

Return Address:

Roger D. Knapp
430 NE Everett Street
Camas, WA 98607

REAL ESTATE EXCISE TAX

26410
NOV 16 2006

PAID

Exempt
Vivian Chelland, Clerk
SKAMANIA COUNTY TREASURER

Doc # 2006163721
Page 1 of 4
Date: 11/16/2006 03:03P
Filed by: ROGER D KNAPP
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$35.00

AFFIDAVIT

Grantor: Joseph D. Hurley

Grantee: Joanne E. Hurley

Legal description (abbrev.): Sec. 9, T1N, R5E

Assessor's Tax Parcel ID No.: 01-05-09-0-0604-00

Prior Note: 2006163721 *01-05-09-000630-00*
630-05

STATE OF WASHINGTON)

) ss.

COUNTY OF CLARK)

JOANNE E. HURLEY, 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 JOSEPH D. HURLEY and JOANNE E. HURLEY, husband and wife, dated March 12, 2001, 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 dealing with property, real or personal, the title to which is deraigned through said Community Property Agreement.

2. JOSEPH D. HURLEY died on or about the 9th day of August, 2006, 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 JOSEPH D. HURLEY, 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 tax return has been or will be filed. No taxes imposed by the Washington Estate and Transfer Tax Reform Act are due.

5. Included among the assets of the community estate of JOSEPH D. HURLEY and

JOANNE E. HURLEY husband and wife, was the following described real property, the disposition of which is controlled by the terms of said Community Property Agreement:

County of Skamania, State of Washington

Beginning at a point that is South 2123.86 feet and East 933.32 feet from the Northwest corner of Section 9, Township 1 North, Range 5 East of the Willamette Meridian said point being on the centerline of Mt. Pleasant Road; thence North 35°38'38" East 268.87 feet; thence North 41°37'33" East 257.15 feet to the beginning of a curve to the right; thence along the arc of said curve a distance of 57.79 feet through a central angle of 06°21'25" with a radius of 520.871 feet (the long chord of which bears North 44°48'15" East and has a length 57.76 feet); thence North 47°58'58" East 125.94 feet to the beginning of a curve to the right of way; thence along the arc of said curve 114.74 feet through a central angle of 17°38'00" with a radius of 372.837 feet (the long chord of which bears North 56°47'58" East and has a length of 114.29 feet); thence North 65°36'57" East 78.02 to the beginning of a curve to the left; thence along the arc a distance of 42.40 feet through a central angle of 16°06'44" with a radius of 150.778 feet (the long chord of which bears North 57°33'35" East and has a length of 42.26 feet) to a point on the East line of the West half of the West half of the Southeast quarter of the Northwest quarter; thence South 02°06'43" West along the East line of the West one half of the West one half of the Southeast quarter of the Northwest quarter 1121.84 feet; thence South 02°06'43" West 74.57 feet along the East line of the West half of the West half of the Northeast quarter of the Southwest quarter to the centerline of Strunk Road; thence along the centerline of Strunk Road South 87°56'23" West 230.00 feet; thence North 02°06'43" East 324.00 feet; thence West 140.00 feet; thence North 49°09'09" West 346.51 feet to the centerline of Mt. Pleasant Road and the point of beginning.

TOGETHER WITH an easement to a spring as it now exists located approximately 100 feet North and 30 feet West of the Southeast corner of the Southwest quarter of the Northwest quarter of Section 9, Township 1 North, Range 5 East of the Willamette Meridian.

11-16-06
JH

01 05 09 630 00
630 05
604 00

SUBJECT TO: Easements, of record.

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 JOSEPH D. HURLEY and JOANNE E. HURLEY, husband and wife, and all separate obligations of the said JOSEPH D. HURLEY have been paid in full, or otherwise provided for, and all expenses of last illness and

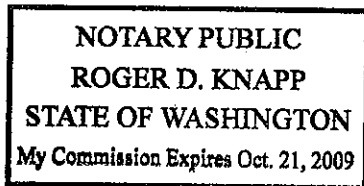
funeral expenses have been paid.

9. In addition to JOANNE E. HURLEY, the surviving spouse, the said JOSEPH D. HURLEY was survived by four children, namely Gordon C. Hurley, Brian D. Hurley, Leona H. Marquez and Patrick J. Hurley, all of whom have attained majority

IN WITNESS WHEREOF, I have hereunto set my hand this 27th day of October, 2006.

Joanne E. Hurley
Joanne E. Hurley

SUBSCRIBED and SWORN to before me this 27th day of October, 2006.



[Signature]
NOTARY PUBLIC in and for the State
of Washington, residing at Camas.
My commission expires: 10-21-09

Unofficial Copy

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 1034		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix Joseph Dean Hurley					2. Death Date 8-09-2006		
3. Sex (M/F) Male	4a. Age - Last Birthday 79 Yrs.	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number 475-22-7832	6. County of Death Clark		
7. Birthdate 10-09-1926		8a. Birthplace (City, Town, or County) Kirkstone		8b. (State or Foreign Country) Minnesota		9. Decedent's Education 6th Grade	
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.) 371 Strunk 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. 29 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Joanne Delp			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Construction Mill Wright				18. Kind of Business/Industry (Do not use Company Name) Construction Industry			
19. Father's Name (First, Middle, Last, Suffix) Joseph Daniel Hurley				20. Mother's Name Before First Marriage (First, Middle, Last) Hope Agnes Chipman			
21. Informant's Name Joanne Hurley		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No., City or Town, State, Zip 371 Strunk Road 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							
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Willamette National Cemetery		30. Location-City/Town, and State Portland, Oregon			
31. Name and Complete Address of Funeral Facility Brown's Funeral Home, Inc., 410 NE Garfield St., Camas, WA 98607				32. Date of Disposition 8-16-2006			
33. Funeral Director Signature X <i>Jim Brown</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. <div style="display: flex; justify-content: space-between;"> <div> IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Septic shock 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. Aspiration pneumonia c. d. </div> <div> Interval between Onset & Death Interval between Onset & Death Interval between Onset & Death Interval between Onset & Death </div> </div>							
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"/> Pregnant at time of death <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		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input 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: 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: I am a physician of my knowledge, death occurred at the time, date, and place and due to the causes and manner stated. <i>Amir Khatir M.D.</i>				48b. Medical Examiner/Coroner: On the basis of examination, and investigation, in my opinion, death occurred at the time, date, and place, and due to the causes and manner stated.			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Amir Khatir M.D. 400 1st Ave N, Vanc, WA 98664				50. Hour of Death (24hrs) 0800			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) 8/10/06			
53. Title of Certifier MD		54. License Number		55. ME/Coroner File 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) AUG 14 2006			
59. Amendments							

DOC # 2006163721
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