

REBECCA LEE MATTFELD, 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

A tract of land located in the Southeast Quarter of the Southwest Quarter of Section 26, Township 4 North, Range 7 East Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at the intersection of the West line of the Southeast Quarter of the Southwest Quarter of the said Section 26 with the center line of County Road No. 140; thence following the center line of said road Southeasterly to a point 100 feet East of the said West line, said point being the initial point of the tract hereby described; thence following said center line Southeasterly to a point 190 feet East of said West line; thence North 01°17' West 160 feet, more or less, to the center of Martha Creek; thence following the center of said creek Westerly to a point North 01°17' West from the initial point; thence South 01°17' East 140 feet, more or less, to the initial point.

04-07-26-3-2002
11-16-06
Ftm

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 RONALD R. MATTFELD and REBECCA LEE MATTFELD, husband and wife, and all separate obligations of the said RONALD R. MATTFELD 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 REBECCA LEE MATTFELD, the surviving spouse, the said RONALD R. MATTFELD was survived by two children, namely Ryan Mattfeld and Quinn Mattfeld, both of whom have attained majority

IN WITNESS WHEREOF, I have hereunto set my hand this 18th day of August, 2006.

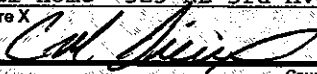
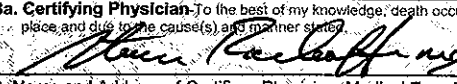

Rebecca L. Mattfeld
Rebecca Lee Mattfeld

SUBSCRIBED and SWORN to before me this 18th day of August, 2006.

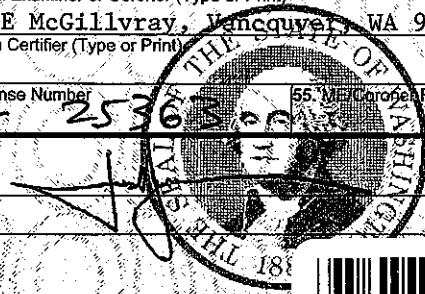
Roger D. Knapp
NOTARY PUBLIC in and for the State of Washington, residing at Camas.
My commission expires: 10-21-09

NOTARY PUBLIC
ROGER D. KNAPP
STATE OF WASHINGTON
My Commission Expires Oct. 21, 2009

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH**

3. Sex (M/F) Male		4a. Age - Last Birthday 61		4b. Under 1 Year Months		4c. Under 1 Day Hours		4d. Under 1 Day Minutes		5. Social Security Number 533-44-8209		6. County of Death Clark	
7. Birthdate 10/11/1944		8a. Birthplace (City, Town, or County) Vancouver		8b. State or Foreign Country Washington		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 5 th St.) (Include Apt. No.) 1006 NE 248th Ave.								13b. City or Town Camas					
13c. Residence: County Clark		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 98607		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) Rebecca Lee Ziegler									
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Electrician						18. Kind of Business/Industry (Do not use Company Name) Paper Mill							
19. Father's Name (First, Middle, Last, Suffix) Roy Bernard Mattfeld						20. Mother's Name Before First Marriage (First, Middle, Last) Maxine Winifred Kapert							
21. Informant's Name Rebecca Mattfeld		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1006 NE 248th Ave. Camas, Washington 98607									
24. Place of Death, if Death Occurred in a Hospital: Decedent's residence						24. Place of Death, if Death Occurred Somewhere Other than a Hospital:							
25. Facility Name: (If not a facility, give number & street or location) 1006 NE 248th Ave.						26a. City, Town, or Location of Death Camas		26b. State WA		27. Zip Code 98607			
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, Washington							
31. Name and Complete Address of Funeral Facility Straub's Funeral Home 325 NE 3rd Ave. Camas, WA 98607						32. Date of Disposition 06/08/2006							
33. Funeral Director Signature X 													
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. Cause of Death (See instructions and examples)													
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. CEREBRAL OLIGODENDROGLIOMA								Interval between Onset & Death 2 yrs.					
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								Interval between Onset & Death					
b. _____ Due to (or as a consequence of):								Interval between Onset & Death					
c. _____ Due to (or as a consequence of):								Interval between Onset & Death					
d. _____ Due to (or as a consequence of):								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 at time of death		39. If female <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 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) and manner stated. X 						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. X							
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Steven Rockoff, MD 16703 SE McGillvray, Vancouver, WA 98683						50. Hour of Death (24hrs) 2115		51. Name and Title of Attending Physician if other than Certifier (Type or Print)					
53. Title of Certifier MD						54. License Number WA 2536		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
57. Registrar Signature 						58. Date Received (MM/DD/YYYY) JUN 07 2006							
59. Amendments													

DC # 2006163723
Page 3 of 3



2006-08300032
Page: 3 of 4
08/30/2006 12:28P
Grays Harbor Co