AFN #2009173381 Recorded 07/20/09 at 04:48 PM DocType: DEATH Filed by: Mary Kathleen Spears Page: 1 of 5 Auditor J. Michael Garvison Skamania County, WA

WHEN RECORDED RETURN TO:

A SECTION OF THE PROPERTY OF T	
DOCUMENT TITLE(S)	REAL ESTATE EXCISE TAX
DEATH CERTIFICATE	NIA
REFERENCE NUMBER(5) of Documents assigned or released:	JUL 2 1 2009
[] Additional numbers on page of document.	Live allendrends
GRANTOR(S);	351WT TREASURER)
JIMMIE LEE SPEARS	
[] Additional names on page of document.	
GRANTEE(S): MARY KATHLEEN SPEARS [] Additional names on page of document.	4 7 1
LEGAL DESCRIPTION (Abbreviated: i.e. Lat, Block, Plat or Sec.	tion, Township, Range, Quarter):
Complete legal on page <u></u> of document.	
TAX PARCEL NUMBER(S):	
02072112020000 JM	
[] Additional parcel numbers on page of document. The Auditor/Recorder will rely on the information provided on this fo	orm. The staff will not read the document to
verify the accuracy or completeness of the indexing information.	orm. The star will have read the accumulations
Actual the accountry of combinerations of the supering anotheren.	

AFN #2009173381 Page: 2 of 5

COMMUNITY PROPERTY AGREEMENT

This agreement, made and entered into this ______ day of July, 2009, by and between JIMMIE LEE SPEARS and MARY KATHLEEN SPEARS, husband and wife, both of Skamania County, Washington.

<u>WITNESSETH</u>

WHEREAS, the parties hereto are the owners of certain property situated in the State of Washington, consisting of real and personal property; and

WHEREAS, the parties contemplate acquiring more property in the future; and

WHEREAS, the parties are desirous of all of their property passing to the survivor without delay or expense in the event of the death of either of them;

NOW, THEREFORE, we, JIMMIE LEE SPEARS and MARY KATHLEEN SPEARS, for and in consideration of the love and affection that we have one for the other, do hereby mutually agree as follows:

That upon the death of the first of us to die, all of the property which we have separately, jointly or otherwise, and whether real, personal, or mixed and wheresoever situate shall be community property; and

That upon the death of the first of us to die, title to all community property is to vest immediately in fee simple or wholly, as the case may be, in the survivor.

JIMMIE LEE SPEARS

STATE OF WASHINGTON)

County of Skamania

On this day personally appeared before me JIMMIE LEE SPEARS and MARY KATHLEEN SPEARS, to me known to be the individuals described in and who executed the within and foregoing instrument and acknowledged to me that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned Given under my hand and seal this 10

day of July, 2009.

NOTARY PUBLIC STATE OF WASHINGTON

Notary Public in and for the State of,

Washington, residing at N. Bonneville My commission expires 9-19-09

COMMUNITY PROPERTY AGREEMENT Page 1

AFN #2009173381 Page: 3 of 5

AFN #2009172029 Page: 3 of 3

BOOK 198 PAGE 589

EXHIBIT "A"

That portion of the Bishop D.L.C. in the Northwest Quarter of Section 21.
Township 2 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at the intersection of the Moffetts-Carpenter Road and the North right of way line of State Highway No. 8, said intersection being North right of way line of State Highway No. 8, said intersection being North 2,202.06 feet and East 1,930.50 feet from the U.S.E.D. monument marking the Southwest Corner of the Bishop D.L.C. thence North 48° 08' west on the centerline of the said Moffetts-Carpenter Road 985.34 feet West on the county Road Station P.I. 10420.89; thence North 05° 37' west on the to County Road Station P.I. 10420.89; thence North 05° 37' west on the tangent 149.08 feet; thence North 89° 37' West 25.13 feet to the Westerly line of the said Moffetts-Carpeters Road, said point being the initial line of the tract hereby described; thence North 89° 37' West 150 feet; point of the tract hereby described; thence South 89° 37' East 150 feet of themce South 05° 37' East 75 feet; thence South 89° 37' West 75 feet to the initial point.

Skamania County Assessor

Date 2/10/19 Parcel 2-7-21-1-2-200

Skamania County Assessor Date 7-2007 Parcel 2-7-24

ania County Assessor

MA

AFN #2009173381 Page: 4 of 5

Septe April Apri	The state of Death State File Number State	t ever in U. NO Limits? ☐ Un
James Lee SPEARS July 13, 2009	Jinmie Lee SPEARS July 13, 2009 3. Sex (MF)	t ever in U. NO Limits? ☐ Un
See, Mary Mark Age Lest diministry (M. United 1 Year) March 1 Day	S. Sex (MF) 4a. Age - Last Birthday 4b. Under 1 Year Months Days Hours Minutes M	t ever in U. NO Limits? ☐ Un
Marriad 1948 Sp. Birthplace (20th Year count of December Security Sp. States Sp.	March 61 Months Days Hours Minutes Minutes Skamania	t ever in U. NO Limits? ☐ Un
Marker 10, 1948 Vancouver Washington High School Graduate or GED Comple No. Washington No. Washing	March 10, 1948 Vancouver Washington High School Graduate or GED Cor 10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify. 11. Decedent's Race(s)	t ever in U. NO Limits? ☐ Un
No. An interested prive An interested private An	No White Armed Forces? 13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 1015 E Cascade Drive 13c. Residence: County Scandaria 13c. City or Town North Bonneville 13c. Residence: County Scandaria 13d. Tribal Reservation Name (if applicable) 13c. State or Foreign Country Washington 14c. Estimated length of time at residence. 9 years Married 15c. Marital Status at Time of Death Married 16c. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Mary Kathleen Scaneider 17c. Usual Occupation (Indicate type of work done during most of working life. (so NOT USE RETIRED). 18c. Kind of Business/Industry (Do not use Company Name) Millworker 19c. Father's Name (First, Middle, Last, Suffix) Tommie Spears 21c. Relationship to Decedent Wife 22c. Relationship to Decedent Wife 22c. Relationship to Decedent Wife 22c. Relationship to Decedent Wife 22d. Mailing Address: Number and Street or RFD No. Chye Town State Zip Decedent's Residence 24c. Place of Death, if Death Occurred Somowhere Other than a Hospital: Decedent's Residence 25c. Facility Name (if not a facility, give number & street or location) 1015 E. Cascade Drive 26a. City, Town, or Location of Death North Bonneville WA 98639	No Limits?
Total Residence Total Processing Total Total Reservation Name of applicable Total Reservation Name of the American Total Reservation Name of the Na	1015 E Cascade Drive 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country Skamania 13f. Zip Code + 4 13g. Inside City Washington 14. Estimated length of time at residence. 9 years 17. Usual Occupation (indicate type of work done during most of working life. (po Not use Retired). 18. Kind of Business/Industry (Do not use Company Name) Paper Mill 19. Father's Name (First, Middle, Last, Suffix) Tommie Spears 21. Informant's Name Mary Spears 22. Relationship to Decedent Wife PO Box 431 North Bonneville, WA 98639 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) Pager North Bonneville Pager Age. Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Residence 26a. City Town, or Location of Death North Bonneville WA 98639	☐ Un
Skalamana Skal	Skamania Washington 98639 Wes Ino 14. Estimated length of time at residence. 9 years 15. Marital Status at Time of Death Married Inc. (Inc. Status at Time of Death Married Inc. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) 17. Usual Occupation (Indicate type of work done during most of working life. (po Not use Retriked). In Skind of Business/Industry (Do not use Company Name) Paper Mill 18. Kind of Business/Industry (Do not use Company Name) Paper Mill 19. Father's Name (First, Middle, Last, Suffix) Tommie Spears 20. Mother's Name Before First Marriage (First, Middle, Last) Don's Schweitzer 21. Informant's Name Mary Spears 22. Relationship to Decedent Wife PO Box 431 North Bonneville, WA 98639 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) 1015 E. Cascade Drive WA 98639	
14. Estimated forcits of the case and as designed. 15. Metrical Status at Time of Death Marris Status as Status as Time of Death Marris Status as	14. Estimated length of time at residence. 15. Marital Status at Time of Death 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) 17. Usual Occupation (Indicate type of work done during most of working life. (po NOT USE RETIRED). 18. Kind of Business/Industry (Do not use Company Name) Paper Mill 18. Father's Name (First, Middle, Last, Suffix) 20. Mother's Name Before First Marriage (First, Middle, Last) 18. Kind of Business/Industry (Do not use Company Name) Paper Mill 20. Mother's Name Before First Marriage (First, Middle, Last) 18. Kind of Business/Industry (Do not use Company Name) Paper Mill 20. Mother's Name Before First Marriage (First, Middle, Last) 18. Kind of Business/Industry (Do not use Company Name) Paper Mill 20. Mother's Name Before First Marriage (First, Middle, Last) 20. Mother's Name Schuse it zer 20. Mother's Name Schuse it zer 21. Informant's Name 22. Relationship to Decedent 23. Mailing Address: Number and Street or RFD No. 23. Mailing Address: Number and Street or RFD No. 23. Mailing Address: Number and Street or RFD No. 24. Piace of Death, if Death Occurred Somewhere Other than a Hospital: 24. Piace of Death, if Death Occurred Somewhere Other than a Hospital: 25. Facility Name (If not a facility, give number & street or location) 26a. City, Town, or Location of Death 26b. State 27. Zip Code 27. Zip Code 28. City Town, or Location of Death 28. State 27. Zip Code 28. City Town, or Location of Death 28. State 27. Zip Code 28. City Town, or Location of Death 28. State 27. Zip Code 28. City Town, or Location of Death 28. State 27. Zip Code 28. City Town, or Location of Death 28. State 27. Zip Code 28. City Town, or Location of Death 28. State 27. Zip Code 28. City Town, or Location of Death 28. State 27. Zip Code 28. City Town, or Location 28. State 28. Stat	
17. Lings (Occupation indexind the pixed when done during most of warking the (pixed to accurate in the pixed to accurate the pixed	17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). 18. Kind of Business/Industry (Do not use Company Name) Paper Mill 19. Father's Name (First, Middle, Last, Suffix) Tommie Spears 20. Mother's Name Before First Marriage (First, Middle, Last) Doris Schweitzer 21. Informant's Name Marry Spears 22. Relationship to Decedent Wife PO Box 431 North Bonneville, WA 98639 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) 1015 E. Cascade Drive 18. Kind of Business/Industry (Do not use Company Name) Paper Mill 20. Mother's Name Before First Marriage (First, Middle, Last) Doris Schweitzer 20. Mother's Name Before First Marriage (First, Middle, Last) Doris Schweitzer 24. Place of Death, if Death Occurred Schweitzer 25. Facility Name (if not a facility, give number & street or location) North Bonneville 26. City, Town, or Location of Death WA 98639	
P. Finiter Name (Proc. Name)	19. Father's Name (First, Middle, Last, Suffix) Tommie Spears 20. Mother's Name Before First Marriage (First, Middle, Last) Doris Schweitzer 21. Informant's Name Mary Spears 22. Relationship to Decedent Wife 23. Mailing Address; Number and Street or RFD No. City or Town State Zip PO Box 431 North Bonneville, WA 98639 24. Place of Death, if Death Occurred in a Hospital: Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Residence 25. Facility Name (if not a facility, give number & street or location) 1015 E. Cascade Drive 20. Mother's Name Before First Marriage (First, Middle, Last) Doris Schweitzer 26. Address; Number and Street or RFD No. City or Town State Pipe Box 431 North Bonneville, WA 98639	
### ABLEY Spears 22. Relationship to Decedent 23. Maining Address : American great sharpon Nove to the comment of the	21. Informant's Name Mary Spears 22. Relationship to Decedent Wife 23. Mailing Address: Number and Street or RFD No. City or Town State Zip PO Box 431 North Bonneville, WA 98639 24. Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Residence 25. Facility Name (If not a facility, give number & street or location) 1015 E. Cascade Drive 22. Relationship to Decedent PO Box 431 North Bonneville, WA 98639	
Mary Spears 4 Pages of Death, and Search Sourcer's in a Hespital: Pages of Death, and Search Search Spears Pages of Death, and Search Search Spears Pages of Death, and Search Search Spears Pages of Death, and Search Spears Pages of Death, and Search Spears Pages of Pages of Final Disposition Pages of Final Disposition	Mary Spears Wife PO Box 431 North Bonneville, WA 98639 24. Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Residence 25. Facility Name (if not a facility, give number & street or location) 1015 E. Cascade Drive WA 98639	
Decedent's Residence 1013 L. Cascade Drive Biss. Craim town, or Location (10 teath 98.633) Biss. Craim town, or Loc	Decedent's Residence 25. Facility Name (If not a facility, give number & street or location) 1015 E. Cascade Drive Decedent's Residence 26a. City, Town, or Location of Death North Bonneville WA 98639	
1015 E. Cascade Drive 29. Nathod of Disposition Cremation 29. Pigos of Final Dispositic Name of emessy comatory white place Columbia River Crematory 31. Name and Complete Address of Funeral Facility Caucher Pruneral Home PO Box 390 White Salmon, Wa 98672 32. Disnot Disposition 33. Funeral Director Signature X Caucher Pruneral Home PO Box 390 White Salmon, Wa 98672 33. Funeral Director Signature X Caucher Pruneral Signature A Caucher Pruneral Director Signature X Caucher Pruneral Signature A Caucher Pruneral Signature	1015 E. Cascade Drive WA 98639	
Cremation Columbia River Crematory White Salmon, Washington 31, Name and Complete Address of Funeral Facility Gardner Funeral Home PO Box 390 White Salmon, WA 98672 32, Date of Disposition 7 - 1 - 200 9 33. Funeral Director Signature X Cause of Disth (See instructions and examples) 34. Enter the chain of events - diseases, injurios, or complications - had directly caused in the dath. DO NOT enter terminal events such as cardiac arrest respiratory arrest, ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. Interval between Onset & Cause of Disth (See instructions and examples) Interval between Onset & Cause of Disth (See instructions and examples) Interval between Onset & Cause of Disth (See instructions and examples) Interval between Onset & Cause of Disth (See instructions and examples) Interval between Onset & Cause of Disth (See instructions and examples) Interval between Onset & Cause of Disth (See instructions and examples) Interval between Onset & Cause of Disth (See instructions and examples) Interval between Onset & Cause of Disth (See instructions and examples) Interval between Onset & Cause of Disth (See instructions and examples) Interval between Onset & Cause of Disth (See instructions and examples) Interval between Onset & Cause of Disth (See instructions and examples) Interval between Onset & Cause of Disth (See instructions and examples) Interval between Onset & Cause of Disth (See instructions and examples) Interval between Onset & Cause of Disth (See instructions and examples) Interval between Onset & Cause of Disth (See instructions and examples) Interval between Onset & Cause of Disth (See instruction and examples) Interval between Onset & Cause of Disth (See instruction and examples) Interval between Onset & Cause of Disth (See instruction and examples) Interval between Onset & Cause of Disth (See instruction and examples) Interval between Onset & Cause of Disth (See instruction an		
31. Name and Complete Audress of Funeral Facility Gardner Funeral Home PO Box 390 White Salmon, WA 98672 32. Date of Disposition Gardner Funeral Home PO Box 390 White Salmon, WA 98672 33. Funeral Director Signature X Cause of Disth (See instructions and examples) 34. Enter the chain of events — diseases, injurios, or complications — that directly caused the death. DO NOT enter terminal events such as cardiac irrest respiratory arrest, respiratory arrest, and additional without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, fay, leading to the cause listed on line as Enter the UNDERLYING CAUSE (issues to rinjury that intuited the events resulting in the underlying cause given above. Due to (or as a consequence of): Due to (or as a consequence of): The events resulting in the death of the events resulting in the underlying cause given above. 36. Autopsy? 37. Were autopsy findings available contributions contributing to death but not resulting in the underlying cause given above. 38. Manner of Death. Sequentially Homicide Not pregnant within past year Not pregnant, but pregnant additions contributed to death Not pregnant, but pregnant additions are contributed to death Not pregnant, but pregnant within 42 days before death Not pregnant within the past year Not pregnant within the past year Not pregnant within the past year Not pregnant additions are relationary within the past year Not pregnant additions are relationary within the past year Not pregnant additions are relationary within the past year Not pregnant additions are relationary within the past year Not pregnant additions are relationary within the past year Not pregnant additions are relationary within the past year Not pregnant additions are relationary within the past year Not pregnant additions are relationary within the past year Not pregnant additions are relationary within the pas	28. Method of Disposition 29. Place of Final Disposition (Name of cemetery, crematory, other place) 30. Location-City/Town, and State Cremation White Salmon, Washingt	on
23. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arreat, eventricular fibrillation without showing the etiology. DO NO ABBREVIATE. Add additional lines if necessary. MMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions if any, leading by to for as a consequence of): Tatheral between Onset & C. Z. V. C. Sequentially list conditions if any, leading by to the cause is listed on line a. Enfort the UNDERLYING CAUSE (isleases or injury that initiated the events resulting in the underlying cause given above. 35. Other significant conditions contributing to death but not resulting in the underlying cause given above. 36. Autopsy? 37. Were autopsy findings available complete the Cause of Death Not pregnant within 42 days before death Not pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death Not pregnant at time of death Not pregnant within the past year Not pregnant at time of death Not pregnant within the past year S. Probably Not pregnant at time of death Not pregnant within the past year S. Probably Not pregnant within the past year S. Probably Not pregnant at time of death Not pregnant within the past year S. Probably Not S. Proba	31. Name and Complete Address of Funeral Facility 32. Date of Disposition	
33. 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, eventricular fibrillation without showing the etiology. DO NOT ABREVIATE. And additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading by the for as a consequence off: Interval between Onset & Experimental events resulting in death) Due to (or as a consequence off: Interval between Onset & Experimental events resulting in the underlying cause given above. 35. Other significant conditions contributing to death but not resulting in the underlying cause given above. 36. Autopsy? 37. Were autopsy findings available complete the Cause of Death? Accident Hornicide Pregnant at time of death Not pregnant, but pregnant within 42 days before death to death? Accident Prednand Pregnant at time of death Not pregnant, but pregnant within 42 days before death to death? At Not pregnant at time of death Not pregnant, but pregnant within 42 days before death to death? At Not pregnant at time of death Not pregnant, but pregnant within 42 days before death to death? At Not pregnant at time of death Not pregnant, but pregnant within 42 days before death to death? At Not pregnant within past year Not pregnant, but pregnant within past year Not pregnant within 42 days before death to death? At Not pregnant within 42 days before death to death? At Not pregnant within 42 days before death to death? At Not pregnant within 42 days before death to death? At Not pregnant within 42 days before death to death? At Not pregnant within 42 days before death to death? At Not pregnant within 42 days before death to death? At Not pregnant within 42 days before death to death? At Not pregnant within 42 days before death to death? At Not pregnant within 42 days before death to death? At Not Probably to death? At Not pregnant within 42 days before de	33. Funeral Director Signature X	·
Yes No No No No No No No No	UNDERLYING CAUSE (disease or injury that initiated the events resulting in	nset & De
38. Manner of Death 39. If female Not pregnant within past year Not pregnant, but pregnant within 42 days before death 10 de		
Not pregnant, but pregnant within 42 days before death Not pregnant within 42 days before death Not pregnant, but pregnant 43 days to 1 year before death Yes Probably No Sunknown No Sunkno	☐ Yes ☑ No ☐ Yes ☐ No	5
45. Location of Injury: Number & Street: City or Town: County: State: Zip Code+ 4: 46. Describe how injury occurred 47. If transportation injury, specify: Driver/Operator Pedestrian Passenger 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. 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. 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. 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. 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. 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. 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. 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. 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. 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. 48b. M	Benatural ☐ Homicide ☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days before death to death? ☐ Accident ☐ Undetermined ☐ Pregnant at time of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Yes ☐ Prot ☐ Suicide ☐ Pending ☐ Unknown if pregnant within the past year ☐ No ☑ Unknown if pregnant within the past year	oably nown
City or Town: City or Town: County: State: Zip Code+ 4: 47. If transportation injury, specify: Driver/Operator Pedestrian Passenger Other (Specify) 48a. Certifying Physician-To the best of my knowledge, death recurred 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) Troy Witherite PO Box 1519 White Salmon, WA 98672 51. Name and Title of Attending Physician if other than Certifier (Type or Print) 52. Date Signed remodyron, 7/14/2009 53. Title of Certifier 54. License Number 55. ME/Coroner File Number 56. Was case referred to ME/Coroner?	. □ Yes □ No	
47. If transportation injury, specify: Driver/Operator Pedestrian Passenger Other (Specify) 48a. Certifying Physician-Fo the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. 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. 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. 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. 47c. If transportation injury, specify: Driver/Operator Pedestrian 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. 47c. If transportation injury, specify: Driver/Operator Pedestrian 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. 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. 47c. How the coron in the cause 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. 47c. How the cause of examination and cause 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. 47c. How the cause of examination and	[사용자 기계 환경 : 사용자 기계 기계 : 10 : 10 : 10 : 10 : 10 : 10 : 10 : 1	
Passenger 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. 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 X X X X X X X X X	46. Describe how injury occurred 47. If transportation injury, specify:	
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) Troy Witherite PO Box 1519 White Salmon, WA 98672 51. Name and Title of Attending Physician if other than Certifier (Type or Print) 53. Title of Certifier 54. License Number 55. ME/Coroner File Number 56. Was case referred to ME/Coroner?		
Troy Witherite PO Box 1519 White Salmon, WA 98672 51. Name and Title of Attending Physician I other than Certifier (Type or Print) 52. Date Signed (AMCDONYMY) 7/4/2009 53. Title of Certifier 54. License Number 55. ME/Coroner File Number 56. Was case referred to ME/Coroner?		
51. Name and Title of Attending Physician if other than Certifier (Type or Print) 52. Date Signed (Autopay) 7/4/2009 53. Title of Certifier 54. License Number 55. ME/Coroner File Number 56. Was case referred to ME/Coroner?	10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	
53. Title of Certifier 54. License Number 55. ME/Coroner File Number 56. Was case referred to ME/Coroner?		r i
THAT THE YEAR OF THE WAY ALCOUDE SERVICE YOUR SERVICE	7/14/2009	
57. Registrar Signature 58. Date Received (NAVODICE) 1 4 2009	Figure 1 to 1 t	
	57. Registrar Signature 58. Date Received (MANDOCCOM) 1 4 200	9

AFN #2009173381 Page: 5 of 5



-Sample Format-Affidavit of Surviving Spouse or Domestic Partner for Claiming an Exemption Based on Inheritance of Real Estate

State of Washington	
County of SKAMAN/A	4
Name of deceased JIMMIE LEE SPEARS	
I, (survivor's name) MARY KATHLEEN SPEARS sole and rightful heir to the property described as:	affirm that I am the
Parcel number(s) <u>02072//202000</u>	0
	1
1 certify (or declare) under penalty of perjury under the laws of the State of Washington and correct.	, ,
Signed this 20 day of 3009 at 578080 $(month)$ $year)$ at 578080	•
(Signature of surviving spouse or registered domestic partner))
(Printed name of surviving spouse or registered domestic partne	er)
(Address of surviving spouse or domestic partner) (City)	(State) (Zip)

Note: See Senate Bill (SB) 6851 on page 2 for statutory requirements.