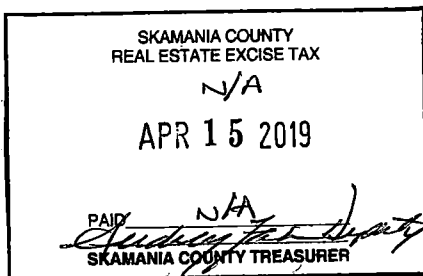


After Recording Mail To:
Carolyn A. Simms, Attorney
P.O. Box 169
Washougal, WA 98671



AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

Grantor/Decedent: EDWARD FREDERICK CALLAHAN, deceased
Grantee/Affiant: PATRICIA HAZEL CALLAHAN, surviving spouse
Abbreviated
Legal Description: Joseph Robbins DLC S27 T3N R8E WM
Tax Parcel Number: 03082700029000

4m 4-15-19

STATE OF WASHINGTON)
COUNTY OF CLARK) SS.

PATRICIA HAZEL CALLAHAN, being first duly sworn, on oath deposes and says:

1. I am the surviving spouse of EDWARD FREDERICK CALLAHAN, who died on November 16, 2018, a resident of Skamania County, Washington.
2. This Affidavit provides information for the record regarding that certain Community Property Agreement dated August 20, 2010 and executed by EDWARD FREDERICK CALLAHAN and PATRICIA HAZEL CALLAHAN, husband and wife (the Agreement). The Agreement is attached and made a part hereof. The statements set forth in this Affidavit are representations of fact that may be relied upon by all parties dealing with the real estate and personal property located in Skamania County, Washington and more fully described on Exhibit "A".
3. The parties to the Agreement were legally competent at the time of the Agreement and executed no subsequent wills or agreements that would have the effect of abrogating or nullifying the Agreement.
4. The Real Estate subject to the Community Property Agreement is known as 1091 Berge Road, Home Valley, WA 98648. The property includes a 1990 27 x 71 manufactured home.

5. The Decedent left no separate property that has not been otherwise provided for; all personal property and community property shall pass to the surviving spouse as provided in the Agreement.
6. All obligations of the community composed of the Decedent and the affiant owing at the date of the Decedent's death have been paid in full, and all expenses of last illness, funeral and burial services of the Decedent have been paid.
7. The estate is not subject to estate tax either in the State of Washington or under the Internal Revenue Code, as all of the property is passing under the Community Property Agreement to the surviving spouse.
8. The Decedent was survived by his spouse.

DATED this 25th day of March, 2019.

Patricia H. Callahan

PATRICIA HAZEL CALLAHAN

P.O. Box 969

Stevenson, WA 98648

No number is being provided for privacy

SUBSCRIBED AND SWORN TO before me this 25th day of March, 2019.

CAROLYN A SIMMS
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
SEPTEMBER 1, 2021

Carolyn A. Simms
NOTARY PUBLIC in and for Washington
Residing at Clark County
My appointment expires: 9-1-2021

COMMUNITY PROPERTY AGREEMENT

AGREEMENT MADE in Stevenson Washington on ^{August} ~~July~~ 20, 2010 between EDWARD FREDERICK CALLAHAN and PATRICIA HAZEL CALLAHAN, husband and wife, both of whom are domiciled in the State of Washington. Pursuant to the provisions of RCWA Sec. 26.16.120 and in consideration of the mutual benefits to be derived from each of the spouses named above, the parties agree as follows:

That all property of whatsoever nature both separate and community now owned or hereafter acquired by the parties shall be considered and is hereby declared to be community property.

That upon the death of either of the spouses, title to all community property is to vest immediately in the surviving spouse.



Husband EDWARD FREDERICK
CALLAHAN



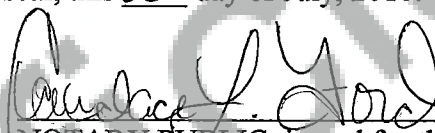
Wife PATRICIA HAZEL
CALLAHAN

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAMANIA)

On this day personally appeared before me, EDWARD FREDERICK CALLAHAN and PATRICIA HAZEL CALLAHAN, to me known to be the individuals described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal, this 20 ^{August} day of ~~July~~, 2010.





NOTARY PUBLIC, in and for the

State of Washington Residing at Stevenson.
My Commission expires 12/29/2010

CALLAHAN/CPA

EXHIBIT "A"

(description of adjusted Callahan property)

**Callahan
Parcel No. 03082700029000
January 11, 2018**

A tract of land in the Joseph Robbins Donation Land Claim in Section 27, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, more particularly described as follows:

Beginning at the Northwest corner of the Bobbins D.L.C. aforesaid; thence East 620 feet, more or less; thence South 600 feet, more or less, to the centerline of the County Road Ho. 3036, designated as Berge Road; thence in a Southwesterly direction approximately 700 feet, more or less, to the West line of the Joseph Robbins D.L.C.; thence North to the Northwest Corner of the Joseph Robbins D.L.C., said corner also being the True Point of Beginning.

EXCEPT any portion thereof, lying Westerly of the Centerline of the County Road designated as Kelly Henke Road.

ALSO EXCEPT that portion conveyed to Mark L. Bausch et. ux., by Instrument recorded April 29, 1974 in Book 66, Page 642, in Auditor's File No. 7419, Skamania County Deed Records.

EXCEPTING THEREFROM:

Commencing at the northwest corner of the Robins DLC; thence South 89°48'22" East, 607.80 feet along the north line thereof, to the Point of Beginning, said point being the northwest corner of that tract described in Statutory Warranty Deed, Recorded in Auditor's File Number, 2017001726; thence South 01°51'00" West, 364.59 feet, along the west line of said tract; thence North 60°21'26" West, 30.49 feet more or less to a point on the east right of way line of Kelly - Henke Road, last said point being on a curve concave southwest, having a radius of 620.00 feet; thence northwesterly along the easterly right of way of said Kelly - Henke Road for the next two (2) courses;

- 1) thence northwesterly along through a central angle of 21°36'03", an arc length of 233.74 feet, a chord which bears North 11°01'29" West, a chord length of 232.36 feet;**
- 2) thence North 21°49'32" West, 131.09 feet more or less to a point on the north line of said Robins DLC;**

thence South 89°48'22" East, 131.44 feet, more or less, along said north line back to the Point of Beginning.

EXHIBIT "A" (continued)**INCLUDING THERETO:**

Commencing at the northwest corner of the Robins DLC; thence South 89°48'22" East, 607.80 feet along the north line thereof; thence South 01°51'00" West, 364.59 feet to the Point of Beginning; thence South 60°21'26" East, 68.19 feet; thence South 53°43'22" East, 39.82 feet; thence South 18°03'42" East, 39.46 feet; thence South 26°00'32" East, 63.02 feet; thence South 01°54'50" West, 35.53 feet; thence South 34°49'06" East, 76.35 feet; thence South 51°15'30" East, 18.88 feet; thence South 37°51' 01" East, 61.99 feet, more or less, to a point on the northerly right of way of Berge Road, said point being on a curve concave southerly, having a radius of 378.10 feet; thence southwesterly along the northerly right of way of said Berge Road for the next two (2) courses; 1) thence southwesterly through a central angle of 18°28'55", an arc length of 121.96 feet, a chord which bears South 75°13'03" West, a chord length of 121.44 feet; 2) thence South 65°58'35" West 103.34 feet more or less to the southwest corner of that tract of land described in Statutory Warranty Deed, Recorded in Auditor's File Number, 2017001726; thence North 01°51'00" East, 368.57 feet along said tract back to the Point of Beginning.

Planning Department - BLA Approved By: *AP 2/21/18*

Skamania County Assessor

Date *4-15-19* Parcel# *03082700029000*
JM

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

810822

ID TAG NO

STATE FILE NUMBER

1. Legal Name First: Edward Middle: Frederick Last: Callahan Suffix:		2. Death Date November 16, 2018	
3. Sex Male	4. Age 88 years	5. Social Security Number	6. County of Death Hood River
7. Birthdate April 19, 1930	8. Birthplace Chicago, Illinois	9. Decedent's Education High school grad. or GED	
10. Was Decedent of Hispanic Origin? No	11. Decedent's Race(s) White	12. Was Decedent Ever in U.S. Armed Forces? Yes	
13. Residence: Number and Street 1091 Berge Road		14. City/Town Home Valley	15. Inside City Limits? No
16. Residence County Skamania	17. State or Foreign Country Washington	18. Zip Code + 4 98648	19. Marital Status at Time of Death Married
20. Spouse's Name Prior to First Marriage Patricia Hazel Murray		21. Usual Occupation County Commissioner	
22. Kind of Business/Industry County Government		23. Father's Name Jeremiah Callahan	
24. Mother's Name Prior to First Marriage Mary Theresa Fenton		25. Informant's Name Patricia Callahan	
26. Telephone Number Not Available		27. Relationship to Decedent Spouse	
28. Mailing Address PO Box 969 Stevenson, WA 98648		29. Place of Death Hospital: Inpatient	
30. Facility Name Providence Hood River Memorial Hospital		31. Location of Death 811 13th Street	
32. City/Town or Location of Death Hood River		33. State Oregon	34. Zip Code + 4 97031
35. Method of Disposition Removal From State		36. Place of Disposition Berge Cemetery	
37. Location Home Valley, Washington		38. Name and Complete Address of Funeral Facility Gardner Funeral Home	
39. Date of Disposition November 16, 2018		40. Funeral Director's Signature Derek F. Krentz	
41. OR License Number CO-3892		42. Registrar's Signature Chalanda Suarez	
43. Date Received NOV 21 2018		44. Local File Number 163-2018	
45. Amendment			
46. Was case referred to Medical Examiner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
47. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
48. Were autopsy findings available to complete the cause of death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
49. Time of Death 2:06			
50. 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 stating the etiology. DO NOT ABBREVIATE.			
Final disease or condition resulting in death		IMMEDIATE CAUSE	
Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		Due to (or as a consequence of)	
a. CHRONIC HEART DISEASE		b. CHRONIC HEART DISEASE	
c. CHRONIC HEART DISEASE		d. CHRONIC HEART DISEASE	
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above		52. Manner of Death	
Vascular dementia		Natural <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending <input type="checkbox"/>	
53. If Female		54. Did tobacco use contribute to death?	
Not pregnant within past year <input checked="" type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/>		Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	
55. Date of Injury (month day year)		56. Time of Injury	
57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		58. Injury at Work?	
59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	
60. Describe how injury occurred		61. If transportation injury, specify.	
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4)		Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
63. Name and Title of Attending Physician if Other than Certifier		64. Title of Certifier	
65. License Number		66. Date Signed (month day year)	
67. Medical Examiner - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		68. Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.	
69. Amendment			

45-2DP (01/05)

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED:

NOV 21 2018

JENNIFER A. WOODWARD, PH.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Unofficial
Copy



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