Skamania County, WA 2020-001573 Total:\$109.50 ALP

06/29/2020 12:02 PM

Request of: CAROLYN A. SIMMS, ATTORNEY

00004135202000015730070072

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

AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

Grantor/Decedent:

HOWARD LEE MATHANY, deceased

Grantee/Affiant:

JULIE MARIE MATHANY, surviving spouse

Abbreviated Legal

descriptions:

Lot 3 of the In-Law Acres S/p #2016000851 &

Lot 4 of the In-Law Acres S/p #2016000851

Tax Parcel No's.:

03082822030000 & 03082822031700

ym 6/2020

STATE OF WASHINGTON COUNTY OF SKAMANIA) SS.

JULIE MARIE MATHANY, being first duly sworn, on oath deposes and says:

- 1. I am the surviving spouse of HOWARD LEE MATHANY, who died on October 10, 2019, a resident of Skamania County, Washington.
- 2. This Affidavit provides information for the record regarding that certain Community Property Agreement dated August 22, 1985 and executed by HOWARD LEE MATHANY and JULIE MARIE MATHANY, 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 any real and personal property located in Skamania County, Washington and more fully described herein.

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 REAL ESTATE EXCISE TAX abrogating or nullifying the Agreement.

N/A JUN 2 9 2020

Memeria SKAMANIA COUNTY TREASURER

AFFIDAVIT IN SUPPORT OF CPA - 1

- 4. The Real Estate legal descriptions subject to the Community Property Agreement are attached hereto and made a part hereof, known as 402 Hot Springs Avenue, Carson, WA 98610, otherwise known as Lot 3 of the In-Law Acres S/p #2016000851 (TPN 03082822030000) and 241 Old Airport Road, Carson, WA 98610, otherwise known as Lot 4 of the In-Law Acres S/p #2016000851 (TPN 03082822031700).
- 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.
- 9. The personal property that is part of the Decedent's estate transferring to the surviving spouse, as provided herein, includes any and all bank accounts, CD's, annuities and investment accounts, held either in the name of the Decedent or both the Decedent and surviving spouse, the Decedent's pension, together with any and all personal property owned by Decedent or in which Decedent otherwise held an interest.

DATED this low day of January, 2020.

402 Hot Springs Avenue

Carson, WA 98610

No number is being provided for privacy

SUBSCRIBED AND SWORN TO before me this 10th day of January, 2020.

GLORIA D. MEYERS
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
MARCH 1, 2021

NOTARY PUBLIC in and for Washington

Residing at Washingal

My appointment expires: 3-1-2021

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COMMUNITY PROPERTY AGREEMENT

THIS COMMUNITY PROPERTY AGREEMENT, entered into this day by and between HOWARD LEE MATHANY and JULIE MARIE MATHANY, husband and wife, of Skamania County, State of Washington.

WITNESSETH:

WHEREAS, the parties hereto are the owners of certain real and personal property situate in the State of Washington; and

WHEREAS, it is contemplated by the parties hereto that they may acquire additional property in the future; and

WHEREAS, it is the desire hereto that all of their property shall pass to the survivor without delay or expense in the event of the death of either party;

NOW THEREFORE, WE, HOWARD LEE MATHANY and JULIE MARIE MATHANY, husband and wife, for and in consideration of the love and affection which we have, one for the other, do hereby mutually agree that all of the property which we now own separately, jointly, or otherwise, and whether real, personal or otherwise, and wheresoever situate, shall be and it is hereby declared to be the community property of the parties, and each of the parties to this agreement do hereby convey and transfer to the other party and to their community all property owned by them, even though the same be held in his or her separate estate; and

WE HEREBY MUTUALLY AGREE that all of the property which shall hereafter be acquired by either of us, whether separately, jointly or otherwise, and of whatsoever nature, and wheresoever situate, shall be and it is hereby declared to be community property, and each of the parties do hereby convey and transfer to the other and to their community, all such property hereafter acquired by either of

H'e initiale

W's initials

gistered S

8-29-85

Community Property Agreement Page 1 of 2 Pages

them, even though the same be acquired in his or her separate estate; and;

IT IS FURTHER AGREED that the whole of the community property now owned by us or hereafter acquired by us, including all property the status of which is changed or created by this agreement, shall at once, in the event of the death of HOWARD LEE MATHANY, while the said JULIE MARIE MATHANY survives, be vested in JULIE MARIE MATHANY, absolutely and in fee simple as her sole and separate property; and, in the event of the death of the said JULIE MARIE MATHANY, while the said HOWARD LEE MATHANY survives, then the whole of the community property now owned by us or hereafter acquired by us, including all property the status of which is changed or created by this agreement, shall at once vest in the said HOWARD LEE MATHANY, absolutely and in fee simple as his sole and separate property.

IN WITNESS WHEREOF, the parties have executed this agreement this 22nd day of August, 1985.

STATE OF WASHINGTON)

Ounty of Skamania)

The undersigned, a Notary Public in and for the State of Washington, do hereby certify that on this 22nd day of August, 1985, personally appeared before me HOWARD LEE MATHANY and JULIE MARIE MATHANY hasband and wife, to me known to be the individuals described in and who executed the foregoing instrument, and acknowledged that they signed and sealed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

STATE OF WASHINGOUNTY OF SEASI

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CIVEN under my hand and official seal the day and year last mapove written.

Notary Public in and for the State of Washington, residing at Stevenson

Community Property Agreement Page 2 of 2 Pages

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H's initials

W's initials M

Exhibit "A" Schedule

Community Property of Howard Lee Mathany and Julie Marie Mathany

Real Estate:

Residence:

402 Hot Springs Avenue

Carson, WA 98610

Legally described as:

A tract of land located in the Northwest Quarter of the Northwest Quarter of Section 28, Township 3 North, Range 8 East of the Willamette Meridian, County of Skamania, State of Washington, described as follows:

Lot 3 IN-LAW ACRES Short Plat, recorded as Auditor File Number 2016000851, Skamania County Records.

Other Real Property: 241 Old Airport Road

Carson, WA 98610

Legally described as:

A tract of land located in the Northwest Quarter of the Northwest Quarter of Section 28, Township 3 North, Range 8 East of the Willamette Meridian, County of Skamania, State of Washington, described as follows:

Lot 4 IN-LAW ACRES Short Plat, recorded as Auditor File Number 2016000851, Skamania County Records.

Skamania County Assessor

6-29-20

Date 4-18-20

Parcel# 030 82 822030000

030 8282031700

7m

Other Personal Property and Bank Accounts:

Any and all remaining.

STATE OF WASHINGTON DEPARTÎMENT OF HEALTE

CERTIFICATE OF DEATH



DATE ISSUED: 10/16/2019 FEE NUMBER

CERTIFICATE NUMBER: "2019-044882:

FIRST AND MIDDLE NAME(S) HOWARD LEE

LAST NAME(S): MATHANY

COUNTY OF DEATH: SKAMANIA DATE OF DEATH: OCTOBER 10, 2019 HOUR OF DEATH: 08:30 PM

SEX: MALE

AGE: 67 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO RACE: WHITE

BIRTH DATE: JUNE 15, 1952 BIRTHPLACE: HOOD RIVER, OR

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: JULIE MARIE MATHANY

OCCUPATION: MECHANIC

INDUSTRY: AUTOMOBILE AND HEAVY EQUIPMENT EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: JULIE MATHANY RELATIONSHIP: SPOUSE

ADDRESS: P.O.BOX 662, CARSON, WA 98610

CAUSE OF DEATH:

A: CLEAR CELL CARCINOMA KIDNEY

INTERVAL: 27 MONTHS

B:

INTERVAL:

C:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ESOPHAGEAL CANCER ADENO

CARCINOMA LUNG

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 402 HOT SPRINGS AVE. CITY, STATE, ZIP: CARSON, WASHINGTON 98610

RESIDENCE STREET: 402 HOT SPRINGS AVE.

CITY, STATE, ZIP: CARSON, WA 98610

INSIDE CITY LIMITS: NO COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER/PARENT: BYRON HOWARD MATHANY

MOTHER/PARENT: THELMA IONE RIKE

METHOD OF DISPOSITION: REMOVAL FROM STATE

PLACE OF DISPOSITION: PFS CREMATORY

CITY, STATE: PORTLAND, OREGON DISPOSITION DATE: OCTOBER 15, 2019

FUNERAL FACILITY: NEPTUNE CREMATION SERVICE

ADDRESS: 11211 SE 82ND AVENUE SUITE N

CITY, STATE, ZIP: HAPPY VALLEY, OREGON 97086

FUNERAL DIRECTOR: REGAN HINTON

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: DONALD BENZ, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1405 SE 164TH AVE SUITE 201

CITY, STATE, ZIP: VANCOUVER, WA 98683

DATE SIGNED: OCTOBER 14, 2019

CASE REFERRED TO ME/CORONER: NO FILE NUMBER: NOT APPLICABLE .

ATTENDING PHYSICIAN: DONALD BENZ, MD

LOCAL DEPUTY REGISTRAR: LISA S. MITCHEL DATE RECEIVED DCTOBER 15, 2019



Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics P.O. Box 47814 Olympia, WA 98504-7814

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STATE OFFICE USE ONLY										
Stat	e File Number	Fee Number			Initials	Date	е	Affidavit N	lumber	
Required information must match current information on record										
l_					arriage 🔲 Dissolution (D			rce)		
Required	1. Name on Record:	ame on Record:			·				3. Place of Event: (City or County)	
قِا	First Middle Last					MM/DD				
I⋤	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)				5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)					
ø	First Middle Last/Maiden			n First	First Middle Last/Maiden				st/Maiden	
15	6. Name of Person Requesting Cor	rection:	Relations		Self	☐ Guardia		nformant	☐ Hospital	
		n Record:		☐ Funeral	Director 🔲 C					
7. Return Mailing Address:										
	O Box or Street Address					Zip				
Tele	phone Number:)	Email A	idress:	SS:						
Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:										
The record now shows:					The true fact is:					
8.	•			9.		-				
10.				11.		- 1		7		
12.				13.	4	P 4				
14.				15.	7					
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct										
16a. Signature: 16b. Signature of 2 nd parent (if required):										
Prin	ted name:		Date:	Printed	name:				Date:	
INSTRUCTIONS – go to www.doh.wa.gov for more information										
Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof										
Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:										
 Birth/Marriage/Divorce record Certificate of Naturalization Military record (DD-214) School transcripts Social Security Numident Report Green/Permanent Resident card (I-551) 										
		Hospital/medical	record	 Passport 		• Gr	een/Permaner	it Resident ca	ra (1-551)	
Birth Certificates 1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate										
	2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be									
	Mary Ann Doe									
3. Documentary proof must be five or more years old or established within five years of birth										
1	d under 18		 Adult (18 years or older) Only the adult can change his or her birth certificate 							
	If legal guardian(s), include certified Up to age one, last name can be characteristics.								cumentary proof are	
•	certificate (can be any combination					die Hallie is	missing, thee	picocs or doc	sumeritary proof are	
	After age one, a court order is require					e and/or last	name is miss	pelled, or date	of birth is incorrect,	
•	No proof is required to change the 1	irst or middle nan	ne*	two į	pieces of doc	cumentary p	roof are requir	ed		
•	To correct parent's information, one					's birth date	, place of birth	, or name, one	e documentary proof	
• .	To correct the sex of the child, one opprovider is required	ocumentary proo	f from a medical	is re	quired					
	*To change any part of the name of a chil certificate with request.	ld using this form, si	gnatures from bo	th parents liste	d on the certi	ificate are red	quired. If one pa	rent is decease	d, submit a death	
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)										
Death Certificates										
1.										
	information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a court order if someone other than the									
informant is requesting the change.									Cone other than the	
2.	The medical information (cause of c		anged only by th	e certifying ph	ysician or th	e coroner/m	nedical examin	er.		
Marriage/Dissolution (Divorce) Certificates										
1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof 2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit										
2.	o change the date or place of marria	age or dissolution,	the officiant (ma	arriage) or cle	k of court (d	lissolution) r	nust complete		ne affidavit 22-034 January 2015	
								DO:142	007 oanuary 4010	

CERTIFIED CLARK COUNTY PUBLIC HEALTH Alan Meinick, MD, MPH, CPH Health Officer

