

Doc # 2007166272

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Date: 05/29/2007 02:11P

Filed by: JACKSON JACKSON & KURTZ INC PS

Filed & Recorded in Official Records

of SKAMANIA COUNTY

SKAMANIA COUNTY AUDITOR

J MICHAEL GARVISON

Fee: \$35.00

AFTER RECORDING RETURN TO:

JACKSON, JACKSON & KURTZ, INC. PS

704 EAST MAIN STREET, SUITE 102

P.O. BOX 340

BATTLE GROUND, WA 98604

**AFFIDAVIT TO THE PUBLIC
REAL ESTATE EXCISE TAX**

Reference: 070523

STATE OF WASHINGTON

COUNTY OF CLARK

27043
MAY 29 2007

)
) ss PAID EXEMPT
) Gladys M. Templin
SKAMANIA COUNTY TREASURER

GLADYS M. TEMPLIN, being first duly sworn, upon oath deposes and says:

That this affidavit is made for the purpose of supplying information for record pertaining to that certain Community Property, previously owned by **RICHARD E. TEMPLIN** and **GLADYS M. TEMPLIN**, husband and wife, and also to the estate of **RICHARD E. TEMPLIN**, deceased, one of the parties to a Community Property Agreement between the parties recorded under Skamania County Auditor's Number 140848, Book 208, Page 807 on April 18, 2001, and it is intended that the statements set forth herein shall be considered representations of fact which may be relied upon by all persons dealing with the following described real property, situate in Skamania County, Washington:

Tax Serial No. 02063400120100

Skamania County Assessor
Date 5/29/07 Parcel# 2-6-34-1201
Jm

That portion of the West half of the Southwest quarter of Section 34, Township 2 North, Range 6 East of the Willamette Meridian lying Northerly of Primary State Highway No. 14 and southerly of Duncan Creek Road No. 10110.

TOGETHER WITH a 10x52 KIT and 1964 Marlette 10x55

SUBJECT TO all easements, restrictions, and reservations of record.

AFFIDAVIT TO THE PUBLIC - PAGE 1

Assessed Value at Date of Death:

Land: \$104,400

Imp. 16,500

Total Assessed Value at Date of Death: \$120,900

FIRST, that **RICHARD E. TEMPLIN** died on April 24, 2007, in Stevenson, Washington. A certified copy of the Death Certificate is attached hereto.

SECOND, that the parties to said agreement entered into no subsequent joint Wills or Agreements which would have the effect of abrogating or nullifying the above-mentioned Community Property Agreement.

THIRD, that no federal estate tax was due the United States of America for the reason that the taxable estate was within the specific exemption allowed decedent at the time of his death.

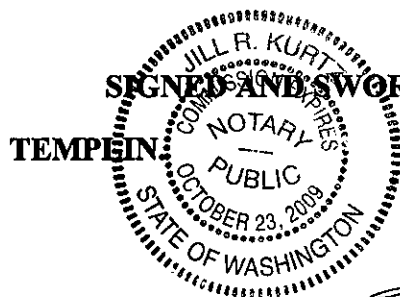
FOURTH, no estate taxes were imposed by the State of Washington.

FIFTH, that all obligations of the Community owing at the date of death have been paid in full or provided for, and all expenses of last illness and funeral expenses have been paid.

SIXTH, that your affiant is the surviving spouse of the decedent, and these facts and representations set out herein are within the personal knowledge of your affiant, and may be relied upon by all persons dealing with the assets of said decedent.

DATED this 22nd day of May, 2007.

Gladys M. Templin
GLADYS M. TEMPLIN



SIGNED AND SWORN to before me this 22nd day of May, 2007, by **GLADYS M.**

[Signature]
NOTARY PUBLIC in and for the State of Washington;
my commission expires: 10/23/09

AFFIDAVIT TO THE PUBLIC - PAGE 2

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number D2-14		Washington State Certificate of Death				State File Number		
1. Legal Name (Include AKA's if any): First Middle LAST Richard Eugene Templin					2. Death Date April 24, 2007			
3. Sex (M/F) Male	4a. Age - Last Birthday 88	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 Aug. 27, 1918	8a. Birthplace (City, Town, or County) Grove City	8b. (State or Foreign Country) Pennsylvania		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 5 th St.) (Include Apt. No.) 221 Duncan Creek Rd					13b. City or Town Stevenson			
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable) ---		13e. State or Foreign Country Washington	13f. Zip Code + 4 98648	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		
14. Estimated length of time at residence: 27 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Gladys M. Hathaway				
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Laborer				18. Kind of Business/Industry (Do not use Company Name) Aeronautics				
19. Father's Name (First, Middle, Last, Suffix) Ellis Willard Templin				20. Mother's Name Before First Marriage (First, Middle, Last) Genevieve A. Smith				
21. Informant's Name Gladys M. Templin		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 221 Duncan Creek Rd Stevenson, WA 98648				
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) 221 Duncan Creek Rd				
26a. City, Town, or Location of Death Stevenson		26b. State WA		27. Zip Code 98648				
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Portland Cremation Center		30. Location-City/Town, and State Portland, Oregon				
31. Name and Complete Address of Funeral Facility Evergreen Staples Funeral Chapel 4700 NE St Johns Rd Vancouver, WA 98661					32. Date of Disposition April 25, 2007			
33. Funeral Director Signature X <i>[Signature]</i>								
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. <i>Multi-system organ failure</i>				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. <i>Chronic kidney disease</i>				Interval between Onset & Death		
		c. <i>Aortic stenosis</i>				Interval between Onset & Death		
		d. <i>Dementia CAD</i>				Interval between Onset & Death		
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <i>Dementia</i>					36. Autopsy? <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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: ---		
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) ---		50. Hour of Death (24hrs) 0445				
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. Karen Schaefer ARNP					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. Ptl OR 97221			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type of Print) Karen Schaefer, ARNP 3710 SW US Vets Hwy					51. Name and Title of Attending Physician if other than Certifier (Type of Print) ---			
53. Title of Certifier ARNP		54. License Number AP3000		55. 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) APR 25 2007			
59. Amendments								



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:

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) by 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

APR 30 2007


 Alan Melnick
 Health Officer
 Skamania Co. Public Health

NN01216675

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