#2009174043 Recorded 10/07/09 at 03:35 PM DocType: DEED Filed by: ROGER D.

KNAPP Page: 1 of 4 Auditor J. Michael Garvison Skamania County, WA

Return Address:

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

REAL ESTATE EXCISE TAX

-72009

KAMANIA COUNTY TREASURER

<u>AFFIDAVIT</u>

Grantor:

Delos V. Schneider

Grantee:

Marlys C. Schneider

Legal description (abbrev.): Lot 2 D Schneider Short Plat, 3/149

Assessor's Tax Parcel ID No.: 01050330090089; 01050330090000; and

90001870000000 AUP

Prior Document No.: 2009174 048

STATE OF WASHINGTON) ss. COUNTY OF CLARK

MARLYS C. SCHNEIDER, being first duly sworn, upon oath, deposes and says:

- 1. This affidavit is made for the purpose of supplying information of record pertaining to that certain Community Property Agreement executed by DELOS V. SCHNEIDER and MARLYS C. SCHNEIDER, husband and wife, dated August 10, 1990, and recorded in the office of the Auditor of Skamania County. The information set forth in this affidavit may be relied upon by any person dealing with property, real or personal, the title to which is deraigned through said Community Property Agreement.
- 2. DELOS V. SCHNEIDER died on or about the 27th day of August, 2009, in Skamania County, Washington, being, at the time of his death, a resident of Washougal, Skamania County, Washington.
- 3. The parties to said Community Property Agreement did no act which would rescind or abrogate such agreement, nor did they, or either of them, execute any testamentary writing which would have the effect of nullifying or abrogating such agreement; said Community Property Agreement was valid in all respects, and was in full force and effect at the date of death of DELOS V. SCHNEIDER, one of the parties thereto.
- 4. The total value of all assets in this estate is less than the minimum value which requires the filing of a federal estate tax return under federal law applicable as of the date of death, and no such tax return has been or will be filed. No taxes imposed by the Washington Estate and Transfer Tax Reform Act are due.

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Affidavit

5. Included among the assets of the community estate of DELOS V. SCHNEIDER and MARLYS C. SCHNEIDER, 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

Lot 2, D Schneider Short Plat, according to the Short Plat thereof, recorded in book 3 at page 149, Auditor's File No. 90-001870, records of Skamania County, Washington.

Together with a 1971 Homette 64x12 Mobile Home.

- 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 DELOS V. SCHNEIDER and MARLYS C. SCHNEIDER, husband and wife, and all separate obligations of the said DELOS V, SCHNEIDER have been paid in full, and all expenses of last illness and funeral expenses have been paid.
- 9. In addition to MARLYS C. SCHNEIDER, the surviving spouse, the said DELOS V. SCHNEIDER was survived by three (3) children, namely, Marie Croll, Sharon Dowden, and Ethelyn Packard all of whom have attained majority.

IN WITNESS WHEREOF, I have hereunto set my hand this 46 day of September, 2009.

SUBSCRIBED and SWORN to before me this day of September, 2009.

NOTARX PUBLIC in and for the State

of Washington, residing at Camas. My commission expires: 10-21-09

STATE OF WASHINGTON

NOTAKY PUBLIC

ROGER D. KNAPP

My Commission Expires Oct. 21, 2009

Page 2

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14. I represent the person a		roigh Llinden 2 (Seacht		Telephone Number:
I declare under penalty of pa	eriury under the laws of the State	e of Washington tha	whe forgoin	g is true and correct.
15. Signature:	16. Date:	CALLESS.		4
All vital records are registered as r certificate must be returned within	received. An dominary be changed by a one year of the date it was loss and to rec	Sdavit only or be, Subse	equent changes free of charge.	must be made by court order. The incorrect
All changes must be established Examples of documentary proof:	by documentary profit submitted with Certificate of Naturalization Hospital Records Insurance Records Mantage Otyono Records	i the a fidavit Modical Record Military Record (DD-21) Birth Record Passport	4)	School Record Voters Registration Card (if it bears an effective date) Allen Registration Card (front and back)
The proof(s) must match a name to be Mary Ann Dos	Mary A. Cos or M.A. Dos dees not pro-	riple, if the officer it says . We the norms is Mary Aon	Hae neutre is Met	the pirth certificate. It was the proof must show the
4. Up to age one, the parent(- This is a one time only of - The new last parns may be - After age one, last name documentary proof, 5. Parent(s) may change their	e) years ele of tave been estsiblished we sportleget gundlen may change the cal- lenge. Bubsequent changes will require be the mother's maiden name of lather's changes require a certified only of a on richlid's first or middle name by complete used to add a father to a birth certifies.	ld's out dame with an ari a centified copy of a cru name (if present on the unt ordered name chang ing and signing an affida	d ordered name conticate) of an e. Minor spellin wit for correction	e change. ny combination of the two. g changes may be made with an affidavit and n (until their child's 18th birthday).
Death Certificates:		128	and the second second second	and the state of t
information. 2. The medical information (c	eral director, or executors/administrate cause of death) may be changed only by rorn date of death please confort the co	the certifying physicien	or the coroner/r	s presented) may change the non-medical medical examiner. occurred to make changes.
Marriage/Dissolution (Divorce) Cer	and the control of th	The state of the s	and the second s	and the second state and the second s
Personal fact(s) (minor special fact) To chappe the date or place.	elling changes in name, date or place of se of members or dissolution. Its official	birth or residence) may l	be changed by a	affidavit (with proof) by the person.

DOH/CHS 023 (Rev. 9/2003)

CERTELED

AUG 3 1 2009

Alan Melnick
Health Officer
Skamania Co. Public Health
NN01217421