

**WHEN RECORDED RETURN TO:**

Avis L. Davis

P.O. Box 454

422 Brooks Road

Carson, WA 98610

**DOCUMENT TITLE(S)**

Death Certificate and  
Community Agreement

**REFERENCE NUMBER(S)** of Documents assigned or released:

CPA Filed 2-26-03 AF 14758 BK 237 PG 943

☐ Additional numbers on page \_\_\_\_\_ of document.

**GRANTOR(S):**

Chancey R Davis Sr. Deceased  
Removing life estate only

☐ Additional names on page \_\_\_\_\_ of document.

**GRANTEE(S):**

Avis L. Davis  
Reserving life estate


☐ Additional names on page \_\_\_\_\_ of document.

**LEGAL DESCRIPTION** (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

As to life estate on Lot 2 Serena Blake SP  
for AVIS L. DAVIS/Remove  
Chancey / PG 54

☐ Complete legal on page \_\_\_\_\_ of document.

**TAX PARCEL NUMBER(S):**

03-08-17-3-0-1200-00 

☐ Additional parcel numbers on page \_\_\_\_\_ of document.

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

**REAL ESTATE EXCISE TAX**

27571

MAY - 2 2008

PAID

exempt  
Vickie Clelland  
SKAMANIA COUNTY TREASURER

## CERTIFICATION OF VITAL RECORD

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

489708

I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN SERVICES  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

136-

STATE FILE NUMBER

1. Legal Name (include AKA's, if any) First: Chancey Middle: Robert Last: Davis Suffix: Sr					2. Death Date (MON DO YYYY) March 05, 2008	
3. Sex (MF) Male	4a. Age - Last Birthday 82	4b. Under 1 Year Months: Days:	4c. Under 1 Day Hours: Minutes:	5. Social Security Number	6. County of Death Hood River	
7. Birthdate (MON DO YYYY) Sept. 04, 1925		8a. Birthplace (City/Town, or County) The Dalles		8b. (State or Foreign Country) Oregon		9. Decedent's Education 12th 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13. Residence: Number and Street (e.g. 524 SE 5th Street, Apt. No. 8) 422 Brooks Road				14. City/Town Carson		15. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
15. Residence County Skamania		16. State or Foreign Country Washington		17. Zip Code + 4 98610		18. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. Marital Status at Time of Death married			20. Spouse's Name (if married or widowed, give name prior to first marriage) Avis Levelle Findley			
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") Mill Worker				22. Kind of Business/Industry (DO NOT USE COMPANY NAME) Plywood Mill		
23. Father's Name (First, Middle, Last, Suffix) Charles Gildert Davis			24. Mother's Name Prior to First Marriage (First, Middle, Last) Gladys Cutler Cayson			
25. Informant's Name Avis Davis		26. Telephone Number 509 427-8608		27. Relation to Decedent wife		28. Mailing Address (Number & Street, City/Town, State, Zip + 4) PO Box 454, Carson, WA 98610
29. Place of Death Hood River, Oregon		30. Facility Name Hood River Memorial Hospital/Providence				
31. Location of Death (Give address) 811 13th Street		32. City/Town or Location of Death Hood River		33. State OR		34. Zip Code + 4 97031
35. Method of Disposition cremation		36. Place of Disposition (Name of cemetery, crematory, or other place) Columbia River Crematory		37. Location White Salmon, Washington		
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) Gardner Funeral Home, PO Box 390, White Salmon, WA 98672						
39. Date of Disposition (MON DO YYYY) 3-7-08		40. Funeral Director's Signature <i>[Signature]</i>			41. OR License Number RR64	
42. Registrar's Signature <i>[Signature]</i>			43. Date Received (MON DO YYYY) MAR 10 2008		44. Local File Number 031-2008	
45. Record Amendment						
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		49. Time of Death Onset to Death 0903
CAUSE OF DEATH (See instructions and examples.)						
50. 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.						Approximate Interval: Onset to Death
Final disease or condition resulting in death → Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death). a. IMMEDIATE CAUSE: CONGESTIVE HEART FAILURE b. Due to (or as a consequence of) ↓ c. CORONARY ARTERY DISEASE d. Due to (or as a consequence of) ↓						10-15 YRS
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: RENAL FAILURE						
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		
55. Date of Injury (MON DO YYYY)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
59. Location of Injury (Number & Street, City/Town, State, Zip + 4)						
60. Describe how injury occurred.				61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		
62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4) Dr Ryan Peterson 1151 May Street, Hood River, OR 97031						
63. Name and Title of Attending Physician (if Other than Certifier)						
64. Title of Certifier MD			65. License Number MO 24586		66. Date Certified (MON DO YYYY) 3/7/2008	
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				68. Medical Examiner - 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.		
69. Record Amendment						

ORIGINAL - VITAL RECORDS COPY

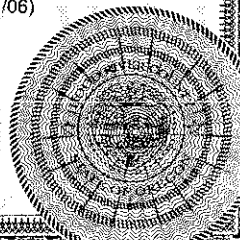
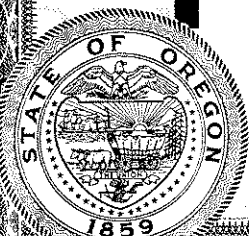
45-2 (01/06)

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY  
REGISTERED AT THE OFFICE OF THE HOOD RIVER COUNTY REGISTRAR.

DATE ISSUED: MAR 10 2008

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

Maria C. Santoyo  
MARIA C. SANTOYO  
COUNTY REGISTRAR  
HOOD RIVER COUNTY, OREGON



## COMMUNITY PROPERTY AFFIDAVIT

STATE OF WASHINGTON )  
 ) ss,  
COUNTY OF SKAMANIA )

Avis Davis, being first duly sworn, upon oath, declares as follows:

1. Status. I am the surviving spouse of Chancey R. Davis, Sr., who died on March 5, 2008, in Hood River, Hood River County, Oregon. A certified copy of his Certificate of Death is attached to this Affidavit.
2. Purpose of Affidavit. I am making this Affidavit and the representations made in it to induce any party dealing with the Community Property Agreement (the "Agreement") referenced in the following paragraph and any property, real, personal, or mixed, subject to the Agreement to rely upon the Agreement and all of its terms and provisions.
3. Community Property Agreement. On February 26, 2003, Decedent and I, as husband and wife, validly executed a written Community Property Agreement, which has remained valid and in full force since its execution. The Agreement was recorded in the Office of the County Auditor of Skamania County, Washington, on February 26, 2003, under Recording No. 147758, Book 237, Page 943.
4. Community Property Subject to the Agreement. Decedent's and my Community Property on his date of death consisted of (1) a sellers' interest in a Purchase and Sale Agreement of Lot 2 of the Blake Short Plat, filed September 14, 1983 in Book 3 of Short Plats, Page 54, under Auditor's File No. 96373, records of Skamania County, Washington conveying said property to Brooks Road, LLC; (2) vehicles and horse trailer; (3) miscellaneous cash and bank account(s); and (3) miscellaneous household furniture and furnishings.
5. Decedent's Will & Probate. No proceedings have begun to have a Will of Decedent admitted to probate, to have a Personal Representative for Decedent appointed, or to set aside, cancel, or revoke the Agreement.
6. Character and Value of Decedent's Estate. At his death, Decedent's estate was valued at approximately \$75,000.00 and consisted solely of his one-half share of Community Property subject to the Agreement. Decedent owned no separate property at death.
7. Decedent's Debts & Expenses. All of the debts and expenses of Decedent (including expenses of last illness, funeral, and burial) have been provided for.

8. Community Liabilities. All liability and other obligations of the marital community have been provided for.

Dated: April 28, 2008.

Avis L. Davis  
Avis Davis  
Carson, WA 98610

SUBSCRIBED & SWORN TO before me on April 28, 2008.



Shirley A. Little  
Shirley A. Little  
NOTARY PUBLIC, in and for the State of  
Washington, residing at: Stevenson  
My appointment expires on August 17, 2011

Unofficial Copy