

Return Recorded Instrument to:

Bradley W. Andersen
Landerholm, P.S.
P.O. Box 1086
Vancouver, WA 98666-1086

Document Title(s) (or transactions contained therein):

AFFIDAVIT OF SURVIVING SPOUSE

Reference Number(s) or Documents assigned or released:

Additional reference numbers on page ____ of document

Grantor(s) (Last name first, then first name and initials):

NELSON, JAMES A.

Additional names on page ____ of document

Grantee(s) (Last name first, then first name and initials):

NELSON, BETTY N.

Additional names on page ____ of document

Legal Description (abbreviated: i.e., lot, block, plat or section, township, range):

**SE1/4 S26-T3N-R7E
NW1/4 NW1/4 SE1/4; SW1/4 NW1/4 OF THE SE1/4**

Additional legal is on page ____ of document

Assessor's Property Tax Parcel/Account Number:

03072600050000, 03072600050100, 03072600050200, 03072600050300, 03072600050400

Assessor Tax Number Not Yet Assigned

FOURTH, that all obligations of the community owing at the date of death of Decedent, have been paid in full, and all payments of expenses of last sickness and for funeral services have been provided for.

FIFTH, that Decedent was survived by the following named children or children of deceased children:

- Lisa Marie Sohns
- Allen James Nelson
- David Lee Nelson

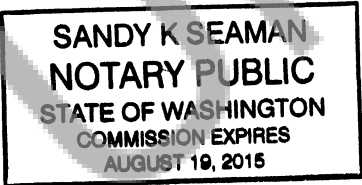
SIXTH, that the original Community Property Agreement dated February 24, 2000, and a certified copy of the death certificate of James A. Nelson are attached hereto as Exhibits "A" and "B" respectively.


DATED this 11 day of April, 2013.


BETTY N. NELSON

On this 11 day of April, 2013, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared BETTY N. NELSON, 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.

WITNESS my hand and official seal hereto affixed the day and year first above written.




Printed Name: Sandy Seaman
NOTARY PUBLIC for the State of Washington
My Commission Expires: 8/19/15

Return Address: EXHIBIT A

COMMUNITY PROPERTY AGREEMENT

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97:		(please print last name first)
Reference # (If applicable): _____		
(First Party): _____		
(Second Party): _____		
Legal Description (abbreviated): <u>Utah H-HLC-1-69-0C Lot 69/SS East D1018-0329</u>		
Add'l. legal is on pg _____ Assessor's Property Tax Parcel /Account # <u>03-07-26-0-0-0500</u>		

KNOW ALL PERSONS BY THESE PRESENTS:

This agreement, made and entered into this 24th day of Feb, 2000, by and between James A Nelson and Betty N. Nelson, husband and wife, of Skamania County, State of Washington, pursuant to the provisions of \$26.16.120RCW, permitting agreements between husband and wife fixing the status and disposition of community property to take effect upon the death of either, Witnesseth: That, in consideration of the love and affection that each of us has for each other, and in consideration of the mutual benefits to be derived by each of us, it is hereby agreed, covenanted, and promised as follows:

I.

That all property of whatsoever nature or description whether real, personal or mixed and wheresoever situated now owned or hereafter acquired by us or either of us, including separate property, shall be considered and is hereby declared to be community property, and each of us hereby conveys and quit claims to the other his or her interest in any separate property he or she now owns or hereafter acquires so as to convert the same to community property.

II.

That upon the death of either of us, title to all community property as herein defined shall immediately vest in fee simple in the survivor.

IN WITNESS WHEREOF, we James A Nelson and
Betty N. Nelson have hereunto set our hands this 24 day of Feb
00
Jerry D. Tennison James A Nelson
Witness Spouse
Vicki J Ehrig Betty N Nelson
Witness Spouse

STATE OF WASHINGTON, }
County of Skamania } SS. (INDIVIDUAL ACKNOWLEDGEMENT)

I certify that I know or have satisfactory evidence that James A Nelson
and Betty N Nelson husband & wife who appeared before me,
and said individuals 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 this 24 day of February, 2000
Debra A Tennison
Print Name Debra A Tennison
Notary Public in and for the State of Washington
My appointment expires: 3/1/03

Unofficial Copy

CERTIFICATION OF VITAL RECORD

EXHIBIT B

CITY OF DALLAS, TEXAS
VITAL STATISTICS DIVISION

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)				(Maiden)		2. DATE OF DEATH - ACTUAL OR PRESUMED	
JAMES ALFRED NELSON						02/08/2011	
3. SEX	4. DATE OF BIRTH	5. AGE-Last Birthday (Years)	6. IF UNDER 1 YR MO	7. IF UNDER 1 DAY DAYS	8. BIRTH-PLACE (City & State or Foreign Country)		
MALE	11/05/1942	68			EAU CLAIRE, WI		
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)			
		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		BETTY NELL DIETZ			
10a. RESIDENCE STREET ADDRESS				10b. APT. NO.	10c. CITY OR TOWN		
212 MYERS ROAD					STEVENSON		
10d. COUNTY		10e. STATE		10f. ZIP CODE	10g. INSIDE CITY LIMITS?		
SKAMANIA		WASHINGTON		98848	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
11. FATHER'S NAME				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE			
GEORGE NELSON				ALICE HANDGARNER			
13. PLACE OF DEATH (CHECK ONLY ONE)							
IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> D.O.A.							
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)							
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP CODE		16. FACILITY NAME (If not institution, give street address)			
DALLAS		DALLAS, 75248		BAYLOR UNIVERSITY MEDICAL CENTER			
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED				18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)			
BETTY NELSON - WIFE				212 MYERS ROAD, STEVENSON, WA 98848			
19. METHOD OF DISPOSITION		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		21. Section <input checked="" type="checkbox"/> Unknown			
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation		STEVE MARTIN, BY ELECTRONIC SIGNATURE-9511		Stock			
<input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state				Lot			
<input type="checkbox"/> Other (Specify)				Space			
22. PLACE OF DISPOSITION (Name of Cemetery, crematory, other place)				23. LOCATION (City/Town, and State)			
HERITAGE CREMATORY				DALLAS, TX			
24. NAME OF FUNERAL FACILITY				25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)			
STONE MORTUARY SERVICES For GARDNER FUNERAL HOME				1317 N. MADISON AVE, DALLAS, TX 75203			
26. CERTIFIER (Check only one)							
<input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.							
<input type="checkbox"/> Medical Examiner-Justification of the Cause - 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.							
27. SIGNATURE OF CERTIFIER		28. DATE CERTIFIED (Month/Day/Year)		29. LICENSE NUMBER		30. TIME OF DEATH (Actual or presumed)	
		2/10/2011		N6835		01:18 AM	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)				32. TITLE OF CERTIFIER			
SCOTT COLINSON, 11000 GARDNER AVE, DALLAS, TX 75243				MD			
33. PART 1. ENTER THE CHIEF CAUSE OF DEATH - IMMEDIATE, INTERMEDIATE, OR UNDERLYING CAUSE OF DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH LINE.							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <u>INTRACRANIAL BLEED</u>				Approximate Interval From death	
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. <u>CHRONIC HYPERTENSION</u>				7 DAY	
		c. <u>Due to (or as a consequence of):</u>				2 MONTH	
		d. <u>Due to (or as a consequence of):</u>					
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.							
34. WAS AN AUTOPSY PERFORMED?							
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?							
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
36. MANNER OF DEATH		37. DID TOBACCO USE CONTRIBUTE TO DEATH?		38. IF FEMALE:		39. IF TRANSPORTATION INJURY, SPECIFY:	
<input checked="" type="checkbox"/> Natural		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Not pregnant within past year		<input type="checkbox"/> Driver/Operator	
<input type="checkbox"/> Accident		<input type="checkbox"/> Probably		<input type="checkbox"/> Pregnant at time of death		<input type="checkbox"/> Passenger	
<input type="checkbox"/> Suicide		<input type="checkbox"/> Unknown		<input type="checkbox"/> Not pregnant, but pregnant within 42 days of death		<input type="checkbox"/> Pedestrian	
<input type="checkbox"/> Homicide				<input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death		<input type="checkbox"/> Other (Specify)	
<input type="checkbox"/> Pending Investigation				<input type="checkbox"/> Unknown if pregnant within the past year			
<input type="checkbox"/> Could not be determined							
40a. DATE OF INJURY (Month/Day/Year)		40b. TIME OF INJURY		40c. INJURY AT WORK?		40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
40e. LOCATION (Street and Number, City, State, Zip Code)				40f. COUNTY OF INJURY			
41. DESCRIBE HOW INJURY OCCURRED							
42a. REGISTRAR FILE NO.		42b. DATE RECEIVED BY LOCAL REGISTRAR		42c. REGISTRAR			
SF1695624		02-0846		- Sherie Clay			
EDR 00000083766							

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Sec. 191.051, Health and Safety Code.

ISSUED FEB 10 2011

Sherie Clay
S. Renee Clay, Registrar
Bureau of Vital Statistics
City of Dallas, Texas

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