

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

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

**AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT**

<b>Grantor (Decedent):</b>	RICHARD D. DAVIS	
<b>Grantee:</b>	THE PUBLIC	
<b>Abbreviated Legal:</b>		SKAMANIA COUNTY
<b>Assessor's Tax Parcel #</b>	02052900060100	REAL ESTATE EXCISE TAX
<b>Other Reference Nos:</b>		N/A
		DEC 13 2017

STATE OF WASHINGTON )  
  : ss.  
County of Clark )

PAID N/A  
*[Signature]*  
SKAMANIA COUNTY TREASURER

MARJORIE L. DAVIS, 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 RICHARD D. DAVIS and MARJORIE L. DAVIS, husband and wife, which Agreement was dated February 22, 1995.
2. RICHARD D. DAVIS died on October 24, 2017, in Peoria, Arizona.
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 - 1

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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.

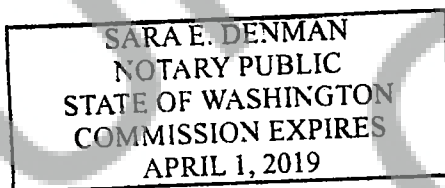
9. The Decedent was survived by the following persons:

- (a) Spouse: MARJORIE L. DAVIS;
- (b) Children: HOLLY L. COWAN, ERIC C. DAVIS, and MARIA A. DAVIS; and
- (c) Step-child: FRED R. KELLOGG, JR.

DATED this 4<sup>th</sup> day of December, 2017.

Marjorie L. Davis  
MARJORIE L. DAVIS

SUBSCRIBED AND SWORN to before me this 4 day of December, 2017.



Sara E. Denman  
NOTARY PUBLIC FOR WASHINGTON  
My Commission Expires: 4/1/2019

Exhibit "A"  
COMMUNITY PROPERTY AGREEMENT

THIS COMMUNITY PROPERTY AGREEMENT is between RICHARD D. DAVIS and MARJORIE L. DAVIS, husband and wife, of Washougal, 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. It may also be revoked unilaterally by either spouse by written instrument executed and acknowledged by the revoking spouse and delivered to the other spouse at his or her last known address.

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 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.

All property of any nature whatsoever, whether real, personal, or mixed, and wheresoever situated, now owned or hereafter acquired by either or both of us, is and shall be our community property.





# STATE OF ARIZONA

## CERTIFICATION OF VITAL RECORD

Exhibit "B"

STATE OF ARIZONA

ORIGINAL  
STATE COPYDEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS  
CERTIFICATE OF DEATHState File Number  
102-2017-047369

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX)		2. AKA'S (IF ANY)		3. DATE OF DEATH	
RICHARD, DALE, DAVIS				10/24/2017	
4. SEX	5. SOCIAL SECURITY NUMBER		6. DATE OF BIRTH	7. AGE	
MALE			12/21/1942	74 YEARS	
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH					
PEORIA, MARICOPA, 85383					
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS)					
SUNRISE ADULT CARE HOME - 8216 W VILLA LINDO DRIVE					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		11. MARITAL STATUS		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX)	
BAKER, OREGON		MARRIED		MARJORIE, L., BETZING	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP)					
10950 W UNION HILLS DRIVE ##1555, SUN CITY, MARICOPA, AZ, 85373					
14. DECEDENT'S HISPANIC ORIGIN(S)		15. DECEDENT'S RACE(S)		16. EVER IN ARMED FORCES	
NO, NOT SPANISH/HISPANIC/LATINO		WHITE		YES	
18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX)		19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX)			
LLOYD, A., DAVIS		JUNE, PATRICIA, GEORGE			
20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX)				21. RELATIONSHIP	
MARJORIE, L., DAVIS				SPOUSE	
22. INFORMANT'S MAILING ADDRESS					
10950 W UNION HILLS DRIVE ##1555, SUN CITY, AZ, 85373					
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON			24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON		25. LICENSE NUMBER
BEST FUNERAL SERVICES 9380 W PEORIA AVENUE, PEORIA, AZ, 85345			ANDREW, PEREA HERNANDEZ		F1344
26. METHOD(S) OF DISPOSITION		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
CREMATION		BEST FUNERAL SERVICES, PEORIA, AZ, US			
<b>MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I</b>					
IMMEDIATE CAUSE OF DEATH	29. A				30. APPROXIMATE INTERVAL
	VASCULAR DEMENTIA				8 YEARS
DUE TO OR AS A CONSEQUENCE OF:	31. B				32. APPROXIMATE INTERVAL
	MULTIPLE CEREBRAL VASCULAR ACCIDENTS				8 YEARS
DUE TO OR AS A CONSEQUENCE OF:	33. C				34. APPROXIMATE INTERVAL
	ATHEROSCLEROSIS				20 YEARS
DUE TO OR AS A CONSEQUENCE OF:	35. D				36. APPROXIMATE INTERVAL
<b>CAUSE OF DEATH PART II</b>					
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:		38. INJURY?	39. INJURY AT WORK?	40. MANNER OF DEATH	41. TIME OF DEATH
ATRIAL FIBRILLATION, HYPERTENSION		NO		NATURAL DEATH	11:15 PM
		42. WAS AN AUTOPSY PERFORMED?		43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
		NO			
<b>CAUSE AND MANNER CERTIFICATION</b>					
TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ABOVE IS CORRECT AND THE DEATH OCCURRED DUE TO THE CAUSE(S) AND MANNER STATED.		44. NAME OF PERSON COMPLETING CAUSE OF DEATH			45. DATE CERTIFIED
		WALTER, NIERI			10/30/2017
46. CERTIFIER'S ADDRESS					
21410 N 19TH AVENUE, PHOENIX, AZ, 85027					

Date Registered: 11/02/2017

Date Issued: 11/16/2017

VS-48 Rev. 08/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA.  
Revised 07/2016

KRYSTAL COLBURN  
ASSISTANT STATE REGISTRAR

ARIZONA DEPARTMENT  
OF HEALTH SERVICES

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE