

111546

BOOK 124 PAGE 4

FILED
BY *Walter C. Quoss*

JUL 11 3 33 AM '91
P. Lowry

LAST WILL AND TESTAMENT

GARY

KNOW ALL MEN BY THESE PRESENTS, That I, GRACE E. QUOSS, being of legal age and of sound and disposing mind and memory, and not acting under duress, menace, fraud, or the undue influence of any person whomsoever, and having in mind the natural objects of my bounty, do make, publish and declare this to be my LAST WILL AND TESTAMENT:

FIRST: I hereby direct that my executor hereinafter named, as soon as he shall have sufficient funds on hand, pay all of the just indebtedness against my estate.

SECOND: I hereby declare that I have one child, namely, Robert D. Quoss, and that there are no descendants of any deceased child of mine.

THIRD: To my son, Robert D. Quoss, I hereby give and bequeath the sum of One Dollar.

FOURTH: After payment of the costs of administration and death and inheritance taxes, if any, I hereby give, devise and bequeath all the residue and remainder of my estate, whether real, personal or mixed, community or separate, and wheresoever situate, to my husband, Walter C. Quoss.

FIFTH: I hereby nominate and appoint my husband, Walter C. Quoss, as executor of this, my Last Will and Testament, to act as such without bond or security of any kind.

SIXTH: I direct that my estate be settled in the manner provided by the laws of the State of Washington relating to non-intervention wills and that the same shall be managed and settled, insofar as by such laws allowed, without the intervention of any court whatsoever.

SEVENTH: If my husband, Walter C. Quoss, shall predecease me, or shall die simultaneously with me, then and in that event, after the payment of the costs of administration and death and inheritance taxes, if any, I hereby give, devise and bequeath all the residue and remainder of my estate, whether real, personal or mixed, and wheresoever situate, to my son, Robert D. Quoss; and in such event I here-

Last Will and Testament - Page One.

Grace E. Quoss

Registered	
Indexed, Dir	<i>lp</i>
Indirect	
Filed	<i>WCA</i>
Mailed	

LAST WILL AND TESTAMENT - Grace E. Quoss
Page Two

by nominate and appoint my son, Robert D. Quoss, as executor of this, my Last Will and Testament, to act as such without bond or security of any kind, and I further direct that my estate be settled without the intervention of any court whatsoever as aforesaid.

EIGHTH: I hereby revoke any and all former wills by me made and declare this my Last Will and Testament.

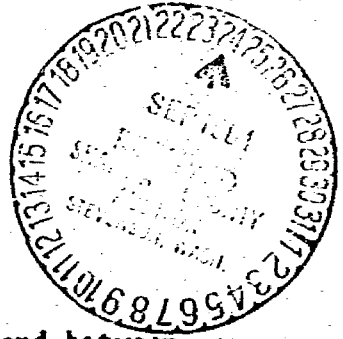
IN WITNESS WHEREOF, I have hereunto set my hand and seal this 10th day of September, 1964, at Stevenson, Skamania County, Washington.

Grace E. Quoss (SEAL)

The foregoing instrument, consisting of one page besides this one, was on the 10th day of September, 1964, signed and sealed and published by GRACE E. QUOSS as, and declared to be, her Last Will and Testament, in the presence of us who at her request and in her presence and in the presence of each other, have subscribed our names as witnesses thereto.

Margie C. Anderson Residing at Stevenson, Washington
Robert J. Salmer Residing at STEVENSON, WASHINGTON

COMMUNITY PROPERTY AGREEMENT



This COMMUNITY PROPERTY AGREEMENT entered into this day by and between
WALTER C. QUOSS and GRACE E. QUOSS, husband and wife, of Stevenson in Skamania
County, State of Washington:

WITNESSETH:

WHEREAS, the parties hereto are the owners of certain real and personal property situate in the State of Washington; and

WHEREAS, it is contemplated by the parties hereto that they may acquire additional property in the future; and

WHEREAS, it is the desire hereto that all of their property shall pass to the survivor without delay or expense in the event of the death of either party;

NOW, THEREFORE, we, Walter C. Quoss and Grace E. Quoss, for and in consideration of the love and affection which we have one for the other, do hereby mutually agree that all of the property which we now own separately, jointly or otherwise, and whether real, personal or otherwise, and wheresoever situate, shall be and it is hereby declared to be the community property of the parties, and each of the parties to this agreement does hereby convey and transfer to the other party and to the community all property owned by them even though the same be held in his or her separate estate; and

We hereby mutually agree that all of the property which shall hereafter be acquired by either of us, whether separately, jointly or otherwise, and of whatsoever nature, and wheresoever situate, shall be and it is hereby declared to be community property, and each of the parties does hereby convey and transfer to the other and to the community all such property hereafter acquired by either of them, even though the same be acquired in his or her separate estate; and

IT IS FURTHER AGREED that the whole of the community property now owned by us or hereafter acquired by us, including all property the status of which is changed or created by this agreement, shall at once, in the event of the death of Walter C. Quoss while the said Grace E. Quoss survives, be vested in Grace E. Quoss absolutely and in fee simple as her sole and separate property; and in the event of the death of the said Grace E. Quoss while the said Walter C. Quoss survives, then the whole of

Community Property Agreement - Page Two.

the community property now owned by us or hereafter acquired by us, including all property the status of which is changed or created by this agreement, shall at once vest in the said Walter C. Quoss absolutely and in fee simple as his sole and separate property.

IN WITNESS WHEREOF the parties have executed this agreement this 10th day of September, 1964.

Walter C. Quoss (SEAL)

Grace E. Quoss (SEAL)

STATE OF WASHINGTON,)
County of Skamania.) ss.

I, the undersigned, a notary public in and for the State of Washington, hereby certify that on this 10th day of September, 1964, personally appeared before me WALTER C. QUOSS and GRACE E. QUOSS, husband and wife, to me known to be the individuals described in and who executed the foregoing instrument, and acknowledged that they signed and sealed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal the day and year last above written.



Robert J. Salomon

Notary Public in and for the State of Washington, residing at Stevenson therein.

Walter E. Quisenberry

James E. Quisenberry

STATE OF WASHINGTON | SS
COUNTY OF SKAMIA

I HEREBY CERTIFY THAT THE WITHIN
INSTRUMENT OF WRITING, FILED BY

Ed. J. Johnson

OF

AT 8:45 P.M. Sept 24, 1964

WAS RECORDED IN BOOK 53

OF Deeds AT PAGE 2413

RECORDS OF SKAMIA COUNTY, WASH.

Edward O. Paul

COUNTY AUDITOR

BY J. J. Johnson
DEPUTY

RECORDED	S
INDEXED	S
FILED	S
RECEIVED	S
COMPLETED	S
MAILED 10-1-64	

STATE OF WASHINGTON DEPARTMENT OF HEALTH

STATE OF WASHINGTON DEPARTMENT OF HEALTH
VITAL RECORDS

CERTIFICATE OF DEATH

BOOK 124 PAGE 8

11 LOCAL FILE NUMBER

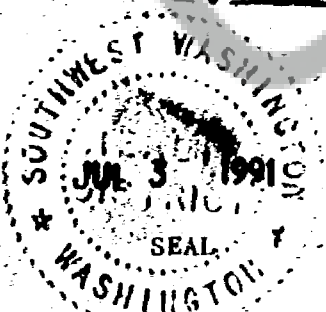
1. NAME—FIRST, MIDDLE, LAST Grace Elizabeth QUOSS			2. SEX Female		3. DEATH DATE (Mo. Day Yr.) 6/29/1991		146		STATE FILE NUMBER		
4. AGE LAST BIRTH DAY (Yr.) 72		5. UNDER 1 YEAR MO. DAY		6. UNDER 1 DAY HOURS MIN.		7. BIRTH DATE (Mo. Day Yr.) 7/28/1918		8. BIRTH STATE (if not in U.S.A. give country) Oklahoma		9. CITIZEN OF WHAT COUNTRY? U.S.A.	
10. CITY, TOWN OR LOCATION OF DEATH Carson				11. PLACE OF DEATH— ☒ HOME ☐ IN TRANSPORT ☐ EMERGENCY ROOM ☐ HOSP. ☐ NURS. HOME ☒ OTHER PLACE Boyer's Foster Home				12. SHOWN IN LAST 15 YEARS? (Y/N) No			
13. MARITAL STATUS— ☒ Married ☐ Never Married ☐ Widowed ☐ Divorced		14. SURVIVING SPOUSE (first and maiden names) Walter C. Quoss				15. HAS DECEDENT EVER IN U.S. ARMED SERVICES? (Y/N) No		16. SOCIAL SECURITY NO. 545-26-1768		17. HIGH SCHOOL GRADUATE? (Y/N) 8	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT list retired) Homemaker				19. KIND OF BUSINESS OR INDUSTRY Own Home				20. Was Decedent of Hispanic Origin or descent? (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.) No		21. RACE (White, Black, Asian or Pacific Islander, Am. Ind. Hispanic, etc.) (Specify) White	
22. RESIDENCE—NUMBER AND STREET Guide Meridian Road				23. CITY/TOWN OR LOCATION Stevenson		24. RESIDE CITY (Last 5) No		25. COUNTY Skamania		26. STATE Washington	
27. ZIP CODE 98648				28. FATHER'S NAME—FIRST, MIDDLE, LAST Valentine				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Annie --- McGee			
30. INFORMANT—NAME Walter Quoss				31. MAKING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP P.O. Box 147 Stevenson, WA 98648							

32. BURIAL CREMATION, REMOVAL, OTHER (Specify) Burial		33. DATE (Mo. Day Yr.) 7/2/1991		34. CEMETERY CREMATORY—NAME Wind River Cemetery		35. LOCATION—CITY/TOWN STATE Carson, WA	
36. FUNERAL DIRECTOR'S NAME X R. Leick		37. NAME OF FACILITY GARDNER FUNERAL HOME, INC.		38. ADDRESS OF FACILITY Box 390 White Salmon, WA 98672			

40. 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 Robert K. Leick, Coroner				41. ON THE BASIS OF EXAMINATION AND INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE X Robert K. Leick, Coroner			
42. DATE SIGNED (Mo. Day Yr.)		43. HOUR OF DEATH (24 Hrs.)		44. DATE SIGNED (Mo. Day Yr.) July 3, 1991		45. HOUR OF DEATH (24 Hrs.) 1030	
46. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type of Print) Robert K. Leick, Coroner				47. PROMOUNCED DEAD (Mo. Day Yr.) June 29, 1991		48. HOUR PROMOUNCED DEAD (24 Hrs.) 1135	
49. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type of Print) Robert K. Leick, Coroner Skamania County Courthouse Stevenson, WA							

50. PART I ENTER THE DISEASES, INJURIES OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE 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, many leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		(A) Creutzfeldt Jakob (Jakobs Disease)				INTERVAL BETWEEN ONSET AND DEATH 3 mos.	
		(B) _____				INTERVAL BETWEEN ONSET AND DEATH	
		(C) _____				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE _____ Terminal Illness							
52. ACC. SUICIDE, HO. UNDER, OR PENDING INVEST (Specify) Terminal Illness		53. INJURY DATE (Mo. Day Yr.)		54. HOUR OF INJURY (24 Hrs.)		55. DESCRIBE HOW INJURY OCCURRED No	
56. INJURY AT WORK? (Y/N)		57. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (Specify)		58. LOCATION—STREET OR RFD NO. CITY/TOWN STATE		59. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Y/N) Yes	
60. REGISTRAR SIGNATURE X Karen Steingart, M.D.						61. DATE RECEIVED (Mo. Day Yr.) 7-3-91	

DOH 110-008 (Rev. 8/89) (formerly DSHS 9-190)



SOUTHWEST WASHINGTON HEALTH DISTRICT

Karen Steingart, M.D.
Karen R. Steingart, M.D.
District Health Officer

DOH 01 003 (7-89)

THIS IS A COPY OF THE RECORD ON FILE WITH THE DOH. IT IS NOT A COPY OF THE ORIGINAL RECORD.