

RECORDING REQUESTED BY  
AND WHEN RECORDED RETURN TO:

Lenora Yocom  
43770 Hwy 41  
Oakhurst, CA 93644

Doc # 2007166891  
Page 1 of 4  
Date: 07/17/2007 11:22A  
Filed by: ELLEN HEYNEMANN  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
SKAMANIA COUNTY AUDITOR  
J MICHAEL GARVISON  
Fee: \$35.00

**REAL ESTATE EXCISE TAX**

27128

JUL 17 2007

PAID EXEMPT  
*Shirley K. Kinnis Deputy*  
SKAMANIA COUNTY TREASURER

**AFFIDAVIT OF DEATH OF JOINT LIFE TENANT  
AND COMMUNITY PROPERTY STATEMENT**

LENORA YOCOM, of legal age, being first duly sworn, deposes and says:

That MARVIN ALLEN YOCOM, the decedent mentioned in the attached  
certified copy of Certificate of Death, is the same person as MARVIN YOCOM named as one of  
the joint life tenants in that certain Statutory Warranty Deed dated October 30, 2006, executed by  
Ruth E. Jose to Marvin Yocom and Lenora Yocom, husband and wife, as to a life estate and  
Mitchell R. Heynemann and Ellen M. Heynemann, husband and wife, as to the remainder,  
recorded November 9, 2006, in the Official Records of Skamania County, Washington, as  
document No. 2006163646, covering real property situated in the County of Skamania, State of  
Washington, as more particularly described as follows:

Skamania County Assessor  
Date 7/17/07 Parcel# 2-7-30-1-1-2500  
LM

Lot 6, Block 2, Plat of Relocated North Bonneville, according to  
the Plat recorded in Book B, Page 8, Auditor File No. 83466 and  
Re-recorded in Book B, Page 24, Auditor File No. 84429,  
Skamania County Records

Assessor's Property Tax Parcel/Account No. 02-07-30-1-1-2500-00

Affiant further declares that the decedent named above was, on the date of his

death, a resident of the State of California and the interest described above held by decedent was held as community with the joint life tenant, LENORA YOCOM, said property having been acquired by the life tenants during their marriage and acquired with community property funds.

I declare under penalty of perjury that the foregoing is true and correct,  
and that this affidavit is executed on 7/10/7, 2007, at Oakhurst, Madera  
County, California.

Lenora Yocom  
LENORA YOCOM

M:\LIBRARY\WILL-TRU\Yocom.Aff.Death.wpd

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## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

## MADERA COUNTY

PUBLIC HEALTH DEPARTMENT  
MADERA, CALIFORNIA 93638

## CERTIFICATE OF DEATH

3-2007-20-000226

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV 3/05)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>MARVIN</b>		2. MIDDLE <b>ALLEN</b>		3. LAST (Family) <b>YOCOM</b>	
4A. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) -		4. DATE OF BIRTH mm/dd/yyyy <b>07/22/1924</b>		5. AGE Yrs. <b>82</b>	6. SEX <b>M</b>
8. BIRTH STATE/FOREIGN COUNTRY <b>UT</b>		10. SOCIAL SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SRDP* (at Time of Death) <b>MARRIED</b>
13. EDUCATION - Highest Level/Degree (See worksheet on back) <b>SOME COLLEGE</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		7. DATE OF DEATH mm/dd/yyyy <b>04/02/2007</b>	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>MANAGER</b>		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>		8. HOUR (24 Hours) <b>2052</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>MANAGER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>AIR CRAFT INDUSTRY</b>		19. YEARS IN OCCUPATION <b>30</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>43970 HWY 41</b>		21. CITY <b>OAKHURST</b>		22. COUNTY/PROVINCE <b>MADERA</b>	23. ZIP CODE <b>93644</b>
24. YEARS IN COUNTY <b>35</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>		26. INFORMANT'S NAME, RELATIONSHIP <b>LENORA YOCOM, WIFE</b>	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>43970 HWY 41, OAKHURST, CA 93644</b>		28. NAME OF SURVIVING SPOUSE/SRDP* - FIRST <b>LENORA</b>		29. MIDDLE <b>C.</b>	
30. LAST (BIRTH NAME) <b>KEARIN</b>		31. NAME OF FATHER/PARENT - FIRST <b>ELMER</b>		32. MIDDLE <b>M.</b>	
33. LAST <b>YOCOM</b>		34. BIRTH STATE <b>UNK</b>		35. NAME OF MOTHER/PARENT - FIRST <b>CORDELA</b>	
36. MIDDLE <b>E.</b>		37. LAST (BIRTH NAME) <b>COPFER</b>		38. BIRTH STATE <b>UNK</b>	
39. DISPOSITION DATE mm/dd/yyyy <b>04/06/2007</b>		40. PLACE OF FINAL DISPOSITION <b>RES: LENORA YOCOM, 43970 HWY 41, OAKHURST, CA 93644</b>		41. TYPE OF DISPOSITION(S) <b>CR/RES</b>	
42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT <b>PALM MEMORIAL SIERRA CHAPEL</b>	
45. LICENSE NUMBER <b>FD1019</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>Thomas J. Cole M.D.</i>		47. DATE mm/dd/yyyy <b>04/06/2007</b>	
101. PLACE OF DEATH <b>RESIDENCE</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY <b>MADERA</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>43970 HWY 41</b>		106. CITY <b>OAKHURST</b>	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or venous thrombosis without showing the etiology. DO NOT ABBREVIATE. <b>ADVANCED CANCER OF PROSTATE</b>		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. BIRTH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>ADVANCED CANCER OF PROSTATE</b>		111. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST <b>ADVANCED CANCER OF PROSTATE</b>		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NO</b>	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>		114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		115. SIGNATURE AND TITLE OF CERTIFIER <i>CA 76</i>	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>A. PADMANABHAN M.D., 1791 N. FIR, FRESNO, CA 93720</b>		117. LICENSE NUMBER <b>A31247</b>		118. DATE mm/dd/yyyy <b>04/05/2007</b>	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. LOCATION OF INJURY (Street and number, or location, and city, and zip)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	
125. SIGNATURE OF CORONER / DEPUTY CORONER		126. DATE mm/dd/yyyy		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

STATE REGISTRAR A B C D E CERTIFIED COPY OF VITAL RECORDS FAX AUTH.# CENSUS \*000040227\*

STATE OF CALIFORNIA  
COUNTY OF MADERA

SS.

DATE ISSUED: 04/11/2007

BY *Thomas J. Cole M.D.*

HEALTH OFFICER

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, MADERA COUNTY PUBLIC HEALTH DEPARTMENT.

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

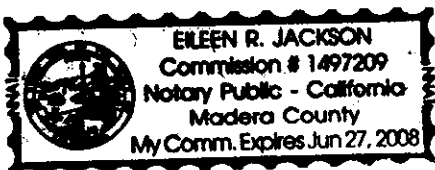
State of CALIFORNIA

County of Madera

On July, 2007, before me, Eileen R. Jackson,  
DATE NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"

personally appeared Lenora Yocom,  
NAME(S) OF SIGNER(S)

☐ personally known to me - OR - ☒ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Eileen R. Jackson  
SIGNATURE OF NOTARY  
 Eileen R. Jackson

## OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

### CAPACITY CLAIMED BY SIGNER

☒ INDIVIDUAL  
☐ CORPORATE OFFICER

TITLE(S)

☐ PARTNER(S) ☐ LIMITED  
☐ GENERAL

☐ ATTORNEY-IN-FACT  
☐ TRUSTEE(S)  
☐ GUARDIAN/CONSERVATOR  
☐ OTHER: \_\_\_\_\_

### DESCRIPTION OF ATTACHED DOCUMENT

Affidavit of Death of Joint Life Tenant and Community Property Statement  
TITLE OR TYPE OF DOCUMENT

Three  
NUMBER OF PAGES

July 11, 2007  
DATE OF DOCUMENT

**SIGNER IS REPRESENTING:**  
NAME OF PERSON(S) OR ENTITY(IES)

None  
SIGNER(S) OTHER THAN NAMED ABOVE