

**RECORDING REQUESTED BY
AND WHEN RECORDED RETURN TO:**

KATHRYN E. HOLLAND, Attorney at Law
PABST HOLLAND & REYNOLDS, PLLC
900 Washington Street, Suite 820
Vancouver, WA 98660

AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

Grantor (Decedent): DALE D. ROSS
Grantee: THE PUBLIC
Abbreviated Legal:
Assessor's Tax Parcel #:
Other Reference Nos:

STATE OF WASHINGTON)

County of Clark)

: ss.

CANDIA L. SANDERS, being first duly sworn, on oath, hereby deposes and states as follows:

1. This Affidavit is for the purpose of supplying information for the record pertaining to that certain Community Property Agreement executed by DALE D. ROSS and CANDIA L. SANDERS, husband and wife, which Agreement was dated January 25, 2016.
2. DALE D. ROSS died on January 27, 2016, in Skamania County, Washington.
3. The parties to the Community Property Agreement referred to above entered into no subsequent Wills or Agreements which would have the effect of abrogating or nullifying the above-mentioned Community Property Agreement.
4. The Decedent left no separate estate.

AFFIDAVIT IN SUPPORT OF
COMMUNITY PROPERTY AGREEMENT
Page 1
Ross, Dale and Candia Sanders/D Affidavit in Support of CPA

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5. All community obligations, together with funeral expenses and expenses of the last illness, have been paid or provided for.

6. The Community Property Agreement of the deceased and his spouse is attached hereto as Exhibit "A."

7. The Decedent's death certificate is attached hereto as Exhibit "B."

8. No estate taxes are due in connection with the death of the Decedent.

9. The Decedent was survived by the following persons:

(a) Spouse: CANDIA L. SANDERS

(b) Children: SPENCER D. ROSS and SHELBY A. ROSS

DATED this 26th day of February, 2016.

Candia L. Sanders
CANDIA L. SANDERS

SUBSCRIBED AND SWORN to before me this 26th day of February, 2016



Brandon C. Farrell
NOTARY PUBLIC FOR WASHINGTON
My Commission Expires: March 1, 2016

AFFIDAVIT IN SUPPORT OF
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Page 2

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**Affidavit of Surviving Spouse or Domestic Partner
for Claiming an Exemption Based on
Inheritance of Real Estate**

State of Washington

County of SkamaniaName of deceased Dale D. RossI, (survivor's name) Candia L. Sanders affirm
that I am the sole and rightful heir to the property described as:Parcel number(s) 0706352 2014400 

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this 19 day of May, 2016 at Vancouver, WA.
(month) (year) (city) (state)

Candia L. Sanders
(Signature of surviving spouse or registered domestic partner)

Candia L. Sanders
(Printed name of surviving spouse or registered domestic partner)

5406 NE 107th Ave Vancouver WA 98662
(Address of surviving spouse or domestic partner) (city) (state) (zip)

Note: See Senate Bill (SB) 6851 on page 2 for statutory requirements.

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-004079

DATE ISSUED: 02/02/2016

FEE NUMBER: 0000000005

GIVEN NAMES: DALE DUANE
LAST NAME: ROSS

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: JANUARY 27, 2016
HOUR OF DEATH: 06:40 P.M.
SEX: MALE
AGE: 60 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: NOVEMBER 21, 1955
BIRTHPLACE: REDDING, CALIFORNIA

MARITAL STATUS: MARRIED
SPOUSE: CANDIA LEE SANDERS

OCCUPATION: OWNER
INDUSTRY: ELECTRICAL/CONSTRUCTION INDUST
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? YES

INFORMANT: CANDIA SANDERS
RELATIONSHIP: WIFE
ADDRESS: 5406 NE 107TH AVENUE VANCOUVER, WA 98662

CAUSE OF DEATH:
A. NEUROENDOCRINE CARCINOMA OF UNKNOWN PRIMARY SITE
INTERVAL: 1 YEAR

B.
INTERVAL:

C.
INTERVAL:

D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
PROSTATE CANCER

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

PLACE OF DEATH: OTHER PLACE
FACILITY OR ADDRESS: SWIFT CREEK ESTATES CABIN #44
CITY, STATE, ZIP: COUGAR, WASHINGTON 98616

RESIDENCE STREET: 5406 NE 107TH AVENUE
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98662
INSIDE CITY LIMITS? YES

COUNTY: CLARK
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER/PARENT: DUANE ROSS
MOTHER/PARENT: JAN HAWKINS

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY
CITY, STATE: WHITE SALMON, WA
DISPOSITION DATE: FEBRUARY 03, 2016

FUNERAL FACILITY: STRAUB'S FUNERAL HOME
ADDRESS: 325 NE THIRD AVE
CITY, STATE, ZIP: CAMAS WA 98607
FUNERAL DIRECTOR: NICHOLAS R. BROWN

MANNER OF DEATH: NATURAL
AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: MATHEW C. BROUNS MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 210 SE 136TH AVENUE
CITY, STATE, ZIP: VANCOUVER WA 98684
DATE SIGNED: FEBRUARY 01, 2016

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NJA
ATTENDING PHYSICIAN:
DAVID A. SMITH MD

LOCAL DEPUTY REGISTRAR:
AMANDA HERTEL
DATE RECEIVED: FEBRUARY 02, 2016