

**AFTER RECORDING RETURN TO:**

**JACKSON, JACKSON & KURTZ, INC. PS**  
704 EAST MAIN STREET, SUITE 102  
BATTLE GROUND, WA 98604

**AFFIDAVIT TO THE PUBLIC  
REAL ESTATE EXCISE TAX**

Reference: 040843

STATE OF WASHINGTON )

COUNTY OF CLARK )

24321  
OCT 11 2004

PAID EXEMPT  
ss. Alicey Taberni Deputy  
SKAMANIA COUNTY TREASURER

**CAROL E. VASSAR**, being first duly sworn, upon oath deposes and says:

That this affidavit is made for the purpose of supplying information for record pertaining to that certain Community Property Agreement, executed by **WILLIAM A. VASSAR** and **CAROL E. VASSAR**, husband and wife, dated May 29, 1996, and recorded as Skamania County Auditor's File No. 2004154753, on October 11<sup>th</sup>, 2004, and also to the estate of **WILLIAM A. VASSAR**, deceased, one of the parties to said agreement, 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 Skamania,

County, Washington: **Gary H. Martin, Skamania County Assessor**

Date 10-11-04 Parcel # 07061841110000

Tax Serial No. 07-06-18-4-1-1100 00

The East half of the Southeast quarter of the Southeast quarter of the Northeast quarter of Section 18, Township 7 North, Range 6 East of the Willamette Meridian, Skamania County, Washington.

EXCEPT the North 30 feet and the South 30 feet thereof, reserved for road purposes.

Total Assessed Value: \$35,000.00

**FIRST**, that **WILLIAM A. VASSAR** died on August 20, 2004, in Portland, Oregon. A certified copy of his Certificate of Death is attached hereto.

**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 no federal estate tax was due the United States of America for the reason that the taxable estate was within the specific exemption allowed decedent at the time of his death.

**FOURTH**, no estate taxes were imposed by the State of Washington.

**FIFTH**, that all obligations of the Community owing at the date of death have been paid in full or provided for, and all expenses of last illness and funeral expenses have been paid.

**SIXTH**, that your affiant is the surviving spouse of the decedent, and these facts and representations set out herein are within the personal knowledge of your affiant, and may be relied upon by all persons dealing with the assets of said decedent.

**DATED** this 7<sup>th</sup> day of September, 2004.

Carol E. Vassar  
CAROL E. VASSAR

**SWORN** to before me this 7<sup>th</sup> day of September, 2004, by **CAROL E. VASSAR**



[Signature]  
**NOTARY PUBLIC** in and for the State of Washington; my commission expires: 10/23/05

**CERTIFICATION OF VITAL RECORD**

PRINT IN  
PERMANENT  
BLACK INK

H-25294  
I.D. TAG NO.

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

136-

State File Number

671

Local File Number  
**001262**

DECEDENT

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

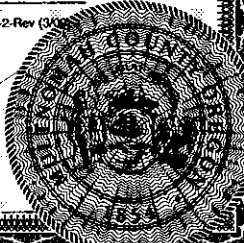
CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

CAUSE OF  
DEATH

CAUSE OF DEATH  
INSTRUCTIONS  
ON REVERSE SIDE  
OF GREEN AND  
PINK COPY

1. DECEDENT'S NAME First: <b>William</b> Middle: <b>Archie</b> Last: <b>VASSAR</b>	2. SEX <b>Male</b>	3. DATE OF DEATH (Month, Day, Year) <b>August 20, 2004</b>
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE - Last Birthday (Years) <b>80</b>	5b. Under 1 Year Mos. Days Hours Mins.
5c. Under 1 Day Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) <b>Vancouver, Washington</b>	7. DATE OF BIRTH (Month, Day, Year) <b>January 8, 1924</b>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		
9b. FACILITY NAME (If not institution, give street and number) <b>Dept. of Veterans Affairs Medical Center</b>	9c. CITY, TOWN, OR LOCATION OF DEATH <b>Portland</b>	9d. COUNTY OF DEATH <b>Multnomah</b>
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Maintenance Supervisor</b>	10b. KIND OF BUSINESS/INDUSTRY <b>Recreational Membership Park</b>	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>
12. SPOUSE (If Married, Widowed) <b>Carol (Hawthorn) Vassar</b>		
13a. RESIDENCE - STATE <b>Washington</b>	13b. COUNTY <b>Clark</b>	13c. CITY, TOWN OR LOCATION <b>Yacolt</b>
13d. STREET AND NUMBER <b>26709 NE C.C. Landon Road</b>		
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13f. ZIP CODE <b>98675</b>	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify: No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
15. RACE American Indian, Black, White, etc. (Specify) <b>White</b>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>9</b> (Elementary/Secondary 0-12) <b>College (1-4 or 5+)</b>
17. FATHER - NAME first middle last <b>Archie Clayton Vassar</b>	18. MOTHER - NAME first middle maiden <b>Margaret Marie Wenzel</b>	19. INFORMANT - NAME and relationship to deceased <b>Carol Vassar, wife</b>
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Portland Cremation Center</b>
20c. LOCATION - City or Town, State <b>Portland, Oregon</b>		
21a. NAME OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <b>Ken Hile</b>	21b. OREGON LICENSE NO. (Of Licensee) <b>0462</b>	22. NAME, ADDRESS AND ZIP OF FACILITY <b>Layne's Funeral Home, Inc., P.O. Box 7 Battle Ground, WA 98604</b>
23. DATE FILED (Month, Day, Year) <b>SEP 07 2004</b>		24. REGISTRAR'S SIGNATURE <b>Conrad Brown</b>
RESERVED FOR REGISTRAR'S USE		
TO BE COMPLETED BY CERTIFYING PHYSICIAN		
27. TIME OF DEATH <b>8:25 AM</b>	28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31a. TIME OF DEATH M
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <b>David Kagen</b>		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M
30. DATE SIGNED (Month, Day, Year) <b>AUGUST 20, 2004</b>		32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
33. DATE SIGNED (Month, Day, Year)		COUNTY
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>DAVID KAGEN, MD - STAFF PHYSICIAN</b>		<b>Portland VA Medical Center 3710 SW US Veterans Hospital Rd Portland, OR 97239</b>
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>SAME</b>		
36. 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 I (a) MULTISTATIC TRANSITIONAL CELL CARCINOMA OF THE BLADDER		Interval between onset and death <b>4 months</b>
(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
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.		
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		38. AUTOPSY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
39. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	41d. DESCRIBE HOW INJURY OCCURRED	
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
RESERVED FOR REGISTRAR'S USE		

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ORIGINAL-VITAL STATISTICS COPY  
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY  
REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

DATE ISSUED: **SEP 07 2004**

**Lila Wickham RN MS**  
LILA WICKHAM, RN, MS  
COUNTY REGISTRAR  
MULTNOMAH COUNTY, OREGON

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE