

Doc # 2006160878
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Date: 03/16/2006 04:49P
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of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$38.00

Return Address:

Daniel G. Marsh
Attorney at Law
1112 Daniels Street, Suite 200
P.O. Box 54
Vancouver, WA 98666

REAL ESTATE EXCISE TAX

25780

MAR 16 2006

PAID

Exempt
Vicki Chelland, Dept

SKAMANIA COUNTY TREASURER

Document Title(s) or transactions contained herein:

AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

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

YOTT, ALFED J. and YOTT NANCYLEE A., aka YOTT, NANCY A.

☐ Additional names on page _____ of document.

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

YOTT, NANCY LEE A., aka YOTT, NANCY A.

☐ Additional names on page _____ of document.

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

Section 11, Township 1 North, Range 5 East of the Willamette Meridian, Skamania County

☒ Complete legal on page 1-3 of document.

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

6.5
01-05-1110090000
+901

☐ 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.

Daniel G. Marsh
Attorney at Law
1112 Daniels Street, Suite 200
P. O. Box 54
Vancouver, WA 98666

IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

The undersigned, being first duly sworn on oath, deposes and says:

TAX ID NO. 01-05-1110090000

COMMENCING AT A POINT ON THE EAST LINE OF SECTION 11, TOWNSHIP
1 NORTH, RANGE 5 EAST OF THE WILLAMETTE MERIDIAN, SKAMANIA
COUNTY, WASHINGTON AT ITS INTERSECTION WITH THE SOUTH LINE OF

NY.
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STATE HIGHWAY 14; AND RUNNING THENCE WESTERLY ALONG THE SOUTH LINE OF SAID HIGHWAY TO ITS INTERSECTION WITH THE EAST LINE OF THE TOWNSITE OF PRINDLE AS RECORDED IN BOOK "A" OF PLATS ON PAGE 28; THENCE SOUTH 32° 36' EAST ALONG SAID EASTERLY LINE TO A POINT WHICH BEARS SOUTH 52° 29' WEST 30 FEET FROM THE NORTHWEST CORNER OF THAT TRACT OF LAND DEEDED TO E.W. LEE RECORDED ON PAGE 30 OF BOOK "X" OF DEEDS, RECORDS OF SKAMANIA COUNTY, WASHINGTON; THENCE NORTH 52 ° 29' EAST ALONG THE NORTH LINE OF SAID PROPERTY 237.2 FEET TO THE NORTHEAST CORNER OF SAID TRACT; THENCE SOUTH 39° 03' EAST 76.5 FEET ALONG THE EASTERLY LINE OF THE SAID E.W. LEE PROPERTY; THENCE EAST 117.3 FEET; THENCE SOUTH 37° 22' EAST 166.6 FEET TO THE NORTHERLY RIGHT OF WAY LINE OF RAILROAD AVENUE, NOW KNOWN AS PRINDLE ROAD, A COUNTY ROAD; THENCE NORTH 77° 35' EAST 163.9 FEET ALONG SAID RIGHT OF WAY LINE TO A 12 INCH CONCRETE CULVERT; THENCE NORTH 12° 00' WEST 200 FEET, MORE OR LESS, TO THE SOUTHERLY RIGHT OF WAY LINE OF STATE ROAD NO. 14; THENCE WESTERLY ALONG SAID SOUTH LINE TO THE POINT OF BEGINNING.

PARCEL II

TAX ID NO. 01-05-1110090100

A PARCEL OF LAND LOCATED IN GOVERNMENT LOT 1 OF SECTION 12, TOWNSHIP 1 NORTH, RANGE 5 EAST OF THE WILLAMETTE MERIDIAN, SKAMANIA COUNTY, WASHINGTON, DESCRIBED AS:

BEGINNING AT A POINT 611.2 FEET SOUTH AND 242.7 FEET EAST OF THE NORTHWEST CORNER OF THE SAID SECTION 12, SAID POINT BEING ON THE SOUTHERLY RIGHT OF WAY LINE OF STATE HIGHWAY NO. 14 AND BEING THE NORTHWEST CORNER OF THAT PARCEL DEEDED TO LARRY W. PIEPER, ET UX, BY DEED RECORDED SEPTEMBER 23, 1983 IN BOOK 82

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ON PAGE 708; THENCE SOUTH 27° 06' EAST ALONG THE WEST LINE OF THE SAID PIEPER PARCEL AND CONTINUING ON THE SAME COURSE ALONG THE WEST LINE OF THAT PARCEL SOLD ON CONTRACT TO JOHN L. SIMPSON, ET UX, AS RECORDED IN BOOK 80 ON PAGE 864, TO THE NORTH LINE OF PRINDLE ROAD, THE SAME BEING THE SOUTHWEST CORNER OF THE SAID SIMPSON PARCEL; THENCE WESTERLY ALONG THE NORTH LINE OF SAID PRINDLE ROAD TO THE SOUTHEAST CORNER OF THAT PARCEL DEEDED TO LEON P. MONTCHALIN, ET UX, BY DEED RECORDED IN BOOK 32 ON PAGE 565; THENCE NORTH 12" 00' WEST 200 FEET ALONG THE EASTERLY LINE OF THE SAID MONTCHALIN PARCEL TO THE SOUTH LINE OF SAID HIGHWAY NO. 14; THENCE EASTERLY ALONG SAID SOUTH LINE TO THE POINT OF BEGINNING.

PARCEL III

Gary H. Martin, Skamania County Assessor
Date 3/16/06 Parcel # 15-11-1-900 + 901

TAX ID NO. 01-05-1110090100

LOTS 9, 10, 11 AND 12 OF THE TOWNSITE OF PRINDLE ACCORDING TO THE PLAT THEREOF RECORDED IN BOOK "A" OF PLATS ON PAGE 28, SKAMANIA COUNTY RECORDS, TOGETHER WITH THE SOUTHERLY HALF OF VACATED FIRST STREET ABUTTING SAID LOTS 10 AND 11.

2. ALFRED J. YOTT, (hereinafter the "Decedent") was one of the parties to the Agreement and died on February 2, 2006, in Vancouver, Clark County, Washington who was a resident of Vancouver, Clark County, Washington. A certified copy of the decedent's death certificate is attached hereto as Exhibit "A", and by this reference made a part hereof.

3. The parties to the Agreement were legally competent at the time of the Agreement and executed no subsequent Will or agreements which would have the affect of abrogating or nullifying the Agreement.

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4. All debts and obligations of the community composed of the decedent and the affiant owing at the date of decedent's death have been paid in full, and all expenses of last illness and for funeral and burial services of the decedent have been paid or provided for.

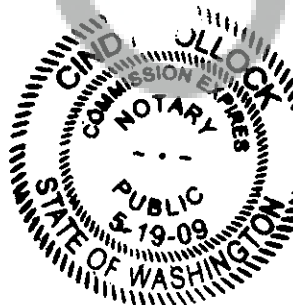
5. The decedent was survived by the following named persons:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>
Susan Marie Herbert	96 Apple Hill Road Bennington, Vermont 05201	Daughter
William Joseph Yott	P.O. Box 144 Manchester, Vermont 05255	Son
Rhonda Lynn Ferrucci	P.O. Box 44 Harrington, WA 99134	Son
Barbra Jean Gray	2415 33 rd Ave., Drive E Bradenton, FL 34208	Daughter
Timothy Joseph Yott	1926 SE 11 th Street Camas, WA 98607	Son

DATED this 23 day of February, 2006.

Nancylee A. Yott
NANCYLEE A. YOTT,
aka NANCY A. YOTT

SIGNED AND SWORN to before me on February 23, 2006, by Nancylee A. Yott, aka Nancy A. Yott.



Cindy Pollock
NOTARY PUBLIC
Residing at Vancouver
My Appointment Expires: 5-19-09


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PROPERTY AGREEMENT - 4


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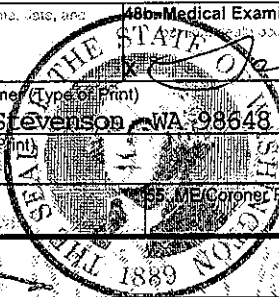
STATE OF WASHINGTON DEPARTMENT OF HEALTH

5+1

Local File Number **D2** **4** Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST Suffix Alfred Joseph YOTT				2. Death Date Feb. 2, 2006	
3. Sex (M/F) Male	4a. Age - Last Birthday 63	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Skamania
7. Birthdate Jan. 23, 1943		8a. Birthplace (City, Town, or County) Boston		8b. (State or Foreign Country) Massachusetts	
9. Decedent's Education Some College, No Degree				10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No	
11. Decedent's Race(s) White				12. Was Decedent ever in U.S. Armed Forces? Yes	
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 281 Prindle Road				13b. City or Town Washougal	
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98671
13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk					
14. Estimated length of time at residence. 15 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Nancylee Aleda Gabrielson	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Sales Executive				18. Kind of Business/Industry (Do not use Company Name) Industrial	
19. Father's Name (First, Middle, Last, Suffix) Alfred Yott				20. Mother's Name Before First Marriage (First, Middle, Last) Florence Mary Montero	
21. Informant's Name Nancy Yott		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 281 Prindle Road Washougal, WA 98671	
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence					
25. Facility Name (If not a facility, give number & street or location) 281 Prindle Rd.				26a. City, Town, or Location of Death Washougal	
				26b. State WA	27. Zip Code 98671
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Columbia River Crematory		30. Location-City/Town, and State White Salmon, WA	
31. Name and Complete Address of Funeral Facility Straub's Funeral Home 325 NE Third Avenue Camas, WA 98607				32. Date of Disposition Feb. 5, 2006	
33. Funeral Director Signature X 					

Cause of Death (See Instructions and examples)					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Terminal Polyneuropathy				Interval between Onset & Death Approx. 1 yr.	
Due to (or as a consequence of):				Interval between Onset & Death	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b.				Interval between Onset & Death	
Due to (or as a consequence of):				Interval between Onset & Death	
c.				Interval between Onset & Death	
Due to (or as a consequence of):				Interval between Onset & Death	
d.				Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No					
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (MM/DD/YYYY)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: Apt No.					
City or Town:		County:		State: Zip Code + 4:	
46. Describe how injury occurred					
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as herein stated.					
48b. Medical Examiner/Coroner - On the basis of examination, autopsy, investigation, if any, death occurred at the time, date, and place, and due to the cause(s) as herein stated.					
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Sara Beigh, Dep. Coroner PO Box 790 Stevenson, WA 98648				50. Hour of Death (24hrs) 2150	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) Feb. 3, 2006	
53. Title of Certifier Deputy Coroner		54. License Number		55. ME/Coroner File Number	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
57. Registrar Signature X 				58. Date Received (MM/DD/YYYY) 2/7/06	
59. Amendments					



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DOH 01-003 (5/99)

Affidavit for Correction

This is a legal Document. Complete in ink and do not alter.

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit.

Examples of documentary proof: Certificate of Naturalization Medical Record School Record
Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)
Insurance Records Birth Record Alien Registration Card (front and back)
Marriage/Divorce Records Passport

Birth Certificates:

- 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 have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name 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 last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name 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/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (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 certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

CLERKED

FEB 07 2006

Justin Denny M.D.
Health Officer
Skamania Co. Health Dept.

MM00349657

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