

AFTER RECORDING MAIL TO:

Ruben D. Cleaveland  
P.O. Box 1345  
Hood River, OR 97031

REAL ESTATE EXCISE TAX  
30094  
MAY 23 2013  
PAID *exempt*  
*Ruben Cleaveland*  
SKAMANIA COUNTY TREASURER

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

AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

Reference Number(s) of Documents Assigned or Released:

N/A

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

VAN KIRK, THEODORE D. (husband; deceased)

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

VAN KIRK, LYNN-MARLEEN. (wife)

Abbreviated Legal Description as follows:(i.e., lot/block/plat or section/township/range/quarter/quarter):

Lot 3, Blk. 10 Manzanola Orchard Tracts

Assessor's Property Tax Parcel/Account Number(s):

03-09-10-0-1300-00 *SW*

AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

STATE OF OREGON            )  
  ) ss.  
County of Yamhill         )

Lynn-Marleen Van Kirk, being first duly sworn upon oath, deposes and says:

1. This affidavit is for the purpose of supplying information for record pertaining to that certain Community Property Agreement (the "Agreement") executed by Theodore D. Van Kirk and Lynn-Marleen Van Kirk, husband and wife, which Agreement was dated May 10, 1991, and is filed for recording herewith, and also for the Estate of Theodore D. Van Kirk, deceased, one of the parties to the Agreement. It is intended that the statements set forth herein shall be considered representations of fact which may be relied upon by all parties dealing with the real property more particularly described in Exhibit A, attached hereto and by this reference incorporated herein.
2. Theodore D. Van Kirk died on April 11, 2013, in Battle Ground, Clark County, Washington. The original Certificate of Death evidencing this fact is filed herewith and by this reference is incorporated herein.
3. The parties to the Agreement entered into no subsequent wills or agreements which would have the effect of abrogating or nullifying the Agreement.
4. The community estate of the decedent and Lynn-Marleen Van Kirk is listed in Exhibit A, attached hereto and by this reference incorporated herein.
5. The decedent left no separate estate.
6. All obligations of the community owing at the date of death of decedent have been paid in full or have been adequately provided for, and all expenses of last illness and for funeral and burial services have been paid.
7. Decedent is survived by the following persons:

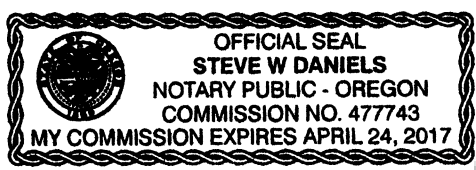
<u>Name</u>	<u>Address</u>	<u>Relationship</u>
Lynn-Marleen Van Kirk	7133 NE Oak Springs Farm Rd. Carlton, OR 97111	Spouse
Anthony A. Panick	1905 S.W. Cedar St. #48 Portland, Or. 97225	Step-Son

Sabrina L. <del>Stephens</del> <i>Ganequia</i>	<u>31428 horvane Rt</u>	Step-Daughter
	<u>Cottage Grove, Ore.</u>	
Crystal I. <del>Hickey</del> <i>Swalling</i>	<u>974 Bull Lake</u> <i>97424</i>	Step-Daughter
	<u>Creswood, Ore.</u> <i>97426</i>	
Rodney Van Kirk	<u>Not known</u>	Son

8. No Federal or State estate taxes were assessed as a consequence of Theodore D. Van Kirk's death.

Lynn-Marleen Van Kirk  
Lynn-Marleen Van Kirk

SUBSCRIBED AND SWORN to before me on 17 May, 2013.



[Signature]  
Notary Public for Oregon  
My commission expires: 24 April 2017

# EXHIBIT A

Legal description of Real Property owned as community property by Lynn-Marleen Van Kirk and Theodore D. Van Kirk, deceased:

## Parcel I:

A tract of land located in Lot 3 of Block Ten (10) of MANZANOLA ORCHARD TRACTS, according to the official plat thereof on file and of record at Page 37 of Book A of Plats, records of Skamania County, Washington; said real property being also described as the Southwest Quarter of the Northwest Quarter of the Southeast Quarter of Section 10, Township 3 North, Range 9 East W.M., described as follows: Beginning at the Southeast corner of the said Lot 3; thence North along the East line of the said Lot 3 a distance of 340 feet to the initial point of the tract hereby described; thence West 100 feet; thence North 130 feet; thence East 100 feet to the East line of the said Lot (3); thence South 130 feet to the initial point.

## Parcel II:

A parcel of land situate in Lot 3, Block 10 of MANZANOLA ORCHARD TRACTS, as shown on the map thereof recorded in Book A at Page 37 of Plats, being within the Northwest Quarter, Southeast Quarter, Section 10, Township 3 North, Range 9 East, W.M., in the County of Skamania, State of Washington and described more particularly as follows:

Beginning at an iron rod marking the Northeast corner of said Lot 3, thence South  $01^{\circ} 36' 31''$  West, 330.21 feet along the East line thereof to an iron rod; thence South  $89^{\circ} 03' 05''$  West, 123.73 feet to an iron rod; thence parallel with said East line, North  $01^{\circ} 36' 31''$  East, 330.09 feet to an iron rod on the North line of said Lot 3; thence North  $89^{\circ} 59' 52''$  East, 123.74 feet

along said North line to the Point of Beginning. EXCEPT that portion described in instrument recorded in Book 66 at Page 981 of Deeds.

TOGETHER WITH and SUBJECT TO those easements, conditions and restrictions of record.

Skamania County Assessor  
Date 5-22-13 Parcel 3-9-10-1300  
(AW)



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

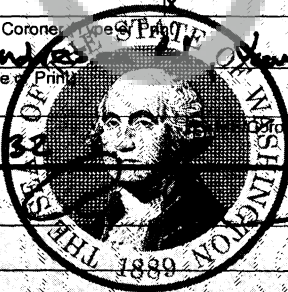
Local File Number **1037**

Washington State Certificate of Death

State File Number

1. Legal Name (include AKA's if any) First Middle LAST Suffix <b>Theodore Dwain Van Kirk</b>		2. Death Date <b>April 11, 2013</b>	
3. Sex (M/F) <b>Male</b>	4a. Age - Last Birthday <b>84</b>	4b. Under 1 Year Months Days <b>0 0</b>	4c. Under 1 Day Hours Minutes <b>0 0</b>
5. Social Security Number <b>[REDACTED]</b>		6. County of Death <b>Clark</b>	
7. Birthdate <b>June 8, 1928</b>		8. Birthplace (City, Town, or County) <b>Drain</b>	
9. Decedent's Education <b>High School Graduate</b>		10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>	
11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>	
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>52 Carr Rd.</b>		13b. City or Town <b>Cook</b>	
13c. Residence: County <b>Skamania</b>		13d. Tribal Reservation Name (if applicable) <b>Washington</b>	
13e. State or Foreign Country <b>Washington</b>		13f. Zip Code +4 <b>98605</b>	
13g. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk		14. Estimated length of time at residence. <b>35 Years</b>	
15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Lynn Barnard</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Road Maintinance</b>		18. Kind of Business/Industry (Do not use Company Name) <b>County Government</b>	
19. Father's Name (First, Middle, Last, Suffix) <b>John Milton Van Kirk</b>		20. Mother's Name Before First Marriage (First, Middle, Last) <b>Blanch Renner</b>	
21. Informant's Name <b>Lynn Van Kirk</b>		22. Relationship to Decedent <b>Spouse</b>	
23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>7133 NE Oak Springs Farm Rd. Carlton, OR 97111</b>		24. Place of Death, if Death Occurred in a Hospital: <b>Victory Health &amp; Rehab of Battle Ground</b>	
25. Facility Name (if not a facility, give number & street or location) <b>510 N. Parkway Ave.</b>		26a. City, Town, or Location of Death <b>Battle Ground</b>	
26b. State <b>WA</b>		27. Zip Code <b>98604</b>	
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Lower Columbia Crematory, Inc.</b>	
30. Location-City/Town, and State <b>Vancouver</b>		31. Name and Complete Address of Funeral Facility <b>Cascadia Cremation &amp; Burial Services, Inc.</b>	
32. Date of Disposition <b>April 17, 2013</b>		33. Funeral Director Signature X <b>Sam A. Helmer</b>	

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. <b>Complications of acute pneumonia</b>	
Due to (or as a consequence of):		Interval between Onset & Death: <b>7 days</b>	
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. <b>Chronic obstructive pulmonary disease</b>	
Due to (or as a consequence of):		Interval between Onset & Death: <b>20 yrs</b>	
c.		Interval between Onset & Death:	
Due to (or as a consequence of):		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 <b>emphysema; chronic respiratory failure</b>		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"/> Not pregnant, but pregnant within 42 days before death <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"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 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 - In the best of my knowledge, death occurred at the time, date, and place stated and due to the causes stated and manner stated <b>Timothy Ross, MD 715 S. Andrew</b>	
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 causes stated and manner stated <b>98666 WA</b>		49. Name and Address of Certifier - Physician, Medical Examiner or Coroner <b>Timothy Ross, MD 715 S. Andrew</b>	
50. Hour of Death (24hrs) <b>1000 Hours</b>		51. Name and Title of Attending Physician if other than Certifier (Type & Print) <b>04-17-2013</b>	
52. Date Signed (MM/DD/YYYY)		53. Title of Certifier <b>M.D.</b>	
54. License Number <b>19932</b>		55. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
56. Registrar Signature <b>[Signature]</b>		57. Date Received (MM/DD/YYYY) <b>APR 17 2013</b>	
58. Amendments		59. Date Received (MM/DD/YYYY)	



DOH 01-003 (12/11)