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Skamania County, WA
Total: \$207.50
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Request of: WALSTEAD MERTSCHING PS ATTORNEY
2022-001512
07/25/2022 12:19 PM
00013748202200015120050054

WASHINGTON STATE COUNTY AUDITOR/RECORDER'S
INDEXING FORM (Cover Sheet)
RCW 65.04.047

Please print or type information

Document Title(s) (or, transactions contained therein): AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT	
Reference Number(s) of Documents assigned or released: _____	
<input type="checkbox"/> Additional reference #s on page _____ of document	<div style="border: 1px solid black; padding: 5px; text-align: center;">SKAMANIA COUNTY REAL ESTATE EXCISE TAX 36222 JUL 25 2022 PAID <i>exempt</i> <i>M. Monaghan</i> SKAMANIA COUNTY TREASURER</div>
Grantor(s) (Last name first, then first name and initials): 1. LAVINE, GARY C. - Estate of	
<input type="checkbox"/> Additional Grantor(s) on page _____ of document.	
Grantee(s) (Last name first, then first name and initials): 1. OLSON-LAVINE, LYNDA J.	Skamania County Assessor Date <u>7/25/22</u> Parcel # <u>04072334060000</u>
<input type="checkbox"/> Additional Grantee(s) on page _____ of document.	
Legal Description (abbreviated: i.e., lot, block, plat or section, township, range): Lots 1, 2, 3 and 4, Edgewater Properties, recorded in Book 'A', page 119 of Plat records, in the county of Skamania, state of Washington.	
<input type="checkbox"/> Additional legal description on page _____ of document.	
Assessor's Property Tax Parcel/Account Number(s): 04072334060000; 04072334061200; 04072334061100; 04072334061000 <input type="checkbox"/> Assessor Tax # not yet assigned.	
The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.	
"I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document."	
Signature _____	Printed Name _____

AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

STATE OF Oregon)
County of Wasco) ss.

LYNDA J. OLSON-LAVINE, being first duly sworn on oath, deposes and says:

That she is the surviving spouse of GARY C. LAVINE, who died a resident of Klickitat County, state of Washington, on April 23, 2022 (a copy of death certificate is attached hereto), and that she is the LYNDA J. LAVINE referred to in that certain Community Property Agreement dated April 1, 2005, and recorded contemporaneously with this Affidavit, and said agreement has not been revoked.

That under the terms of said Community Property Agreement, upon the death of either of the parties to the marital community, title to all community real estate and personal property should immediately vest in fee simple in the survivor. Among other items of community property was the following described real estate with affiant's opinion of fair market value as of the date of death:

Tax Parcel Numbers: 04072334060000; 04072334061200; 04072334061100;
04072334061000

Description:

Lots 1, 2, 3 and 4, Edgewater Properties, recorded in Book 'A', page 119 of Plat records, in the county of Skamania, state of Washington.

Affiant further states that the funeral expenses and the expenses of last illness and all debts owing by the decedent at the time of death have been paid or arrangement for payment made.

Since all of the community estate, including all real and personal property, passed to the surviving spouse of the deceased, no federal or state estate taxes will be due.

Lynda J. Olson-Lavine
LYNDA J. OLSON-LAVINE

SUBSCRIBED AND SWORN to before me this 5th day of July ²⁰²¹~~June~~ 2022.



Signature

Printed Name

Notary Public for the state of

My Appointment Expires

Sheri L. Magill

Sheri L. Magill

Oregon

10/09/2022

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

965781

I.D. TAG NO.

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2022-013384

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name		First GARY	Middle CLIFFORD	Last LAVINE	Suffix	Death Date April 23, 2022
	Sex Male	Age 76 years	Social Security Number 543-50-2166		County of Death Wasco		
	Birthdate September 05, 1945		Birthplace Salem, Oregon			Was Decedent Ever in U.S. Armed Forces? Yes	
	Residence: 60 Schreiner Farm Lane				City/Town Dallesport		
	Residence County Klickitat		State or Foreign Country Washington		Zip Code +4 98617		Inside City Limits? No
	Marital Status at Time of Death Married		Spouse's Name Prior to First Marriage Lynda Jean Palmer				
	Father's Name Clifford LaVine			Mother's Name Prior to First Marriage Laura Stewart			
	Informant's Name Lynda LaVine		Telephone Number Not Available	Relationship to Decedent Spouse	Mailing Address 8233 Highway 14, Lyle, WA 98635		
	Place of Death Hospital-Inpatient		Facility Name Mid-Columbia Medical Center				
	Location of Death 1700 E 19th Street		City/Town or Location of Death The Dalles		State Oregon	Zip Code +4 97058	
Method of Disposition Cremation		Place of Disposition Columbia Gorge Cremation		Location (City/Town and State) Hood River, Oregon			
Name and Complete Address of Funeral Facility Anderson's Tribute Center - Celilo Chapel 204 E 4th Street, The Dalles, Oregon 97058							
Date of Disposition April 26, 2022		Funeral Director's Signature Addison J Redmond		Electronically Signed	OR License Number CO-4012		
Registrar's Signature Jennifer A. Woodward			Date Received April 27, 2022		Local File Number		
Amendment							
TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner? No		Autopsy? No		Were autopsy findings available to complete the cause of death?		Time of Death 2210
	CAUSE OF DEATH IMMEDIATE CAUSE a. unclear causes						Approximate Interval: Onset to Death weeks
	Due to (or as a consequence of) ↓ b. coagulopathy, bleeding, anemia, L thigh hematoma with necrosis, hypotension, hematuria, acute stroke						weeks
	Due to (or as a consequence of) ↓ c. anticoagulation for mitral and aortic valves, history of stroke						years
	Due to (or as a consequence of) ↓ d.						
	Other significant conditions contributing to death						
	Manner of Death Natural		If Female Not Applicable		Did tobacco use contribute to death? No		
	Date of Injury		Time of Injury	Place of Injury		Injury at Work?	
	Location of Injury						
	Describe how injury occurred						If transportation injury, specify.
Name and Address of Certifier Sonia Johanna Schuemann 1700 E 19th Street, The Dalles, Oregon 97058							
Name and Title of Attending Physician If Other than Certifier					Date Signed April 25, 2022		
Medical Certifier Sonia Johanna Schuemann		Electronically Signed		Title of Certifier M.D.	License Number MD20946		
Amendment							



20220621270

45-2CC (01/06)

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.

June 16, 2022

DATE ISSUED:

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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