

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 4th 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
STATE OF WASHINGTON
COMMISSION EXPIRES
APRIL 1, 2019

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.

6. EXCEPTED PROPERTY.

Each of the parties may designate specific life insurance policies to be paid to or for the benefit of their children from their former marriages. To the extent that such life insurance is community property, each hereby consents to the other party's designation of his or her children as death beneficiaries.

DATED this 22nd day of February, 1995.

Richard D. Davis
RICHARD D. DAVIS

Marjorie L. Davis
MARJORIE L. DAVIS

STATE OF WASHINGTON)
 : ss.
County of Clark)

I certify that RICHARD D. DAVIS and MARJORIE L. DAVIS appeared personally before me and that I know or have satisfactory evidence 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 22 day of February, 1995.

DEBRA A. ELIE
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
FEBRUARY 1, 1996

Debra A. Elie
NOTARY PUBLIC FOR WASHINGTON
My Commission Expires: 2/01/96

STATE OF ARIZONA

CERTIFICATION OF VITAL RECORD

Exhibit "B"

STATE OF ARIZONA

ORIGINAL
STATE COPY

DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

State File Number
102-2017-047369

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) RICHARD, DALE, DAVIS		2. AKA'S (IF ANY)		3. DATE OF DEATH 10/24/2017	
4. SEX MALE		5. SOCIAL SECURITY NUMBER [REDACTED]		6. DATE OF BIRTH 12/21/1942	
7. AGE 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) BAKER, OREGON		11. MARITAL STATUS MARRIED		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) 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) NO; NOT SPANISH/HISPANIC/LATINO		15. DECEDENT'S RACE(S) WHITE		16. EVER IN ARMED FORCES YES	
17. OCCUPATION LABORER		18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) LLOYD, A., DAVIS			
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) JUNE, PATRICIA, GEORGE		20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) MARJORIE, L., DAVIS			
21. RELATIONSHIP 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 BEST FUNERAL SERVICES 9380 W PEORIA AVENUE, PEORIA, AZ, 85345		24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON ANDREW, PEREA HERNANDEZ		25. LICENSE NUMBER P1344	
26. METHOD(S) OF DISPOSITION CREMATION		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY BEST FUNERAL SERVICES, PEORIA, AZ, US		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I					
IMMEDIATE CAUSE OF DEATH		29. A VASCULAR DEMENTIA		30. APPROXIMATE INTERVAL 8 YEARS	
DUE TO OR AS A CONSEQUENCE OF:		31. B MULTIPLE CEREBRAL VASCULAR ACCIDENTS		32. APPROXIMATE INTERVAL 8 YEARS	
DUE TO OR AS A CONSEQUENCE OF:		33. C ATHEROSCLEROSIS		34. APPROXIMATE INTERVAL 20 YEARS	
DUE TO OR AS A CONSEQUENCE OF:		35. D		36. APPROXIMATE INTERVAL	
CAUSE OF DEATH PART II					
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: ATRIAL FIBRILLATION, HYPERTENSION		38. INJURY? NO		39. INJURY AT WORK? NO	
40. MANNER OF DEATH NATURAL DEATH		41. TIME OF DEATH 11:15 PM		42. WAS AN AUTOPSY PERFORMED? NO	
43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?		44. NAME OF PERSON COMPLETING CAUSE OF DEATH WALTER, NIERI			
45. DATE CERTIFIED 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
KRYSTAL COLBURN
ASSISTANT STATE REGISTRAR



J0578428

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