

After recording return to:

MARGARET MADISON PHELAN P.S.
Attorneys at Law
502 E McLoughlin Blvd
Vancouver WA 98663-3357

REAL ESTATE EXCISE TAX

N/A
FEB - 2 2010

PAID

N/A

Vickie C. Bellard
SKAMANIA COUNTY TREASURER

GRANTOR: RICHARD A. LAWTON
GRANTEE: JUNE L. LAWTON
ABBREVIATED LEGAL DESCRIPTION: 00451\ KANAKA CREEK RD
ASSESSOR'S TAX PARCEL ID # 03073610170000
REFERENCE NO: n/a

In Re the Estate of:)

RICHARD A. LAWTON,)

AFFIDAVIT IN SUPPORT OF

COMMUNITY PROPERTY

Deceased.)

AGREEMENT

STATE OF WASHINGTON)

: ss.

County of Clark)

MEGANN. LAWTON f.k.a. MEGAN ESCH, Attorney in Fact for JUNE L. LAWTON, states
on oath:

1. The facts herein set forth are given to the general public and are to be used for the
purpose of informing the general public as to the status of the property belonging to RICHARD
A. LAWTON and JUNE L. LAWTON pursuant to the terms of a Community Property
Agreement executed by JUNE L. LAWTON and RICHARD A. LAWTON, wife and husband,

///

**AFFIDAVIT IN SUPPORT OF
COMMUNITY PROPERTY AGREEMENT - 1**

J:\MMP\Clients A-L\Lawton Fiduciary Matter\Megan Lawton\2010\Aff in support of CPA.wpd

dated December 28, 2000 [hereinafter "Community Property Agreement"] which is attached hereto as EXHIBIT "A".

2. That RICHARD A. LAWTON passed away on September 18, 2009, at Stevenson, Skamania County, Washington. Attached as EXHIBIT "B" is his death certificate.

3. This Affidavit is for the purpose of supplying information for public record pertaining to that certain Community Property Agreement. Such property includes the real property and improvements thereon located at 451 Kanaka Creek Road, Stevenson, Washington and legally described as:

A tract of land in Section 36, Township 3 North, Range 7 E.W.M., More particularly described as follows:

Beginning at a point 88 feet west of a monument marking the northwest corner of the Henry Shepard D.L.C., said point being on the westerly right of way line of the county road known and designated as the Kanaka Creek Road; thence west 299 feet; thence south $52^{\circ} 30'$ east 427.1 feet, more or less, to intersection with the westerly right of way line of Kanaka Creek Road aforesaid; thence following the westerly right of way line of said road in a northwesterly direction 256 feet, more or less, to the point of beginning;

EXCEPT that portion thereof conveyed to the grantees by deed dated January 22, 1948, and recorded January 26, 1948, at page 589 of Book 31 of Deeds, Records of Skamania County, Washington.

4. That the parties to the Community Property Agreement have entered into no subsequent joint wills or agreements which would have the effect of abrogating or nullifying the above mentioned Community Property Agreement.

5. The decedent left no separate estate.

6. All obligations of the community owing at the date of death have been paid in full or provided for and all expenses of last sickness and funeral expenses which would constitute a lien upon the above described real estate have been paid or provided for and there is no Federal Estate Tax or Washington Inheritance Tax owing.

**AFFIDAVIT IN SUPPORT OF
COMMUNITY PROPERTY AGREEMENT - 2**

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7. That the decedent left surviving him the following persons: JUNE L. LAWTON, surviving spouse. Decedent was not survived by any children. Decedent was also survived by one grandchild, namely MEGAN N. LAWTON. All of the parties mentioned above are over the age of majority.

8. Under the terms of the Community Property Agreement title to all property of the community vests immediately in the survivor upon the death of either party to the Agreement.

JAN 27, 2010

JUNE N. LAWTON

Megan N. Lawton A.I.F.

By: MEGAN N. LAWTON, f.k.a. MEGAN ESCH,
Attorney in Fact for JUNE L. LAWTON

Subscribed and sworn to before me on JAN 27, 2010.

Nicole McCown
Notary Public
PRINTED NAME: Nicole McCown
My Commission Expires: OCT. 22, 2011
Residing at: Portland, OR

NOTARY: Please place seal within borders of box.

NICOLE K. MCCOWN
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
OCTOBER 22, 2011

AFFIDAVIT IN SUPPORT OF
COMMUNITY PROPERTY AGREEMENT - 3

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COMMUNITY PROPERTY AGREEMENT

This AGREEMENT is executed between RICHARD A. LAWTON and JUNE L. LAWTON, husband and wife, residing in the state of Washington, and hereby terminates, revokes and cancels for all purposes, effective the date indicated below, any and all Community Property Agreements executed by these parties prior hereto.

1. DECLARATIONS

The parties hereto are husband and wife, and are residents of the state of Washington.

2. CONSIDERATION

FOR AND IN CONSIDERATION of the love and affection they each bear toward the other, and in consideration of the mutual help each will be to the other in the future, and for the consideration of the commingling of their joint efforts and earnings and property, it is agreed as herein provided.

3. AMENDMENTS, ETC.

3.1 Amendments. This agreement may be amended or revoked by written instrument executed and acknowledged by the spouses. No such amendment or revocation by mutual consent of the spouses shall become effective except by written revocation or amendment.

EXHIBIT A
PAGE 1 OF 4

3.2 Effect of Domicile Change. Unless otherwise revoked or modified, this agreement shall remain in full force and effect regardless of the state of residence and/or domicile of the spouses at the time of the death of either or both.

3.3 Effect of Incapacity

A. If prior to the death of either spouse a legal guardian is appointed over the property of one of the spouses on account of incapacity, the legal guardian may join with the competent spouse in a petition to the court having jurisdiction over the guardianship proceedings for permission to enter into a modification or revocation of this agreement. Hearing on the petition shall be held after giving such notice to all interested parties as may be ordered by the court. If after the hearing the court deems the proposed modification or revocation to be fair and equitable and affords reasonable protection towards all parties concerned, it may authorize the guardian to execute such modification or revocation on behalf of the incapacitated spouse.

B. If prior to the death of either spouse an attorney-in-fact is authorized according to the terms of a Durable Power of Attorney to have all powers of an absolute owner over the assets and liabilities of one spouse on account of incapacity, the attorney-in-fact for such an incapacitated spouse may enter into an agreement with the competent spouse to modify or revoke this agreement without court approval. Furthermore, if both spouses are incapacitated, then the attorney(s)-in-fact for the incapacitated parties may enter into an agreement to modify or revoke this community property agreement.

EXHIBIT A
PAGE 2 OF 4

4. COMMUNITY PROPERTY

All property, real or personal, now owned, whether separate or community, is hereby conveyed and converted into community property and hereafter shall be deemed community property for all purposes under the laws of the state of Washington.

5. DISPOSITION OF COMMUNITY PROPERTY ON DEATH

The parties recognize that this Agreement confirms the community property nature of their property but does not purport to dispose of their property. Rather, the property of the parties shall pass according to the terms of their Wills.

6. SEPARATE LEGAL ADVICE

The parties acknowledge that ELIZABETH A. PERRY is their joint attorney and that this document has been prepared at their direction. ELIZABETH A. PERRY has advised the parties that they should each receive advice from separate attorneys with respect to the legal effect of this Agreement on their individual rights prior to signing.

DATED this 28 day of Dec, 2000.

Richard A. Lawton
RICHARD A. LAWTON

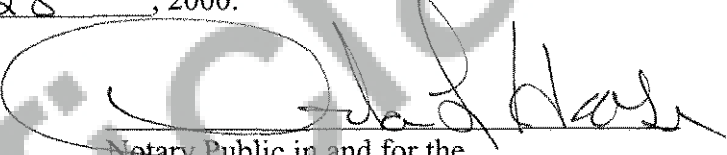
June L. Lawton
JUNE L. LAWTON

EXHIBIT A
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STATE OF WASHINGTON)
) ss.
County of Clark)

I certify that I know or have satisfactory evidence that RICHARD A. LAWTON and JUNE L. LAWTON, husband and wife, are the persons who appeared before me, and said persons acknowledged that they signed this instrument, and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED: December 28, 2000.


Notary Public in and for the
State of Washington, residing
at Clark County.

My appointment expires: 10.20.01

December 8, 2000

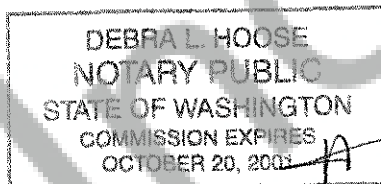


EXHIBIT A
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COMMUNITY PROPERTY AGREEMENT - 4

LAW OFFICES OF
LANDERHOLM, MEMOVICH,
LANSVERK & WHITESIDES, P.S.
915 Broadway
P.O. Box 1086
Vancouver, Washington 98666
(360) 696-3312

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any): First Middle LAST		2. Death Date					
Richard Alonzo LAWTON		Sept. 18, 2009					
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death		
Male	88	Months	Days	Redacted	Skamania		
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)		9. Decedent's Education			
April 1, 1921	Tacoma	Washington		Some College; No Degree			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.				11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces?	
No				White		Yes	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)					13b. City or Town		
451 Kanaka Creek Rd.					Stevenson		
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?	
Skamania				Washington	98648	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
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)			
50 Years		Married		June Luella Ziegler			
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)			
Electrician				Hydroelectric Dams			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Alonzo Diamond Lawton				Lillian Bell Dalton			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip			
Megan Lawton		Granddaughter		PO Box 236 Ridgefield, WA 98642			
24. Place of Death, if Death Occurred in a Hospital:				25. Facility Name (If not a facility, give number & street or location)			
Decedent's Residence				451 Kanaka Creek Road			
26a. City, Town, or Location of Death				26b. State	27. Zip Code		
Stevenson				WA	98648		
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State			
Cremation		Columbia River Crematory		White Salmon, WA			
31. Name and Complete Address of Funeral Facility						32. Date of Disposition	
Gardner Funeral Home PO Box 390 White Salmon, WA 98672						9-30-2009	
33. Funeral Director Signature X							
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. Congestive Heart Failure		Interval between Onset & Death		Unknown	
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. Aortic Stenosis		Interval between Onset & Death		Unknown	
		c.		Interval between Onset & Death			
		d.		Interval between Onset & Death			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy?		37. Were autopsy findings available to complete the Cause of Death?	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?			
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		<input type="checkbox"/> Yes <input type="checkbox"/> Probably			
<input type="checkbox"/> Accident <input type="checkbox"/> Undetermined		<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"/> No <input checked="" type="checkbox"/> Unknown			
<input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Unknown if pregnant within the past year					
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:				Apt No.			
City or Town:				County:			
State:				Zip Code + 4:			
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)			
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 Gregory Rubin MD				X			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)						50. Hour of Death (24hrs)	
Gregory Rubin 19500 SE Stark St. Portland, OR 97233						0630	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)						52. Date Signed (MM/DD/YYYY)	
						9/30/09	
53. Title of Certifier		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner?	
Physician		MD27694				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature				58. Date Received (MM/DD/YYYY)			
X				10/1/09			
59. Amendments							

EXHIBIT B

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DOH/CHS 003 Rev 07/08/07 001-003 (5/99)



Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-1300

This is a legal document. Complete in ink and do not alter.

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)

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

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:

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 Medical Record School Record
Hospital Records Military Record (DD 214) Voter's Registration Card (if it bears an effective date)
Insurance Records Birth Record Alien Registration Card (front and back)
Marriage/Divorce Records Passport

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted 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.
- Proof must be five (or more) years old or have been established within five years of birth.
- 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.
- 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).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)

Death Certificates:

- Only the informant, the funeral director, or executor/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- 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:

- 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.
- 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

OCT 05 2009

Alan Molnick
Health Officer
Skamania Co. Public Health

EXHIBIT B
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NN01217442