

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

**REAL ESTATE EXCISE TAX**

NOV 16 2006

PAID

SKAMANIA COUNTY TREASURER

Doc # 2006163723  
Page 1 of 3  
Date: 11/16/2006 03:16P  
Filed by: ROGER D KNAPP  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
SKAMANIA COUNTY AUDITOR  
J MICHAEL GARVISON  
Fee: \$34.00

Grantor: Ronald R. Mattfeld  
Grantee: Rebecca L. Mattfeld  
Legal description (abbrev.): Sec. 26, T4N, R7E  
Assessor's Tax Parcel ID No.: 04072630200200  
Prior Document No.: 2006163722

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF CLARK )

5. Included among the assets of the community estate of RONALD R. MATTFELD and

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

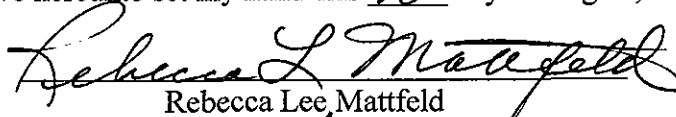
A tract of land located in the Southeast Quarter of the Southwest Quarter of Section 26, Township 4 North, Range 7 East Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

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.

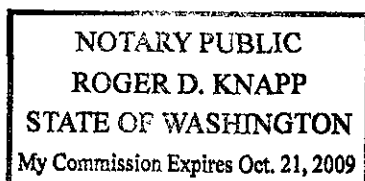
04-07-26-3-2002  
11-16-06  
FHM

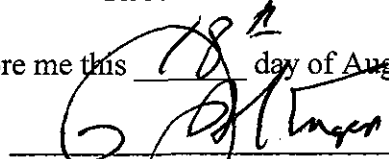
6. No proceedings have been instituted to contest or set aside or cancel said Community Property Agreement.
7. Said decedent, at the time of death, owned no separate property of any kind nor held any interest in any separate property.
8. All obligations of the marital community composed of RONALD R. 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 18<sup>th</sup> day of August, 2006.

  
Rebecca Lee Mattfeld

SUBSCRIBED and SWORN to before me this 18<sup>th</sup> day of August, 2006.



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

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Ronald Roy MATTFELD				06/06/2006	
3. Sex (M/F) <b>Male</b>	4a. Age - Last Birthday <b>61</b>	4b. Under 1 Year Months _____ Days _____	4c. Under 1 Day Hours _____ Minutes _____	5. Social Security Number <b>533-44-8209</b>	6. County of Death <b>Clark</b>
7. Birthdate <b>10/11/1944</b>	8a. Birthplace (City, Town, or County) <b>Vancouver</b>	8b. (State or Foreign Country) <b>Washington</b>	9. Decedent's Education <b>some college - no degree</b>		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>			11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) <b>1006 NE 248th Ave.</b>				13b. City or Town <b>Camas</b>	
13c. Residence: County <b>Clark</b>		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country <b>Washington</b>		13f. Zip Code + 4 <b>98607</b>
14. Estimated length of time at residence <b>29 Years</b>		15. Marital Status at Time of Death <b>Married</b>	16. Surviving Spouse's Name (Give name prior to first marriage) <b>Rebecca Lee Ziegler</b>		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Electrician</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Paper Mill</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Roy Bernard Mattfeld</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Maxine Winifred Kappert</b>		
21. Informant's Name <b>Rebecca Mattfeld</b>		22. Relationship to Decedent <b>Wife</b>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>1006 NE 248th Ave. Camas, Washington 98607</b>		
24. Place of Death, if Death Occurred in a Hospital: <b>Decedent's residence</b>					
25. Facility Name: (If not a facility, give number & street or location) <b>1006 NE 248th Ave.</b>			26a. City, Town, or Location of Death <b>Camas</b>	26b. State <b>WA</b>	27. Zip Code <b>98607</b>
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Columbia River Crematory</b>		30. Location-City/Town, and State <b>White Salmon, Washington</b>	
31. Name and Complete Address of Funeral Facility <b>Straub's Funeral Home 325 NE 3rd Ave. Camas, WA 98607</b>					32. Date of Disposition <b>06/08/2006</b>
33. Funeral Director Signature X <i>Ch. Straub</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. <b>CEREBRAL OLIGODENDROGLIOMA</b> Interval between Onset & Death <b>2 yrs.</b> Due to (or as a consequence of): 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): c. _____ Interval between Onset & Death _____ Due to (or as a consequence of): 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) and manner stated. X <i>Steven Rockoff, MD</i>				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) <b>Steven Rockoff, MD 16703 SE McGillvray, Vancouver, WA 98683</b>				50. Hour of Death (24hrs) <b>2115</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) <b>6/7/06</b>	
53. Title of Certifier <b>MD</b>	54. License Number <b>WA 25363</b>	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 <i>[Signature]</i>				58. Date Received (MM/DD/YYYY) <b>JUN 07 2006</b>	
59. Amendments					

DC # 2006163723  
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