BOOK 124 PAGE 4

111546

BY Walter C. Quoss

JUL 11 3 33 AM '51

P. Lowry

COUNTY

LAST WILL AND TESTAMENT

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-

Grace E. Quoss

Registered
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Indirect
Filmed 7/12/51
Mailed

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.

Virginia V. Anderson Residing at Stevenson, Washington

Robert J. Dahlman Residing at STEVENSON, WASHINGTON

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BOOK 124 PAGE 6

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:

W I T N E S S E T H :

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,)
) ss.
County of Skamania.)

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. Dalrymple

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

Walter L. Quasa

to

Grace E. Quasa

STATE OF WASHINGTON } SS
COUNTY OF SKAMANIA }

I HEREBY CERTIFY THAT THE WITHIN
INSTRUMENT OF WRITING, FILED BY
R. L. Salverson
OF
AT 8:45 A.m. Sept 24 1964
WAS RECORDED IN BOOK 53
OF Deeds AT PAGE 245
RECORDS OF SKAMANIA COUNTY, WASH.
Evelyn O'Neal
COUNTY AUDITOR
BY
DEPUTY

ENTERED	S
INDEXED	S
ABSTRACT	S
RECORDED	S
COMPARED	
MAILED 10-1-64	

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

STATE OF WASHINGTON DEPARTMENT OF HEALTH
VITAL RECORDS

CERTIFICATE OF DEATH

LOCAL FILE NUMBER 11

BOOK 124 PAGE 8

STATE FILE NUMBER 146

DECEDENT

Field	Entry
1. Name — First, Middle, Last	Grace Elizabeth QUOSS
2. Sex	Female
3. Death Date (Mo. Day Yr)	6/29/1991
4. Age Last Birthday (Yrs)	72
5. Under 1 Year (Mos / Days)	
6. Under 1 Day (Hours / Mins)	
7. Birthdate (Mo. Day Yr)	7/28/1918
8. Birth State (if not in USA give country)	Oklahoma
9. Citizen of What Country?	U.S.A.
10. County of Death	Skamania
11. City, Town or Location of Death	Carson
12. Place of Death — Box for place then give address or institution name (1 Home, 2 In Transport, 3 Emerg Room/Out Pt, 4 Hosp, 5 Nursing Home, 6 Other Place)	Boyer's Foster Home, X (Other Place)
13. Smoking in Last 15 Years? (Yes/No)	No
14. Marital Status — Married, Never Married, Widowed, Divorced	Married
15. Surviving Spouse (If wife, give maiden name)	Walter C. Quoss
16. Was Decedent Ever in US Armed Forces? (Yes/No)	No
17. Social Security No.	545-26-1768
18. High School Graduate?	8
19. Usual Occupation (Give kind of work done during most of working life. Do not use retired)	Homemaker
20. Kind of Business or Industry	Own Home
21. Was Decedent of Hispanic Origin or descent? (Ancestry) Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.	2 X No
22. Race (White, Black, Asian or Pacific Islander, Am Ind, Hispanic, etc) (Specify)	White
23. Residence — Number and Street	Guide Meridian Road
24. City/Town or Location	Stevenson
25. Inside City Limits? (Yes/No)	No
26. County	Skamania
27. State	Washington
28. Zip Code	98648

PARENTS

Field	Entry
29. Father's Name — First, Middle, Last	--- Valentine
30. Mother's Name — First, Middle, Maiden Surname	Annie --- McGee
31. Informant — Name	Walter Quoss
32. Mailing Address (Street or RFD No., City or Town, State, Zip)	P.O. Box 147 Stevenson, WA 98648

DISPOSITION

Field	Entry
33. Burial, Cremation, Removal, Other (Specify)	Burial
34. Date (Mo. Day Yr)	7/2/1991
35. Cemetery, Crematory — Name	Wind River Cemetery
36. Location — City/Town, State	Carson, WA
37. Funeral Director Signature	X R. T. Dusicka
38. Name of Facility	GARDNER FUNERAL HOME, INC.
39. Address of Facility	Box 390 White Salmon, WA 98672

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

Field	Entry
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
42. Date Signed (Mo. Day Yr)	
43. Hour of Death (24 Hrs)	
46. Name and Title of Attending Physician if Other Than Certifier (Type or Print)	

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

Field	Entry
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 Robert K. Leick, Coroner
44. Date Signed (Mo. Day Yr)	July 3, 1991
45. Hour of Death (24 Hrs)	1030
47. Pronounced Dead (Mo. Day Yr)	June 29, 1991
48. Hour Pronounced Dead (24 Hrs)	1135

49. Name and Address of Certifier — Physician, Medical Examiner or Coroner (Type or Print): Robert K. Leick, Coroner Skamania County Courthouse Stevenson, WA

CAUSE OF DEATH

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, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST

	Cause	Interval Between Onset and Death
(a)	Creutzfeldt Jakob (Jakobs Disease)	3 mos.
(b) Due to or as a consequence of		
(c) Due to or as a consequence of		

Field	Entry
51. Other Significant Conditions — Conditions contributing to death but not resulting in the underlying cause given above	------
52. Autopsy? (Yes/No)	No
53. Was Case Referred to Medical Examiner or Coroner? (Yes/No)	Yes
54. Acc. Suicide, Hom., Undet. or Pending Invest. (Specify)	Terminal Illness
55. Injury Date (Mo. Day Yr)	
56. Hour of Injury (24 Hrs)	
57. Describe How Injury Occurred	
58. Injury at Work? (Yes/No)	------
59. Place of Injury — At home, farm, street, factory, office bldg., etc. (Specify)	
60. Location — Street or RFD No., City/Town, State	
61. Registrar Signature	X Karen Steingart, MD
62. Date Received (Mo. Day Yr)	7-3-91

DOH 110-008 (Rev. 8/89) (formerly DSHS 9-150)

SOUTHWEST WASHINGTON HEALTH DISTRICT SEAL — JUL 3 1991

SOUTHWEST WASHINGTON HEALTH DISTRICT
Karen Steingart, MD
Karen R. Steingart, M.D.
District Health Officer

DOH 01-003 (7/89)

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