

Return Address:

David H. Schultz
430 NE Everett Street
Camas, WA 98607

REAL ESTATE EXCISE TAX

25941
MAY 10 2006

PAID

exempt
Vickie Chelland
SKAMANIA COUNTY TREASURER

Doc # 2006161502
Page 1 of 5
Date: 05/10/2006 02:30P
Filed by: KNAPP O'DELL & MACPHERSON
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$36.00

AFFIDAVIT

Grantor: Harold Glenn Walker

Grantee: Mary Elizabeth Walker

Legal description (abbrev.): 708.6 feet East, corner of Secs. 17 - 20, T1N, R5E, W.M.

Assessor's Tax Parcel ID No.: 0105170016-0000 *for*

Prior Document No.: 2006161501

STATE OF WASHINGTON)
) ss.
COUNTY OF CLARK)

MARY ELIZABETH WALKER, being first duly sworn, upon oath, deposes and says:

1. This affidavit is made for the purpose of supplying information of record pertaining to that certain Community Property Agreement executed by HAROLD GLENN WALKER and MARY ELIZABETH WALKER, husband and wife, dated May 2, 1978, and recorded in the Office of the Auditor of Skamania County, Washington. The information set forth in this affidavit may be relied upon by any person in dealing with property, real or personal, the title to which is deraigned through said Community Property Agreement.

2. HAROLD GLENN WALKER died on or about the 18th day of January, 2006, being, in Clark County, Washington, being at the time of his death, a resident of Washougal, Skamania County, Washington.

3. The parties to said Community Property Agreement did no act which would rescind or abrogate such agreement, nor did they, or either of them, execute any testamentary writing which would have the effect of nullifying or abrogating such agreement; said Community Property Agreement was valid in all respects, and was in full force and effect at the date of death of HAROLD GLENN WALKER, one of the parties thereto.

4. The total value of all assets in this estate is less than the minimum value which requires the filing of a federal estate tax return under federal law applicable as of the date of death, and no such return has been or will be filed. No taxes imposed by the Washington Estate and Transfer Tax Reform Act of 1988 are due.

5. Included among the assets of the community estate of HAROLD GLENN WALKER

and MARY ELIZABETH WALKER, husband and wife, was the following described real property, the disposition of which is controlled by the terms of said Community Property

Agreement:

Gary H. Martin, Skamania County Assessor

Date 5-10-06 Parcel # 01-05-17-0-0-1600-00

County of Skamania, State of Washington

Beginning at a point 708.6 feet East of the corner of Sections 17, 18, 19, 20, Township One (1) North, Range Five (5) East of the Willamette Meridian; and running thence South 142.4 feet; thence South 84°30' West 162 feet; thence North 73.45 feet, more or less, to the South boundary of the Evergreen Highway right of way; thence Northeasterly along the said South boundary to the point of beginning, containing approximately .45 of an acre;

TOGETHER with an easement for the use of water from a certain spring located 606 feet North and 90 feet East from the Southwest corner of Section Seventeen (17), Township One (1) North, Range Five (5) East of the Willamette Meridian, with an easement for a $\frac{3}{4}$ " water line beginning at said spring and running thence South 38°27' East 616.2 feet; thence South 100 feet, more or less, to the South line of said section, said easement to cover a strip of land not to exceed five feet in width, of which the within described course is the center line.

SUBJECT TO conditions and reservations contained in deed dated September 9, 1948, executed by Mollie M. Miller, a widow, and Lee M. Miller and Della B. Miller, husband and wife, as Grantors, to W.C. McCall, Grantee, recorded April 14, 1949, at page 338 of Book 32 of Deeds, records of Skamania County, Washington.

SUBJECT TO restrictions and conditions regarding the use of the above described easement contained in Deed dated April 26, 1944, executed by the Federal Land Bank of Spokane, a corporation, as Grantor, to Mollie M. Miller, a widow, and Lee M. Miller and Della B. Miller, husband and wife, as Grantees, recorded March 14, 1945, at page 321 of Book 30 of Deeds, records of Skamania County, Washington.

6. No proceedings have been instituted to contest or set aside or cancel said Community Property Agreement.

7. Said decedent, at the time of death, owned no separate property of any kind nor held any interest in any separate property.

8. All obligations of the marital community composed of HAROLD GLENN WALKER and MARY ELIZABETH WALKER, husband and wife, and all separate obligations of the said MARY ELIZABETH WALKER have been paid in full, and all expenses of last illness and funeral expenses have been paid.

9. In addition to MARY ELIZABETH WALKER, the surviving spouse, the said

HAROLD GLENN WALKER was survived by two children, namely John H. Walker and Patricia A. Layman, both of whom have attained the age of majority.

IN WITNESS WHEREOF, I have hereunto set my hand this 5th day of May, 2006.

Mary E Walker

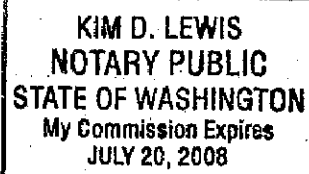
Mary Elizabeth Walker

SUBSCRIBED and SWORN to before me this 5th day of May, 2006.

Kim D Lewis

NOTARY PUBLIC in and for the State
of Washington, residing at Camas.

My commission expires: 7-20-08



Unofficial Copy

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 111		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix Harold Glenn WALKER						2. Death Date Jan. 18, 2006	
3. Sex (M/F) Male	4a. Age - Last Birthday 81	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Clark		
7. Birthdate July 10, 1924		8a. Birthplace (City, Town, or County) Oneida		8b. (State or Foreign Country) TN		9. Decedent's Education High School Graduate	
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.) 22982 State Road 14						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	
14. Estimated length of time at residence. 44 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Mary Elizabeth Turner			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Mill Worker				18. Kind of Business/Industry (Do not use Company Name) Plywood Mill			
19. Father's Name (First, Middle, Last, Suffix) Homer Walker				20. Mother's Name Before First Marriage (First, Middle, Last) Gertrude Stephens			
21. Informant's Name Mary Walker		22. Relationship to Decedent Spouse		23. Mailing Address: Number and Street or RFD No. City or Town, State 22982 State Rd. 14, Washougal, WA 98671			
24. Place of Death, if Death Occurred in a Hospital: Inpatient				24. Place of Death, if Death Occurred Somewhere Other than a Hospital:			
25. Facility Name (If not a facility, give number & street or location) Southwest Washington Medical Center				26a. City, Town, or Location of Death Vancouver		26b. State WA	
26c. Zip Code 98664		27. Zip Code 98664		28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Wilhelm's Crematory	
30. Location: City/Town, and State Portland, Oregon		31. Name and Complete Address of Funeral Facility Neptune Cremation Service 6915 SE Lake RD. #100, Milwaukie, OR 97267		32. Date of Disposition 1-24-06		33. Funeral Director Signature X <i>Kelly Ojens</i>	
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. Acute CVA Interval between Onset & Death 5 days							
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. Diabetes Mellitus Interval between Onset & Death 15 years							
c. 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 checked="" type="checkbox"/> No						38. Manner of Death	
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?		41. Date of Injury (MM/DD/YYYY)	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before 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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		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:		46. Describe how injury occurred	
City or Town:		County:		State:		Zip Code + 4:	
47. If transportation injury, specify:		48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the stated cause or causes.		48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Scott R. Bisbing, DO 2211 E. Mill Plain Blvd, Vancouver, WA 98661	
50. Hour of Death (24hrs) 2057		51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)		52. Date Signed (MM/DD/YYYY) 1/20/06		53. Title of Certifier DO	
54. License Number 096000 1678		55. ME/Coroner Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		57. Registrar Signature <i>[Signature]</i>	
58. Date Received (MM/DD/YYYY) JAN 20 2006		59. Amendments		60. Date Received (MM/DD/YYYY)		61. Date Received (MM/DD/YYYY)	

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Affidavit for Correction

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

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

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)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)		
5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)		

The Record is Incorrect or Incomplete as follows:

The Record now shows:	The True fact is:
6.	7.
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 Hospital Records Insurance Records Marriage/Divorce Records	Medical Record Military Record (DD-214) Birth Record Passport	School Record Voter's Registration Card (if it bears an effective date) Alien Registration Card (front and back)
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Birth Certificates:

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. 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.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. 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.
5. 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).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. 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:

1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit with proof of the person.
2. 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)

CERTIFIED

JAN 25 2006

Justin Denny M.D.
Health Officer
Clark County Health Dept.

NN00584178

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