

BEGINNING at a 5/8" Iron Rod marking the Northeast corner of the Southeast one-quarter of the Southeast one-quarter of the Northwest one-quarter of Section 6 as shown in Survey Recorded under Skamania County Auditor's File no. 2013000797;

THENCE North 88° 46' 55" West, along the South line of the North half of the Southeast one-quarter of the Northwest one-quarter of Section 6 as shown Survey no. 2013000797, for a distance of 630.00 feet to the Southeast corner of the Clarke Tract as described in Book 67, of Deeds, Page 340, Skamania County Records and the **TRUE POINT OF BEGINNING.**

THENCE North 25° 24' 54" East, along the East line of said Clarke Tract and the Northerly extension thereof for a distance of 794.92 to the centerline of the Bonneville Power Association easement as shown in Survey Auditor's File no. 2013000797;

THENCE South 71° 51' 45" West, along said centerline, for a distance of 227.36 feet to the North line of the Southeast one-quarter of the Northwest one-quarter of Section 6;

THENCE North 88° 35' 02" West, along the North line of the Southeast one-quarter of Section 6, for a distance of 439.63 feet to the centerline of Smith-Cripe Road as shown Survey Auditors File no. 2013000797;

THENCE following the centerline of Smith-Cripe Road the following described courses;

THENCE South 20° 21' 41" West, for a distance of 25.54 feet;

THENCE along the arc of a 100.00 foot radius curve to the right through a central angle of 21° 53' 16 for an arc distance of 38.20 feet;

THENCE South 01° 31' 35" East, for a distance of 80.21 feet;

THENCE along the arc of a 200.00 foot radius curve to the left through a central angle of 41° 47' 54 for an arc distance of 145.90 feet;

THENCE South 40° 16' 19" West, for a distance of 79.63 feet;

THENCE South 39° 46' 36" West, for a distance of 55.71 feet;

THENCE along the arc of a 100.00 foot radius curve to the right through a central angle of 29° 31' 13 for an arc distance of 51.52 feet;

THENCE South 10° 15' 23" West, for a distance of 85.12 feet;

THENCE South 18° 00' 43" West, for a distance of 88.00 feet;

AFFIDAVIT IN SUPPORT OF COMMUNITY
PROPERTY AGREEMENT - 2

THENCE along the arc of a 50.00 foot radius curve to the right through a central angle of 15° 31' 17 for an arc distance of 13.54 feet;

THENCE South 02° 29' 27" West, for a distance of 40.17 feet to the South Line of the North half of the Southeast one-quarter of the Northwest one-quarter of Section 6;

THENCE leaving said centerline, South 88° 46' 55" East, along said South line for a distance of 530.00 feet to the **TRUE POINT OF BEGINNING**.

Contains Approximately 8.67 Acres

2. PETER TREVOR CLARKE, (hereinafter the "Decedent") was one of the parties to the Agreement and died on August 15, 2013, in Skamania County, Washington, who was a resident of Washougal, Skamania County, Washington. A copy of the Decedent's death certificate is attached hereto as Exhibit "A", and by this reference made a part hereof.

3. The parties to the Agreement were legally competent at the time of the Agreement and executed no subsequent Will or agreements which would have the affect of abrogating or nullifying the Agreement.

4. All debts and obligations of the community composed of the decedent and the affiant owing at the date of decedent's death have been paid in full, and all expenses of last illness and for funeral and burial services of the decedent have been paid or provided for.

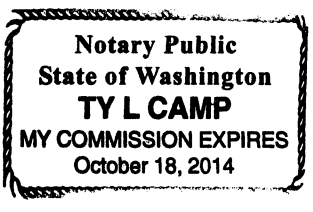
5. The decedent was survived by the following named persons:

| <u>Name</u> | <u>Address</u> | <u>Relationship</u> |
|------------------|--|---------------------|
| JOAN C. CLARKE | 455 SE 177 th Avenue, Apt. 481 Vancouver, WA 98683 | Spouse |
| ANTONY D. CLARKE | 392 Snowberry Lane Washougal, WA 98671 | Child |

| | | |
|-----------------------|---|-------|
| ANNETTE CLARKE MEDLIN | 145 N.W. Roosevelt Stevenson, WA 98648 | Child |
| HILARY CLARKE REIDY | 268 E. Flagstone Newark, DEL 19702 | Child |

DATED this 11 day of October, 2013.

Joan C. Clarke
JOAN C. CLARKE



SIGNED AND SWORN to before me on October 11, 2013, by JOAN C. CLARKE

[Signature]
NOTARY PUBLIC
Residing at Vancouver.

My Appointment Expires: OCT 18, 2014

Unofficial Copy

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 | | 2. Death Date | | | | | |
| Peter Trevor Clarke | | August 15, 2013 | | | | | |
| 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 | 94 | Months | Days | 133-30-3203 | Clark | | |
| 7. Birthdate | 8a. Birthplace (City, Town, or County) | | 8b. (State or Foreign Country) | | 9. Decedent's Education | | |
| February 8, 1919 | Birmingham | | England | | Bachelor's Degree: Architecture | | |
| 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 | |
| No | | | | White | | | |
| 13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) | | | | | 13b. City or Town | | |
| 455 SE 177 th Avenue #481 | | | | | Vancouver | | |
| 13c. Residence: County | | 13d. Tribal Reservation Name (if applicable) | | 13e. State or Foreign Country | 13f. Zip Code + 4 | 13g. Inside City Limits? | |
| Clark | | N/A | | Washington | 98683 | <input checked="" type="checkbox"/> Yes <input 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) | | | |
| 10 Months | | Married | | Joan Constance Joy | | | |
| 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) | | | |
| Architect | | | | Architecture Industry | | | |
| 19. Father's Name (First, Middle, Last, Suffix) | | | | 20. Mother's Name Before First Marriage (First, Middle, Last) | | | |
| David Clarke | | | | Ethel Florrette Sumner | | | |
| 21. Informant's Name | | 22. Relationship to Decedent | | 23. Mailing Address: Number and Street or RFD No. City or Town State Zip | | | |
| Joan Clarke | | Wife | | 455 SE 177 th Avenue #481 Vancouver Washington 98683 | | | |
| 24. Place of Death, if Death Occurred in a Hospital: | | | | 25. Facility Name (if not a facility, give number & street or location) | | | |
| | | | | 455 SE 177 th Avenue #481 | | | |
| | | | | 26a. City, Town, or Location of Death | | 26b. State | 27. Zip Code |
| | | | | Vancouver | | WA | 98683 |
| 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, Washington | | | |
| 31. Name and Complete Address of Funeral Facility | | | | 32. Date of Disposition | | | |
| Straub's Funeral Home & Columbia River Cremation 325 NE 3 rd Ave. Camas, WA 98607 | | | | Aug. 16, 2013 | | | |
| 33. Funeral Director Signature | | | | | | | |
| X <i>[Signature]</i> | | | | | | | |
| 34. Enter the <u>chain of events</u> - 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. <i>Acute respiratory failure</i> Interval between Onset & Death: <i>weeks</i> | | | | | | | |
| 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. <i>Aspiration</i> Due to (or as a consequence of): Interval between Onset & Death: <i>weeks</i> | | | | | | | |
| c. <i>End Stage Parkinson's Disease</i> Due to (or as a consequence of): Interval between Onset & Death: <i>years</i> | | | | | | | |
| d. | | | | | | | |
| 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? | |
| <i>Coronary Artery disease, Atrial Fibrillation, Hypertension, Hypertrophy</i> | | | | <input checked="" type="checkbox"/> Yes <input 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"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending | | <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 | | <input checked="" type="checkbox"/> Yes <input 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: | |
| 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 | | | | 48b. Medical Examiner/Coroner | | | |
| X <i>[Signature]</i> | | | | X <i>[Signature]</i> | | | |
| 49. Name and Address of Certifier - Physician, Medical Examiner or Coroner | | | | 50. Hour of Death (24hrs) | | 51. Name and Title of Attending Physician if other than Certifier (Type or Print) | |
| SANDFORD B. PLANN MD 501 SE 177 th Avenue Vancouver WA 98684 | | | | 2145 Hours | | 8/16/2013 | |
| 53. Title of Certifier | | 54. License Number | | 55. ME/Coroner File Number | | 56. Was case referred to ME/Coroner? | |
| MD | | 2983 | | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 57. Registrar Signature | | | | 58. Date Received (MM/DD/YYYY) | | | |
| X <i>[Signature]</i> | | | | AUG 19 2013 | | | |
| 59. Amendments | | | | Exhibit No. <i>A</i> | | | |
| AFC # 8A, 8B, 9 Line 08 | | | | | | | |