ ] Additional names on page _____ of document.

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

Bernys, Kathryn M.

[ ] Additional names on page _____ of document.

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

Section 20, T3N, R8EWM

[ ] Complete legal on page 4 of document.

REFERENCE NUMBER(S) of Documents assigned or released:

AF 61117 2/18/63

[ ] Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

03-08-20-2-0-0201-00

[ ] 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.

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After Filing Return to:

Ms. Gail H. Banks
Attorney at Law
PO Box 3
Stevenson, Wn. 98648

REAL ESTATE EXCISE TAX
22157
MAR 29 2002
PAID exempt
SKAMANIA COUNTY TREASURER

Gary H. Martin, Skamania County Assessor
3-8-20-2-0-0201-00
Date 3/29/02 Parcel #

AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

STATE OF ARIZONA)
) ss
COUNTY OF Maricopa

DONNA GREEN, being first duly sworn upon 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 HENRY M. BERNYS and KATHRYN M. BERNYS, husband and wife, which agreement was dated the 18th day of February, 1963, and which was recorded in the office of the County Auditor of Skamania County, Washington, on February 18, 1963, as No. 61117. It is intended that the statements set forth herein shall be considered representations of fact which may be relied upon by all parties dealing with the estate described on exhibit "A" attached and made a part hereof.

2) HENRY MARTIN BERNYS died November 15, 2001, Maricopa County, State of Arizona.

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 community real estate of the decedent and KATHRYN M. BERNYS is listed on Exhibit "A" attached hereto and by this reference made a part of this affidavit.

5) The decedent left no separate estate.

6) 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.

7) Decedent was survived by the following persons:

Donna L. Green
901 S. 98th St.
Mesa, Az. 85208 — Daughter

James Wainwright ~~Green~~ Bernys
The Rainier State School
Buckley, Washington — Son

Kathryn M. Bernys
9727 E. Frito Ave.
Mesa, Az. 85208 — Spouse

DATED this 13 day of March, 2002.

Donna Lee Hazard Green
Donna L. Green

SUBSCRIBED AND SWORN to before me this 13 day of March, 2002.

Deborah A. Emmons
Deborah Emmons (Print Name)
NOTARY PUBLIC in and for the State of Arizona
Residing at Maricopa County
Commission expires: 8-16-2005

NOTARY PUBLIC
STATE OF ARIZONA
Maricopa County
DEBORAH A. EMMONS
My Commission Expires 08/16/05

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

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STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

DEATH NO. D 102-

NAME OF DECEASED: A. FIRST HENRY	B. MIDDLE MARTIN	C. LAST BERNYS	2. SEX MALE	3. DATE OF DEATH: MONTH DAY YEAR NOVEMBER 5, 2001	
4A. RACE (SPECIFY) WHITE	4B. WAS DECEDENT OF HISPANIC ORIGIN? (SPECIFY YES OR NO) NO	4C. IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.	5. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) YES		
6. PLACE OF DEATH: A. COUNTY MARICOPA	B. TOWN OR CITY PHOENIX	C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) VA MEDICAL CENTER	D. ☐ DOA ☐ OP EMER ☐ IN PATIENT		
7. DATE OF BIRTH: MONTH DAY YEAR JANUARY 24, 1913	AGE (YEARS LAST BIRTHDAY) 8A. 88	IF UNDER 1 YEAR MOS DAYS B.	IF UNDER 1 DAY HRS MIN C.	9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED	10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) KATHRYN MANN
11. STATE AND CITY OF BIRTH (If not in USA, name country) POLAND	12. CITIZEN OF WHAT COUNTRY? SPECIFY U.S.A.	13. SOCIAL SECURITY NO 069 14 3493	14A. USUAL OCCUPATION (Give kind of work done, even if not working this month if retired) ENGINEER	14B. KIND OF BUSINESS OR INDUSTRY GOVERNMENT	
15. USUAL RESIDENCE: A. STATE ARIZONA	B. COUNTY MARICOPA	C. TOWN OR CITY MESA	D. ZIP CODE 85208	16. HOW LONG IN ARIZONA? 1 YEAR	17. EDUCATION: HIGHEST GRADE COMPLETED: ELEMENTARY-SECONDARY (0-12) A. 11 / COLLEGE (1-4 or 5+) B.
15E. STREET ADDRESS OR R.F.D 9727 E. FRITO AVE.	15F. INSIDE CITY LIMITS? (SPECIFY YES OR NO) YES	15G. ON RESERVATION (SPECIFY YES OR NO) NO	18. PREVIOUS STATE OF RESIDENCE WASHINGTON		
19. FATHER'S NAME: A. FIRST JOSEPH	B. MIDDLE	C. LAST BERNYS	20. MOTHER'S MAIDEN NAME: A. FIRST JOSEPHINE	B. MIDDLE	C. LAST UNK
21. INFORMANT'S SIGNATURE ▶ VA MEDICAL CENTER RECORDS	RELATIONSHIP TO DECEASED 22. NONE	23. ADDRESS: STREET NO. CITY AND STATE ZIP CODE 650 E. INDIAN SCHOOL RD., PHOENIX, AZ 85012			
24. BURIAL, CREMATION, REMOVAL, OTHER (Specify) CREMATION	DATE 25. 11/8/2001	26. CEMETERY OR CREMATORY - NAME AND LOCATION ARIZONA CREMATION SERVICES MESA, AZ	27A. EMBALMER'S SIGNATURE ▶ NOT EMBALMED	CERT NO B.	
28. FUNERAL HOME NAME STREET ADDRESS CITY AND STATE PARADISE CHAPEL 3934 E. INDIAN SCHOOL RD. PHX. AZ			29A. FUNERAL DIRECTOR or person acting as such (SIGNATURE) ▶ Franklin W Lambert	CERT NO 50241	

To be completed by CERTIFYING PHYSICIAN ONLY

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
30. SIGNATURE AND TITLE ▶
31. DATE SIGNED (Mo., Day, Year) NOVEMBER 6, 2001
32. HOUR OF DEATH 3:43 PM
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)

To be completed by MEDICAL EXAMINER/TRIBAL LAW ENFORCEMENT AUTHORITY ONLY

ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED.
34. SIGNATURE AND TITLE ▶
35. DATE SIGNED (Mo., Day, Year)
HOUR OF DEATH 36.
37. PRONOUNCED DEAD (Mo., Day, Year) ON
PRONOUNCED DEAD (Hour) 38. AT

39. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or print)
BRIAN LIPTON, MD VAMC, 650 E. INDIAN SCHOOL RD, PHX, AZ 85012
40. AUTHORIZED FOR CREMATION (SPECIFY) ☑ Yes ☐ No
41. MEDICAL EXAMINER'S SIGNATURE
42. DATE REGISTERED NOV 27 2001
43. REG. FILE NO. 35577
44. REGISTRAR'S SIGNATURE ▶
45. REGISTRAR NO. 0705
46. DATE REC'D IN STATE OFFICE

IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) ENTER ONLY ONE CAUSE PER LINE.	ANOXIC BRAIN INJURY	3 DAYS
DUE TO OR AS A CONSEQUENCE OF:	REMOVAL OF SUPPORTIVE CARE (AS PER WISHES OF THE FAMILY)	10 MINUTES
DUE TO OR AS A CONSEQUENCE OF:	MYOCARDIAL INFARCTION	UNKNOWN

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (DISEASE OR INJURY THAT INITIATED EVENTS RESULTING IN DEATH) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

47. AUTOPSY (Specify Yes or No) NO
48. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) YES

49. MANNER OF DEATH: ☐ NATURAL CAUSES ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ SUICIDE ☐ UNDETERMINED
50. DATE OF INJURY MO DAY YR HOUR
51. M
52. INJURY AT WORK? (Specify Yes or No)
53. DESCRIBE HOW INJURY OCCURRED
54. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY
55. WHERE LOCATED? STREET ADDRESS CITY OR TOWN STATE

56. SUPPLEMENTARY ENTRIES

CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA }
COUNTY OF MARICOPA } ss

DATE ISSUED December 5, 2001

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

William B. Waldrich, M.D.
County Registrar
Maricopa County Department of Public Health

3710354

MARICOPA COUNTY ARIZONA

SAFECO

STATUTORY WARRANTY DEED

SAFECO TITLE INSURANCE COMPANY

BOOK 222 PAGE 391

Filed for Record at Request of

NAME STEPHEN LYTSELL
ATTORNEY AT LAW
ADDRESS P. O. BOX 468, 138 S. W. 2nd STREET
CITY AND STATE STEVENSON, WA 98648

REGISTERED
INDEXED
INDIRECT
RECORDED
COMPARED
MAILED

THIS SPACE RESERVED FOR RECORDER'S USE

COUNTY OF SKAMANIA

FILED FOR RECORD AT THE REQUEST OF

AT ... M. FEE $

SKAMANIA COUNTY AUDITOR

A-10477

THE GRANTORS, RICHARD D. OLMSTEAD and JANICE E. OLMSTEAD, husband and wife,

for and in consideration of Ten Dollars and Other Valuable Consideration,

in hand paid, convey and warrant to HENRY M. BERRYS and KATHRYN M. BERRYS, husband and wife,

the following described real estate, situated in the County of Skamania, State of Washington:

The North 160 feet of the West 88.5 feet of the following described property: Beginning at a point 20 feet South of the Northeast corner of the Northwest Quarter of the Northwest Quarter of Section 20, Township 3 North, Range 8 East of the W.M., thence West 104.5 feet; thence South 418 feet; thence East 104.5 feet, more or less, to intersection with the East line of the Northwest Quarter of the Northwest Quarter of said Section 20; thence North 418 feet, more or less, to the point of beginning; TOGETHER WITH road right of way for access to existing county road.

4958

Dated ...

...

...

STATE OF WASHINGTON
COUNTY OF ...

On this day personally appeared before me ...
... husband and wife
to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that ... signed the same as ... free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this ... day of July, 19 ...

...
Notary Public in and for the State of Washington, residing at ...

By ... (President)

By ... (Secretary)

STATE OF WASHINGTON
COUNTY OF

On this ... day of ..., 19 ..., before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared ...
and ...
to me known to be the ... President and ... Secretary, respectively, of the corporation that executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that ... authorized to execute the said instrument and that the seal affixed is the corporate seal of said corporation.

Witness my hand and official seal hereto affixed the day and year first above written.

...
Notary Public in and for the State of Washington, residing at ...