

147163

BOOK 235 PAGE 117

RETURN TO:
SAM B. GUNN
Attorney at Law
7700 NE 26th Avenue
Vancouver, Washington 98665

FILED
SKAMANIA COUNTY
BY Sam B. Gunn, Atty.
JAN 6 4 35 PM '03
J. MICHAEL GUNNISON

DOCUMENT TITLE: Affidavit to the Public

Reference Number: 3057066

Grantor: GILBERT F. JOHNSTON, JR. also known as GILBERT F. JOHNSTON

Grantee: THE PUBLIC

Legal Description: Lot #19, Marble Mountain Retreat (Additional legal on page 2)

Assessor's Property Tax Parcel Number: 7-6-18-4-319

AFFIDAVIT TO THE PUBLIC

REAL ESTATE EXCISE TAX

22734

STATE OF WASHINGTON)
COUNTY OF CLARK) : ss.

JAN - 6 2003
PAID Wempt
By deputy
SKAMANIA COUNTY TREASURER

LENORA R. JOHNSTON, being first duly sworn on oath, deposes and states:

That this affidavit is for the purpose of supplying information for record pertaining to that certain Community Property Agreement, executed by GILBERT F. JOHNSTON and LENORA R. JOHNSTON, husband and wife, dated September 1, 1993, recorded under Auditor's File Number 3057066 and also pertaining to the estate of GILBERT F. JOHNSTON, JR., also known as GILBERT F. JOHNSTON, deceased, one of the parties to said agreement;

AFFIDAVIT TO THE PUBLIC - 1
(1669801\CO3)

and it is intended that the statements set forth herein shall be considered representations of fact which may be relied upon by all persons dealing with the following described real property, situate in the State of Washington, County of Skamania, to-wit:

Lot #19, Marble Mountain Retreat, recorded in Book "B", page 5, records of Skamania County, Washington.

Subject to easements and restrictions of record.

FIRST: That GILBERT F. JOHNSTON died on or about September 22, 2002, in Vancouver, Washington.

SECOND: That the parties to said agreement entered into no subsequent joint Wills or Agreements which would have the effect of abrogating or nullifying the above-mentioned Community Property Agreement.

THIRD: That all obligations of the community owing at the date of death of decedent have been paid or provided for and that all expenses of last illness, burial and funeral, and state and federal succession taxes upon decedent's estate, if applicable, have been paid or provided for.

DATED this 2 day of January, 2003.

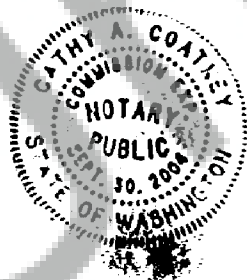
Gary H. Martin, Skamania County Assessor

Date 01/03/2003 Parcel # 07-06-18-4-0-0319-00

for

Lenaora Johnston

Subscribed and sworn to before me this 2 day of January, 2003.



Cathy A. Coatsley
Cathy A. Coatsley

Notary Public in and for the
State of Washington; my
appointment expires: 9-30-2004

STATE OF WASHINGTON DEPARTMENT OF HEALTH											
OFFICE USE ONLY		TYPE OR PRINT IN PERMANENT BLOCK LOCAL FILE NUMBER 1690		BOOK 235 PAGE 119		146		STATE FILE NUMBER			
1. DISTRICT		2. COPIES 4		3. HOSPITAL		4. OCCURRENCE		5. RESIDENCE		6. TRACT	
7. OCCUPATION		8. NAME First Middle Last Gilbert Johnston		9. SEX (M/F) Male		10. DEATH DATE (Mo. Day, Yr.) 9/22/02		11. COUNTY OF DEATH Clark		12. SMOKING IN LAST 15 YEARS? (Yes / No) Yes	
13. AGE LAST BIRTHDAY (Yr.) 59		14. UNDER 1 YEAR MOS DAYS HOURS MINS 4-19-43		15. BIRTH-DATE (Mo. Day, Yr.) 4-19-43		16. BIRTH-PLACE (City, State or Foreign Country) West Plains, MS		17. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) yes		18. COUNTY OF DEATH Clark	
19. CITY, TOWN OR LOCATION OF DEATH Vancouver		20. PLACE OF DEATH — 2X BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. RM. OUT PTN. 4. HOSP. 5. NUR. HOME 6. OTHER PLACE 15117 NW 21st Ave.		21. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married		22. SURVIVING SPOUSE (If wife, give maiden name) Lenora Mulkey		23. SOCIAL SECURITY NO. [REDACTED]		24. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (K-12) College (1-4 or 5-) 9	
25. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Long Shoreman		26. KIND OF BUSINESS OR INDUSTRY Port of Vancouver		27. Was Decedent of Mexican origin or descent? (Ancestry Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No		28. RACE (Specify) White		29. LENGTH OF RES. IN CO. 54 yrs.		30. STATE WA	
31. RESIDENCE — NUMBER AND STREET 15117 NW 21st. Ave.		32. CITY/TOWN OR LOCATION Vancouver		33. RES. IN CO. No		34. COUNTY Clark		35. ZIP CODE 98685		36. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Dorothy Maples	
37. FATHER'S NAME — FIRST, MIDDLE, LAST Gilbert Johnston		38. INFORMANT — NAME Mrs. Lenora Johnston		39. MAILING ADDRESS — STREET OR RFD NO. CITY OR TOWN STATE ZIP 15117 NW 21st. Ave. Vancouver WA 98685		40. BIRTH-DATE (Mo. Day, Yr.) 9/25/2002		41. CEMETERY/CREMATORY — NAME Oregon Crematory		42. LOCATION — CITY/TOWN, STATE Portland, OR	
43. FUNERAL DIRECTOR SIGNATURE [Signature]		44. NAME OF FACILITY Evergreen Staples Funeral Chapel		45. ADDRESS OF FACILITY 4700 NE St. Johns Blvd. Vancouver, WA 98661		46. DATE SIGNED (Mo. Day, Yr.) 9/23/2002		47. HOUR OF DEATH (24 Hr.) 0200		48. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dr. Kathryn Richert-Boe 3600 N. Interstate Ave. Portland, OR 97227	
49. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Dr. Kathryn Richert-Boe 3600 N. Interstate Ave. Portland, OR 97227		50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) hepatocellular carcinoma DUE TO, OR AS A CONSEQUENCE OF: A. 3 months B. 3 months C. 3 months D. 3 months		51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE hepatocellular carcinoma		52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes		54. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify) None	
55. INJURY DATE (Mo. Day, Yr.) 9/23/2002		56. HOUR OF INJURY (24 Hr.) 0200		57. DESCRIBE HOW INJURY OCCURRED None		58. INJURY AT WORK? (Yes / No) No		59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (Specify) None		60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE None	
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE [Signature]		62. REGISTRAR SIGNATURE [Signature]		63. DATE RECEIVED (Mo. Day, Yr.) SEP 24 2002		64. THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR RESEARCH AND STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.		65. THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR RESEARCH AND STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.		66. THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR RESEARCH AND STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.	

AFFIDAVIT FOR CORRECTION **BOOK 235 PAGE 120**

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	INITIALS	DATE	AFFIDAVIT NUMBER
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		1 STATE FEE NUMBER 2 NAME 3 DATE OF EVENT 4 PLACE OF EVENT (City and County) 5 FATHER'S FULL NAME (If Birth, HUSBAND (If Marriage Dissolution) 6 MOTHER'S FULL MAIDEN NAME (If Birth, WIFE (If Marriage Dissolution)		
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS.				
THE RECORD NOW SHOWS:		THE TRUE FACTS:		
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 ADDRESS

DOH 110-007 (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 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 (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 (with initials of 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 (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 alter.

CERTIFIED

SEP 24 02

Karen Steingart, MD

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

II00480129



WEBER GUNN PLLC

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