

Return Address:
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REAL ESTATE EXCHANGE TAX

29038

APR 20 2011

PAID exempt
Michael Chelland, Repnt
OKLAHOMA COUNTY TREASURER

AFFIDAVIT OF COMMUNITY PROPERTY AGREEMENT

Reference numbers of related documents: N/A

Grantor(s): Gerald D. Harrington

Grantee(s): Janet R. Harrington

Legal Description: Lot 7, Wells Home Sites, Book "A", page 102, records of Skamania County, Washington.

Lot 2 Cranberry SP, Book 3, Page 345, records of Skamania County, Washington.

Assessor's Property Tax Parcel Account Numbers: 03082130120000 *MP*
03082130010800

Skamania County Assessor
Date 4/19/11 Parcel# 3-8-21-3-1200 &
3-8-21-3-108

STATE OF WASHINGTON)
) ss.
County of Skamania)

Janet R. Harrington, being first duly sworn, on oath deposes and says:

1. I am the surviving spouse of Gerald D. Harrington (“Decedent”), who died at Carson, Washington on November 24, 2010. The Decedent and I provided for the disposition of all of our community property under that certain Community Property Agreement dated June 13, 2005, a true and correct copy of which is attached.
2. There are no unpaid creditors of the Decedent or of our former marital community, nor are there unpaid funeral expenses or expenses of last illness.
3. The value of our community property as of the date of death, including all real and

personal property, was approximately \$350,000.

4. Under the terms of the Community Property Agreement, title to all real property of the community vests immediately in the survivor upon the death of either party to the Agreement. Among other items of community property was the following-described real estate:

102 Short Run Road, Carson, Washington 98610, Tax Parcel #03082130120000

132 Short Run Road, Carson, Washington 98610, Tax Parcel #03082130010800

5. No estate taxes, either state or federal, are due and owing.

6. This Affidavit is made to induce any title insurance company to issue its policies of title insurance on real property passing to the undersigned surviving spouse by virtue of the Community Property Agreement in reliance upon the representations set forth above.

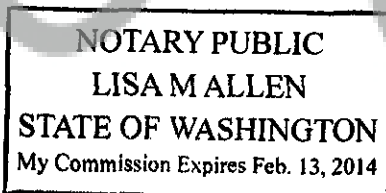
Dated this 28th day of March, 2011.

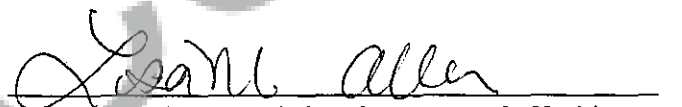

JANET R. HARRINGTON

STATE OF WASHINGTON)
)ss.
County of Skamania)

On this day personally appeared before me JANET R. HARRINGTON to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal this 28th day of March, 2011.




Notary Public in and for the State of Washington,
residing at Carson
My commission expires: Feb 13, 2014

COMMUNITY PROPERTY AGREEMENT

THIS COMMUNITY PROPERTY AGREEMENT is between **GERALD D. HARRINGTON** and **JANET R. HARRINGTON**, husband and wife, of Carson, Washington.

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 that we have one for 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 our 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.

3.2 Effect of Divorce or Dissolution of Marriage. Unless otherwise provided in the divorce or dissolution decree or in the property settlement agreement, this agreement shall be revoked by any decree divorcing the spouses or dissolving their marriage.

3.3 Effect of Incompetency. Upon disability or incompetency of either spouse, this agreement may be modified or revoked by the other spouse, without court approval, if such spouse has been granted such power in a power of attorney given by the disabled or incompetent spouse. If, prior to the death of either spouse, a legal guardian is appointed over the property of one of the spouses on account of incompetency, 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 toward all parties concerned, it may authorize the guardian to execute such modification or revocation on behalf of the incompetent spouse.

3.4 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.

4. **VESTING OWNERSHIP ON DEATH.**

Upon the death of the first spouse, all community property shall become the sole and separate property of the surviving spouse. Immediately upon the death of the first spouse, the survivor shall have the full power to sell, will, or otherwise to dispose of all property subject to this Community Property Agreement.

5. **COMMUNITY PROPERTY.**

Unless this agreement shall have been revoked prior to the death of the first spouse, all property, real or personal, now owned or hereafter acquired, whether separate or community, shall be conclusively presumed to have been conveyed and converted into community property one hour before the death of the first spouse and thereafter shall be deemed community property for all purposes under the laws of the State of Washington.

DATED this 6/1/05 day of June, 2005.

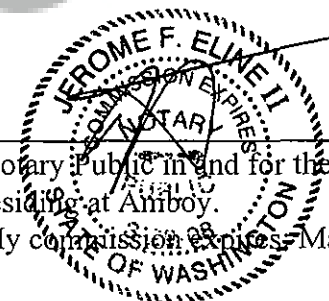

GERALD D. HARRINGTON


JANET R. HARRINGTON

STATE OF WASHINGTON)
)ss.
County of Clark)

I certify that **GERALD D. HARRINGTON** and **JANET R. HARRINGTON** appeared personally before me and that I know or have satisfactory evidence 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 this 13th day of June, 2005.


Notary Public in and for the State of Washington
residing at Aniboy.
My commission expires March 29, 2008

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 Suffix Gerald Dean Harrington				2. Death Date Nov. 24, 2010							
3. Sex (M/F) Male		4a. Age - Last Birthday 70 Years		4b. Under 1 Year Months Days		4c. Under 1 Day Hours Minutes		5. Social Security Number [REDACTED]		6. County of Death Skamania	
7. Birthdate Aug. 3, 1940		8a. Birthplace (City, Town, or County) Hood River		8b. (State or Foreign Country) Oregon		9. Decedent's Education High School Graduate					
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? No			
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 102 Short Run Road								13b. City or Town Carson			
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable) N/A		13e. State or Foreign Country Washington		13f. Zip Code + 4 98610		13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence. 45 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Janet R. Neece							
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) Line Equipment Operator				18. Kind of Business/Industry (Do not use Company Name) Skamania P.U.D.							
19. Father's Name (First, Middle, Last, Suffix) Raymond Harrington				20. Mother's Name Before First Marriage (First, Middle, Last) Helen E. Hovey							
21. Informant's Name Janet Harrington		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 102 Short Run Road Skamania WA 98610							
24. Place of Death, if Death Occurred in a Hospital:				24. Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Home							
25. Facility Name (if not a facility, give number & street or location) 102 Short Run Road				26a. City, Town, or Location of Death Skamania		26b. State WA		27. Zip Code 98610			
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Oregon First Call Plus				30. Location-City/Town, and State Portland, Oregon					
31. Name and Complete Address of Funeral Facility Brown's Funeral Home 410 NE Garfield St. Camas, WA 98607				32. Date of Disposition 11-30-2010							
33. Funeral Director Signature X <i>Jan Brown</i>											
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. PNEUMONIA				Interval between Onset & Death 8 days							
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				Due to (or as a consequence of): Acute Myeloid Leukemia				Interval between Onset & Death 9 weeks			
				Due to (or as a consequence of):				Interval between Onset & Death			
				Due to (or as a consequence of):				Interval between Onset & Death			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above herpes simplex, coronary artery disease				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death		<input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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. X <i>[Signature]</i>				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) DR. J. T. THOMAS 9800 SE Sunnyside Road Clackamas, Oregon 97015				50. Hour of Death (24hrs) 2105							
51. Name and Title of Attending Physician (if other than Certifier (Type or Print))				52. Date Signed (mm/dd/yyyy) 11/25/10							
53. Title of Certifier MD		54. License Number 15684 (Oregon)		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
57. Registrar Signature X <i>[Signature]</i>				58. Date Received (mm/dd/yyyy) 11/30/2010							
59. Amendments											