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BOOK 124 PAGE 769

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FILED FOR RECORD  
STATE OF WASH  
BY James Gregg

AUG 26 2 36 PM '91

COMMUNITY PROPERTY AGREEMENT

GARY N. OLSON

KNOW ALL MEN BY THESE PRESENTS: That we, VIRL E.

LOVETTE and PAULINE T. LOVETTE, husband and wife, residing in the County of Clark, State of Washington, for and in consideration of the love and affection which we bear, one toward the other, and further in consideration of the mutual helpfulness we have been, one toward the other in the past, and for and in consideration of the commingling of our joint efforts and earnings and properties heretofore, we do hereby mutually agree, one with the other, that all of the property which we now own, separately, jointly or otherwise, whether real, personal or mixed, and wherever situated, together with all property which we, or either of us may acquire in the future, whether real, personal or mixed and wheresoever situated, shall be by us and all other persons whomsoever deemed, esteemed, regarded and treated, and known as the community property of VIRL E. LOVETTE and PAULINE T. LOVETTE, husband and wife.

In this agreement so made, one with the other, the date acquiring property and all statements made by either or both of us heretofore respecting alleged separate property or affecting any property, are to be regarded and esteemed as of no force and effect.

The full intent and purpose of this Agreement is to be construed by the court, our heirs, executors and assigns and all other persons whomsoever, as a present voluntary conveyance and conversion, from one to the other, and unitedly to the community, of all of our earthly possessions, in such form and manner that the same shall from this date be and constitute the property of

LOVETTE  
Community Property Agreement  
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H's initials

W's initials

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the community of ourselves as husband and wife so that we might avail ourselves of the provisions of R.C.W. 26.16.120 concerning agreements between husband and wife, fixing the status and disposition of community property to take effect upon the death of either.

It further being our desire that in the event of the death of either of us, the said property hereinbefore mentioned, and by this instrument declared to be the property of the community of ourselves as husband and wife, shall without delay or expense, pass to the survivor, we hereby mutually agree, one with the other, that in the event of the death of the said VIRL E. LOVETTE while the said PAULINE T. LOVETTE survives, the title of and to the whole of said community property shall at once vest in the said PAULINE T. LOVETTE, the real property in fee simple and the personal property absolutely, and that in the event of the death of the said PAULINE T. LOVETTE leaving the said VIRL E. LOVETTE surviving her, the title of and to the whole of said community property shall at once vest in and to the said VIRL E. LOVETTE, the real property in fee simple and the personal property absolutely.

IN WITNESS WHEREOF, we the said VIRL E. LOVETTE and the said PAULINE T. LOVETTE, husband and wife, have hereunto set our hands this 10th day of September, 1968.

Virl E. Lovette

Pauline Thelma Lovette

14504

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Community Property Agreement  
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REAL ESTATE EXCISE TAX

AUG 26 1991

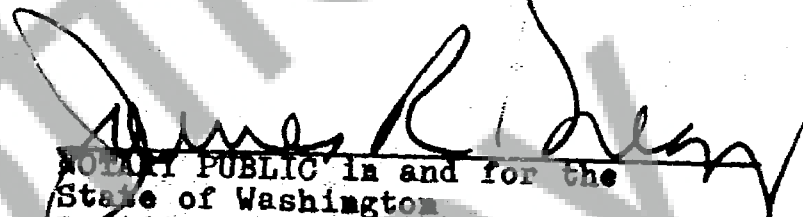
PAID Exempt  
W.D. Smith  
KAMAHIA COUNTY TREASURER

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STATE OF WASHINGTON }  
County of Clark } ss.

THIS IS TO CERTIFY that before me, the undersigned authority in and for the State of Washington, on the day and year last above written personally appeared VIRL E. LOVETTE and PAULINE T. LOVETTE, husband and wife, to me known to be the identical persons who executed the foregoing instrument and acknowledged to me that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS MY HAND AND SEAL this 10<sup>th</sup> day of September 1968.

  
NOTARY PUBLIC in and for the  
State of Washington  
Residing at Vancouver



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

BOOK PAGE

LOCAL FILE NUMBER

## CERTIFICATE OF DEATH

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1. NAME - FIRST, MIDDLE, LAST <b>Viril E. LOVETTE</b>				2. SEX <b>Male</b>		3. DEATH DATE (Mo. Day Yr.) <b>Aug. 16, 1990</b>		146		STATE FILE NUMBER	
4. AGE LAST BIRTHDAY (Yr. Mo. Day)		5. UNDER 1 YEAR MO. DAY		6. UNDER 1 DAY HOUR MIN.		7. BIRTHDATE (Mo. Day Yr.) <b>Mar. 2, 1920</b>		8. BIRTH STATE (If not in USA give country) <b>Canada</b>		9. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10. CITY, TOWN OR LOCATION OF DEATH <b>Vancouver</b>						11. PLACE OF DEATH - BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <b>SWC Memorial Campus</b>				12. SMOKING IN LAST 15 YEARS (Yr. Mo. Day) <b>Yes</b>	
13. MARITAL STATUS - Married, Never Married, Widowed, Divorced, Separated <b>Married</b>				14. SURVIVING SPOUSE (If wife give maiden name) <b>Pauline T. Cranor</b>				15. WAS DECEDENT EVER IN U.S. ARMED FORCES (Yr. Mo. Day) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. USUAL OCCUPATION (One kind of work done during most of working life DO NOT include housework) <b>Machinist</b>				18. KIND OF BUSINESS OR INDUSTRY <b>Plywood Manufacturing</b>				19. Was Decedent of 1-foreign Origin or ancestry? (Ancestry) (Specify Yr. or Mo. & Yr. for ancestry) <b>Yes</b>		20. RACE (White, Black, Asian or Pacific Islander, Am. Ind. Hawaiian, etc.) <b>White</b>	
21. RESIDENCE - NUMBER AND STREET <b>6909 Topeka Ln.</b>				22. CITY/TOWN OR LOCATION <b>Vancouver</b>		23. INSIDE CITY LIMITS? <b>Yes</b>		24. COUNTY <b>Clark</b>		25. STATE <b>Washington</b>	
26. FATHER'S NAME - FIRST, MIDDLE, LAST <b>Marian E. Lovette</b>				27. MOTHER'S NAME - FIRST, MIDDLE, LAST <b>Elizabeth Land</b>				28. ZIP CODE <b>98664</b>			
29. INFORMANT - NAME <b>Pauline Lovette (Wife)</b>				30. MAILING ADDRESS <b>6909 Topeka Ln., Vancouver, Washington 98664</b>				31. LOCATION - CITY, TOWN, STATE <b>Vancouver, Washington</b>		32. ADDRESS OF FACILITY <b>110 E. 12th St. Vancouver, Washington 98660</b>	
33. BURIAL, CREMATION, REMOVAL, OTHER DISPOSITION <b>Burial</b>				34. DATE (Mo. Day Yr.) <b>Aug. 20, 1990</b>				35. CEMETERY/CREMATORY - NAME <b>Evergreen Memorial Gardens</b>			
36. NAME OF FACILITY <b>Vancouver Funeral Chapel</b>				37. ADDRESS OF FACILITY <b>110 E. 12th St. Vancouver, Washington 98660</b>							
38. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN						39. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER					
40. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED <b>Signature and Title: Brian P. Harwood</b>						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 <b>Signature and Title: X</b>					
42. DATE SIGNED (Mo. Day Yr.)				43. HOUR OF DEATH (24 Hrs.) <b>2348</b>		44. DATE SIGNED (Mo. Day Yr.)				45. HOUR OF DEATH (24 Hrs.)	
46. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Dr. Brian Harwood, 700 NE 87th Av., Vancouver, Washington 98664</b>						47. PRONOUNCED DEAD (Mo. Day Yr.)					
48. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)						49. HOUR PRONOUNCED DEAD (24 Hrs.)					
50. PART 1: ENTER THE DISEASES, INJURIES OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARCINOMATOUS, 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.				a) <b>Metastatic Large Cell Carcinoma of the Lung</b>				INTERVAL BETWEEN ONSET AND DEATH <b>10 months.</b>			
				b) DUE TO, OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH			
				c) DUE TO, OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH			
51. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE						52. AUTOPSY (Yr. Mo. Day) <b>No</b>		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Yr. Mo. Day) <b>No</b>			
54. ACC. SUICIDE NO. UNDER OR PENDING INVESTIGATION		55. INJURY DATE (Mo. Day Yr.)		56. HOUR OF INJURY (24 Hrs.)		57. DESCRIBE HOW INJURY OCCURRED					
58. INJURY AT WORK (Yr. Mo. Day)		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 <b>Karen Steingart, m.d.</b>						62. DATE SIGNED (Mo. Day Yr.) <b>AUG 21 1990</b>					

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

**James Gregg** RECORDER'S NOTE:  
JUL 23 11 52 AM '91  
**NOT AN ORIGINAL DOCUMENT.**  
**Karen Steingart, m.d.**  
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SEAL  
ELIZABETH J. STEINGART  
KAREN STEINGART M.D.  
HEALTH DISTRICT OFFICER  
DOH 01-003 (7/89)

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