

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT made and entered into this 16 day of December, 1977, by and between DONALD C. CHRISTENSEN and BEVERLY ANN CHRISTENSEN, husband and wife, of Skamania County, Washington, pursuant to the provisions of Section 26.16.120, Revised Code of Washington, providing for agreements between husband and wife for the fixing of the status and disposition of community property to take effect upon the death of either.

WITNESSETH: That, in consideration of the love and affection that each of said parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and promised as follows:

FIRST: That this Agreement supersedes any other Agreement of the parties hereto made as to the division or distribution of their property.

SECOND: That all property of whatsoever nature or description whether real, personal or mixed and wheresoever situated, now owned or hereafter acquired by them, or either of them, shall be considered and is hereby declared to be community property.

THIRD: That upon the death of either of the parties hereto, title to all community property as defined in the preceding paragraph, shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said DONALD C. CHRISTENSEN and BEVERLY ANN CHRISTENSEN have hereunto set their hands and seals this 16 day of December, 1977.

Donald C. Christensen
Donald C. Christensen

Beverly Ann Christensen
Beverly Ann Christensen

STATE OF WASHINGTON)
County of Skamania) ss.
SKAMANIA

THIS CERTIFIES that on this 16 day of December, 1977, personally appeared before me DONALD C. CHRISTENSEN and BEVERLY ANN CHRISTENSEN, husband and wife, to me known to be the individuals who executed the foregoing instrument, and acknowledged the same to be their free and voluntary act and deed, for the uses and purposes therein mentioned.

WITNESS MY HAND AND OFFICIAL SEAL the day and year first above written in this certificate.

FILED FOR RECORD

SKAMANIA CO. WASH.

BY DEAN R. CHASE

Dean R. Chase
NOTARY PUBLIC in and for the State
of Washington, residing at Stevenson

SEP 17 12 50 PM '87

d. m. Olson
AUDITOR
CARY M. OLSON

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STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

BOOK 106 PAGE 719

CERTIFICATE OF DEATH

State File Number

Local File Number

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
SIDENCE ITEMS

DISPOSITION

INTERVIEWER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE OF
DEATH

1 DECEASED - NAME First Middle Last Donald Claude CHRISTENSEN		2 DATE OF DEATH (month day year) April 17, 1987	
3 RACE (White, Black, American Indian, etc.) White		4 SEX Male	
5 AGE - Last birthday (years) 52		6 DATE OF BIRTH (month day year) January 12, 1935	
7a CITY, TOWN OR LOCATION OF DEATH Portland		7b HOSPITAL OR OTHER INSTITUTION - NAME (BKMC) Kaiser Foundation Hospital	
8 STATE OF BIRTH (if not in U.S. name country) Oregon		9 CITIZEN OF WHAT COUNTRY U.S.A.	
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married		11 SPOUSE (if married, widowed) Beverly A.	
12 SOCIAL SECURITY NUMBER		13 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deck Hand	
14a RESIDENCE - STATE Washington		14b Tug Boat	
15a COUNTY Skamania		15b CITY, TOWN OR LOCATION No. Bonneville	
16 FATHER - NAME George - Woodruff		17 MOTHER - NAME Christina F. Christensen	
18a BURIAL, CREMATION, REMOVAL, MAUS. (specify) Rem/Burial		18b CEMETERY OR CREMATORY - NAME Cascade Pioneer Cemetery	
19a FUNERAL SERVICE LICENSEE or Person acting as such (Signature) Gardner Funeral Home, Inc.		19b NAME AND ADDRESS OF FACILITY White Salmon, WA 98672	
20a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated George Oh, M.D.		20b DATE SIGNED (Mo. Day Year) 4/17/87	
21a NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) George Oh, M.D., 5055 N. Greeley, Portland, Oregon 97217		21b HOUR OF DEATH 0025	
22a DATE RECEIVED BY REGISTRAR (Mo. Day Year)		22b REGISTRAR	
23a IMMEDIATE CAUSE Sepsis, intra abdominal		23b Interval between onset and death 2 months	
23c DUE TO OR AS A CONSEQUENCE OF Bowel infarction		23d Interval between onset and death 2 months	
23e DUE TO OR AS A CONSEQUENCE OF Embolus to mesenteric artery from heart		23f Interval between onset and death 2 months	
24 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		25 AUTOPSY (Specify Yes or No) No	
26a ACCIDENT (Specify Yes or No) No		26b DATE OF INJURY (Mo. Day Year)	
26c HOUR OF INJURY		26d DESCRIBE HOW INJURY OCCURRED	
26e INJURY AT WORK (Specify Yes or No)		26f PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	
26g LOCATION		26h STREET OR R.F.D. NO	
26i CITY OR TOWN		26j STATE	
27 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES NO N/A		28 WAS GIFT MADE? YES NO N/A	

STATE OF OREGON
COUNTY OF MULTNOMAH

ORIGINAL - VITAL STATISTICS COPY

APR 22 1987

45-2 Rev 8-86

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Department of Human Services.



Arthur W. Bloom
REGISTRAR OF VITAL STATISTICS

CS-82/615