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Skamania County, WA **2022-001512**  
 Total: \$207.50  
 ALP 07/25/2022 12:19 PM  
 Pgs=5  
 Request of: WALSTEAD MERTSCHING PS ATTORNEY  
  
 00013748202200015120050054

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

Please print or type information

<b>Document Title(s)</b> (or, transactions contained therein): AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT		
<b>Reference Number(s)</b> of Documents assigned or released:  _____		
<input type="checkbox"/> Additional reference #s on page _____ of document	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td align="center">           SKAMANIA COUNTY            REAL ESTATE EXCISE TAX  <b>36222</b>            JUL 25 2022            PAID <i>exempt</i>  <i>M. Monaghan Deputy</i>            SKAMANIA COUNTY TREASURER         </td> </tr> </table>	SKAMANIA COUNTY REAL ESTATE EXCISE TAX <b>36222</b> JUL 25 2022 PAID <i>exempt</i> <i>M. Monaghan Deputy</i> SKAMANIA COUNTY TREASURER
SKAMANIA COUNTY REAL ESTATE EXCISE TAX <b>36222</b> JUL 25 2022 PAID <i>exempt</i> <i>M. Monaghan Deputy</i> SKAMANIA COUNTY TREASURER		
<b>Grantor(s)</b> (Last name first, then first name and initials): 1. LAVINE, GARY C. - Estate of		
<input type="checkbox"/> Additional Grantor(s) on page _____ of document.	Skamania County Assessor	
<b>Grantee(s)</b> (Last name first, then first name and initials): 1. OLSON-LAVINE, LYNDA J.		
<input type="checkbox"/> Additional Grantee(s) on page _____ of document.	Date <u>7/25/22</u> Parcel# <u>04072334060000</u>	
<b>Legal Description</b> (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.	612 612 610	
<b>Assessor's Property Tax Parcel/Account Number(s):</b> 04072334060000; 04072334061200; 04072334061100; 04072334061000		
<input type="checkbox"/> Assessor Tax # not yet assigned.	<i>AM</i>	
<b>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.</b>		
"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 5<sup>th</sup> day of July <sup>2022</sup> 2022.



Signature *Sheri L. Magill*  
Printed Name Sheri L. Magill  
Notary Public for the state of Oregon  
My Appointment Expires 10/09/2022

# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

### OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

965781  
I.D. TAG NO.

136-2022-013384

STATE FILE NUMBER

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



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*  
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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