

AFTER RECORDING RETURN TO
L. EUGENE HANSON
Attorney at Law
P. O. Box 417
White Salmon, WA 98672

108379

BOOK 117 PAGE 4

FILED FOR RECORD
SKAMANIA CO. WASH
BY MT. ADAMS TITLE

Dec 6 2 12 PM '89
J. Lowmy
AUDITOR
GARY M. OLSON

13200

REAL ESTATE EXCISE TAX

DEC 6 1989

PAID *Exempt*
Jim Dignity
SKAMANIA COUNTY TREASURER

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT was made and entered into at Seattle, King County, Washington, on NOVEMBER 10, 1988 by and between PAUL L. STONE and CECILIA A. STONE, husband and wife, according to the provisions of RCW 26.16.120 which provides for the fixing by agreement of the status and disposition of property of husbands and wives.

In consideration of the affection each bears for the other and the mutual benefits accruing hereunder, it is hereby covenanted and agreed by the parties as follows:

1. All property, of whatever kind and character and wherever situate, by either of them owned, hereafter acquired in any manner, and/or accruing to them in any manner, shall be, and it is hereby, declared, constituted, and conclusively considered to be community property; and each conveys, assigns and quitclaims unto the other his or her interest in all separate property to him or her now belonging or hereafter acquired, so as to convert the same, and the whole thereof, into community property, to the end that title to all such property shall pass to the survivor on the death of either party, as provided hereinafter.

2. On the death of either of these parties, title to all their community property, as defined above, shall at once vest in the survivor in fee simple.

3. In the absence of other evidence indicating the parties' intent to terminate this agreement, it shall nevertheless be deemed mutually terminated and of no further force or effect upon the occurrence of either or both of the following events:

(a) Upon either party filing an action with a court of competent jurisdiction requesting dissolution of their marriage or a decree of separate maintenance.

(b) Upon the simultaneous death of both parties (as defined in RCW Chapter 11.05).

INITIALS:

P.L.S.

C.S.

DATE:

11/10/88

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CAMERON & FRAWLEY, P.S.
ATTORNEYS AT LAW

RECORDED NOTE PORTIONS OF
THIS DOCUMENT POOR QUALITY
FOR FILING

Glenda J. Kimmel, Skamania County Assessor
By *220* Parcel # 03 10 15 00 1205 00
12-6-89

4. In the event either party hereto shall become incompetent, or shall begin living in a nursing home or comparable care facility, this agreement may be voided or cancelled at the election of the competent party.

DATE: NOVEMBER 10, 1988

Paul L. Stone
PAUL L. STONE

DATE: NOVEMBER 10, 1988

Cecilia A. Stone
CECILIA A. STONE

STATE OF WASHINGTON)
County of King)
SS:

I certify that I know or have satisfactory evidence that PAUL L. STONE and CECILIA A. STONE signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: November 11, 1988

WASCHELL
NOTARY PUBLIC
My commission expires 10-9-89
Notary Public for the State
of Washington residing at King/Seattle
My appointment expires 10-9-89

Registered P
Indexed P
Indirect P
Filed 12-8-89
Noted

INITIALS:

P.L.S.

DATE:

11/10/88

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CAMERON & FRAWLEY, P.S.
ATTORNEYS AT LAW

SEATTLE COUNTY

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

DIVISION OF HEALTH

CERTIFICATE OF DEATH

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS

BOOK 117 PAGE 6

LOCAL FILE NUMBER: 0997

STATE FILE NUMBER: 146-8

D E C E D E N T	1. NAME - FIRST MIDDLE LAST CECILIA ANN STONE		2. SEX Fem.	3. DEATH DATE (Mo. Day Yr.) 11-15-1988		4. STATE FILE NUMBER 146-8		
	4. AGE - LAST BIRTH DAY (Yrs.) 40		5. BIRTH DATE (Mo. Day Yr.) 11-28-1947		6. COUNTY OF DEATH King		7. BIRTH STATE (If not in USA give country) Washington	
	9. CITY, TOWN OR LOCATION OF DEATH Seattle		10. PLACE OF DEATH - AS BOX FOR PLACE THEN GIVE ADDRESS OF INSTITUTION NAME Cabrini Hospital				11. BIRTH STATE (If not in USA give country) Washington	
	12. MARITAL STATUS (Married, Widowed, Divorced) Married		13. SPOUSE (If wife give Mother's Surname) Paul L. Stone		14. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) No		15. SOCIAL SECURITY NO. 533-46-9646	
P A R E N T S	17. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Program Assistant		18. FINE OF BUSINESS OF INDUSTRY Univ. of Wash.		19. RACE (White, Black, Am. Ind., etc. Specify) White		20. Was Decedent of Hispanic Origin? (Specify Yes or No - if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1. Yes 2. No	
	21. SLEEPING IN LAST 15 YEARS (Yes/No) No		22. RESIDENCE - NUMBER AND STREET 7019 54th Ave. N. E. Seattle		23. CITY, TOWN OR LOCATION Seattle		24. INSIDE CITY LIMITS? (Yes/No) Yes	
	25. COUNTY King		26. STATE WA		27. ZIP CODE 98115			
	28. FATHER'S NAME - FIRST MIDDLE LAST Verne A. Newell		29. MOTHER'S NAME - FIRST MIDDLE MOTHER SURNAME Betty Wess					
D I S P O S I T I O N	30. INFORMANT - NAME Mr. Paul L. Stone		31. MAILING ADDRESS - STREET OR RFD NO. 7019 54th Ave. N. E. Seattle, WA		32. CITY OR TOWN Seattle		33. STATE WA	
	34. BIRTH ADDRESS - STREET OR RFD NO. 7019 54th Ave. N. E. Seattle, WA		35. CITY OR TOWN Seattle		36. STATE WA		37. ZIP CODE 98115	
	38. BIRTH DATE (Mo. Day Yr.) 11-19-1988		39. CREMATION - NAME Arthur Wright Crematory		40. LOCATION - CITY, TOWN, STATE Seattle, Washington			
	41. CREMATION - DATE (Mo. Day Yr.) 11-19-1988		42. NAME OF FACILITY Hoffner's Fisher-Kalfus Funeral Home		43. ADDRESS OF FACILITY 508 North 36th St. Seattle, WA 98103			
C E R T I F I C A T E	44. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN 35. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>Glenn A. Warner, MD</i> Glenn A. Warner, MD				46. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER 43. 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			
	45. DATE SIGNED (Mo. Day Yr.) 11-16-88				47. HOUR OF DEATH (24 Hrs.) 0140 hrs.			
	48. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIED (Type or Print) Glenn A. Warner, MD				49. HOUR OF DEATH (24 Hrs.) 0140 hrs.			
	50. NAME AND ADDRESS OF DECEASED - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Glenn A. Warner, MD 901 Boren Ave. Seattle, Washington 98104				51. HOUR OF DEATH (24 Hrs.) 0140 hrs.			
C A U S E O F D E A T H	52. PART 1: ENTER THE DISEASES, INJURIES OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MANNER OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST Pneumonia Cervix Adenocarcinoma, Belat				53. INTERVAL BETWEEN ONSET AND DEATH 1 yr			
	54. OTHER SIGNIFICANT DISEASES - DISEASES CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE				55. AUTOPSY? (Yes/No) Yes			
	56. AGE, SEX, RACE, HON. UNDER OF PENDING INQUEST (Specify)				57. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) No			
	58. PLACE OF BURIAL - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (Specify)				59. LOCATION - STREET OR RFD NO., CITY, TOWN, STATE			
60. REGISTRAR SIGNATURE <i>Rose Lee How</i>								61. DATE RECORDED (Mo. Day Yr.) NOV 16 1988