107136

BOOK 114 PAGE 333

SAFECO TITLE INSURANCE

FILED FOR RECORD
SKAMANIA CO. WASH
BY SAFECO TITLE INSURANCE COMPANY
LEE ANN HINZMAN

THIS SPACE RESERVED FOR RECORDER'S USE
Jun 5 4 42 PM 89
Deputy
AUDITOR
GARY M. OLSON

Filed for Record at Request of

NAME _____

ADDRESS _____

CITY AND STATE _____

WARRANTY FULFILLMENT DEED

THE GRANTOR LAURINE L. MCGREW, SURVIVOR OF HERSELF AND RICHARD C. MCGREW, DECEASED

for and in consideration of FULFILLMENT OF CONTRACT

in hand paid, conveys and warrants to BERNARD K. HINZMAN AND LEE ANN HINZMAN, HUSBAND AND WIFE

the following described real estate, situated in the County of SKAMANIA, State of Washington:

THAT PORTION OF THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 20, TOWNSHIP 3 NORTH, RANGE 8 EAST OF THE WILLAMETTE MERIDIAN, SKAMANIA COUNTY, DESCRIBED AS FOLLOWS:
BEGINNING AT A POINT 553 FEET NORTH OF THE SOUTHEAST CORNER OF THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 20, TOWNSHIP 3 NORTH, RANGE 8 EAST OF THE WILLAMETTE MERIDIAN; THENCE WEST 165 FEET; THENCE NORTH 70 FEET; THENCE EAST 165 FEET; THENCE SOUTH 70 FEET TO THE POINT OF BEGINNING.

This deed is given in fulfillment of that certain real estate contract between the parties hereto, dated MARCH 24, 1973, and conditioned for the conveyance of the above described property, and the covenants of warranty herein contained shall not apply to any title, interest or encumbrance arising by, through or under the purchaser in said contract, and shall not apply to any taxes, assessments or other charges levied, assessed or becoming due subsequent to the date of said contract. EXCISE TAX RECEIPT NO. 1843

Dated 5-30, 1989

Laurine L. McGrew

STATE OF WASHINGTON
COUNTY OF

On this day personally appeared before me LAURINE L. MCGREW

to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that SHE signed the same as HER free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 30th day of May, 1989

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

My appointment expires Aug 20, 1992

NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES AUG. 20, 1992

Glenda J. Kimmel, Skamania County Assessor
By: DM Parcel # 3-8-20-3-4-500

SAFECO Stock No. WATL-0142 (Rev. 3-84)

JUN 6 1989
REAL ESTATE EXCISE TAX
AMT Sec excise 1843
By _____ Deputy
COUNTY TREASURER

STATE OF WASHINGTON
COUNTY OF ss

On this _____ day of _____, 19___, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared _____

and _____
to me known to be the _____ President and _____ Secretary, respectively, of the corporation that executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that _____ authorized to execute the said instrument and that the seal affixed is the corporate seal of said corporation.

Witness my hand and official seal hereto affixed the day and year first above written.

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

Recorded
Indexed
Indirect
Filmed
Mailed

BOOK 114 PAGE 334

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF HEALTH

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS

CERTIFICATE OF DEATH

1135
LOCAL FILE NUMBER

146-8
STATE FILE NUMBER

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEM 6.

DECEDENT

1. NAME FIRST, MIDDLE, LAST: RICHARD CARLTON MCGREW
2. SEX: MALE
3. DEATH DATE (MO DAY YR): Sep 30, 1987
4. RACE (WHITE, BLACK, AM IND ETC (SPECIFY)): WHITE
5. AGE - LAST BIRTH DAY (YRS): 69
6. IF UNDER 1 YEAR: MOS / DAYS
7. IF UNDER 1 DAY: HOURS / MINS
8. BIRTHDATE (MO DAY YR): Jun 26, 1918
9. COUNTY OF DEATH: YAKIMA
10. CITY, TOWN OR LOCATION OF DEATH: YAKIMA
11. PLACE OF DEATH - BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 4 HOSP. — ST. ELIZABETHS HOSPITAL (4)
12. RECEIVED EMERGENCY [illegible] AMBULANCE, FIREFIL, [illegible]: YES
13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY): KANSAS
14. CITIZEN OF WHAT COUNTRY: U.S.A.
15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: MARRIED
16. SPOUSE (IF WIFE GIVE MAIDEN NAME): LAURINE ZIGLER
17. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO): YES
18. SOCIAL SECURITY NO: 543-18-6269
19. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED): RANCHER
20. KIND OF BUSINESS OR INDUSTRY: RANCH
21. RESIDENCE - NUMBER AND STREET: 2790 HIGHWAY 142
22. CITY/TOWN OR LOCATION: GOLDENDALE
23. INSIDE CITY LIMITS? (YES/NO): NO
24. COUNTY: KLICKITAT
25. STATE: WASHINGTO

PARENTS

26. FATHER - NAME FIRST, MIDDLE, LAST: LLOYD MCGREW
27. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST: GLADYS ELLINGTON

INFORMANT

28. INFORMANT - NAME: LAURINE MCGREW
29. MAILING ADDRESS (STREET OR RFD NO, CITY OR TOWN, STATE, ZIP): 2790 HIGHWAY 142 GOLDENDALE WA. 98620

DISPOSITION

30. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): BURIAL
31. DATE (MO DAY YR): Oct 3, 1987
32. CEMETERY/CREMATORY - NAME: SPRINGCREEK CEMETERY
33. LOCATION - CITY/TOWN, STATE: GOLDENDALE WA.
34. FUNERAL DIRECTOR SIGNATURE: X [signature]
35. NAME OF FACILITY: KNOSHER-ERDMAN F.H.
36. ADDRESS OF FACILITY: GOLDENDALE WA. 98620

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

37. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED
SIGNATURE AND TITLE: X William M. Daskill
38. DATE SIGNED (MO DAY YR): OCTOBER 5, 1987
39. HOUR OF DEATH (24 HR): 0342
40. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):
41. PRONOUNCED DEAD (MO DAY YR):
42. HOUR PRONOUNCED DEAD (24 HR):
43. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT): WILLIAM M. GASKILL, M.D., 303 HOLTON AVENUE, NO. 4, YAKIMA, WA 98902

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

41. 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) STATED
SIGNATURE AND TITLE: X

CAUSE OF DEATH

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

47. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C)):
(A) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs
DUE TO, OR AS A CONSEQUENCE OF:
(B) Blocked coronary arteries — INTERVAL BETWEEN ONSET AND DEATH: 4yrs.
DUE TO, OR AS A CONSEQUENCE OF:
(C) Atherosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 4yrs
48. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE: ascending thoracic aortic dissection
49. AUTOPSY? (YES/NO): NO
50. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO): NO
51. ACC, SUICIDE, HOM, UNDET OR PENDING INVEST (SPECIFY):
52. INJURY DATE (MO DAY YR):
53. HOUR OF INJURY (24 HRS):
54. DESCRIBE HOW INJURY OCCURRED:
55. INJURY AT WORK? (YES/NO):
56. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC (SPECIFY):
57. LOCATION - STREET OR RFD NO, CITY/TOWN, STATE:

58. REGISTRAR SIGNATURE: X Robert D. Atwood, MD
59. DATE RECEIVED (MO DAY YR): OCT 0 6 1987

This is to CERTIFY, that the foregoing is a true copy (photographic) of the original certificate of death on file in the Yakima County Health District Office.

OCT 0 6 1987
Date

OFFICIAL SEAL

DSHS 9-841A (11/85)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL

BOOK 114 PAGE 335

STATE OF WASH COUNTY OF KLICKITAT
FILED OR RECORDED
Vol. 243 of DEEDS, 80
Request of LAURINE MCGREW
On Oct 5 9:26 AM 1987
Nancy J. Edmiston Auditor
By Alison Deputy
Mail to LAURINE MCGREW

207046

INDEXED

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 28th day of September, 1977, by and between RICHARD C. McGREW and LAURINE LEONE McGREW, husband and wife, of Goldendale, 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 all property of whatsoever nature or description, whether real or 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.

SECOND: 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 RICHARD C. McGREW and LAURINE LEONE McGREW have hereunto set their hands and seals this 28th day of September, 1977.

Richard C. McGrew

Laurine Leone McGrew

STATE OF WASHINGTON)
County of Klickitat) ss.

This certifies that on this day personally appeared before me Richard C. McGrew and Laurine Leone McGrew, to me known to be the individuals who executed the foregoing instrument, and acknowledged the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal this 28th day of September, 1977.

Ron R. Rakow

NOTARY PUBLIC in and for the State of Washington, residing at Goldendale.