

773173

G 569510 Agreement as to Status of Community Property

After Death of One of the Spouses

FILED FOR RECORD

Melva Peters
FEB 25 1 45 PM '71

Know All Men by These Presents:

That this agreement, made and entered into this 12 day of Feb, 1971, by and between Richard Wayne Peters and Melva Juanita Peters, husband and wife, residing in Clark County, State of Washington.

WITNESSETH, That whereas the said parties hereto are owners of certain community property, and are desirous that said property, together with all other community property, either real or personal, that may hereafter be acquired, shall pass, without delay or expense, upon the death of either, to the survivor.

NOW, THEREFORE, for and in consideration of the sum of One (\$1.00) Dollar, the receipt of which is hereby acknowledged by each party hereto, and, also, in consideration of the love and affection that each of said parties bears for the other, it is hereby agreed that in the event of the death of said Richard Wayne Peters while said Melva Juanita Peters survives then the whole of said community property now owned together with all other community property, real or personal, that may hereafter be acquired, shall at once vest in said Melva Juanita Peters in fee simple; and in the event of the death of said Melva Juanita Peters while the said Richard Wayne Peters survives then the whole of said community property now owned together with all other community property, real and personal, that may hereafter be acquired, shall at once vest in said Richard Wayne Peters in fee simple.

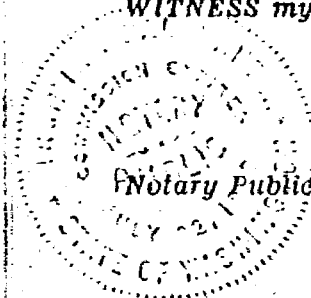
IN WITNESS WHEREOF, the said Richard Wayne Peters and Melva Juanita Peters have hereunto set their hands and seals the day and date first above written.

Signed, Sealed and Delivered in the Presence of Richard Wayne Peters (SEAL) and Melva Juanita Peters (SEAL)

STATE OF WASHINGTON, County of Clark. Notary Public Virginia M. Alexander. SS. SEP 16 4 35 PM 1971

This is to certify that on this 24th day of February, 1971, before me Virginia M. Alexander a Notary Public in and for the State of Washington duly commissioned and sworn, personally came Richard Wayne Peters and Melva Juanita Peters husband and wife, to me known to be the individuals described in and who executed the within instrument, and acknowledged to me that they signed and sealed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written. Virginia M. Alexander Notary Public in and for the State of Washington residing at Washougal



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

LOCAL FILE NUMBER		CERTIFICATE OF DEATH	
1 NAME—FIRST, MIDDLE, LAST Richard Wayne Peters		2 SEX M	3 DEATH DATE (Mo., Day, Yr.) Oct. 7, 1990
4 AGE LAST BIRTHDAY (Mo., Day, Yr.) 69		5 BIRTHDATE (Mo., Day, Yr.) 9-29-1921	6 BIRTH STATE (If not in USA give country) California
7 BIRTHDATE (Mo., Day, Yr.)		8 BIRTH STATE (If not in USA give country)	9 CITIZEN OF WHAT COUNTRY? USA
10 COUNTY OF DEATH Clark		11 CITY, TOWN OR LOCATION OF DEATH Vancouver	
12 PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME SW Washington Medical Center Campus		13 SMOKING IN LAST 15 YEARS? (Yes/No) yes	
14 MARITAL STATUS — Married Married	15 SURVIVING SPOUSE (If wife give maiden name) Melva J. Ellis	16 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) Yes	17 SOCIAL SECURITY NO. [REDACTED]
18 USUAL OCCUPATION (Give kind of work done during most of working life DO NOT USE RETIRE) Papermaker	19 KIND OF BUSINESS OR INDUSTRY Paper Mfg.	21 Was Decedent of Hispanic Origin or ancestry? (Specify Yes or No if Yes specify Cuban, Mexican, Puerto Rican, etc.) No	22 RACE (White, Black, Asian or Pacific Islander, Am. Ind. Hispanic, etc.) (Specify) White
23 RESIDENCE - NUMBER AND STREET 16110 SE 34th St.	24 CITY/TOWN OR LOCATION Vancouver	25 INSIDE CITY LIMITS? Yes	26 COUNTY Clark
27 STATE Washington		28 ZIP CODE 98684	
29 FATHER'S NAME—FIRST, MIDDLE, LAST William Peters		30 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Marion Karther	
31 INFORMANT—NAME Melva J. Peters		32 MAILING ADDRESS 16110 SE 34th St. Vancouver, WA	
33 BURIAL, CREMATION, REMOVAL, OTHER (Specify) cremation	34 DATE (Mo., Day, Yr.) 10-9-90	35 CEMETERY—CREMATORY—NAME Valley Crematory	36 LOCATION—CITY/TOWN STATE Woodburn, OR
37 FUNERAL DIRECTOR [Signature]	38 NAME OF FACILITY Heritage Society	39 ADDRESS OF FACILITY 211 OR Pioneer Bldg. Portland	
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN		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 SIGNATURE AND TITLE X [Signature] 41 DATE SIGNED (Mo., Day, Yr.) 10-8-90		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 42 DATE SIGNED (Mo., Day, Yr.) 10-7-90	
42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dr. A. Alexander MD		43 HOUR OF DEATH (24 Hr.) 1304	
44 NAME AND ADDRESS OF CERTIFYING PHYSICIAN, HOSPITAL, OR CORONER (Type or Print) Alan Alexander, MD Kaiser Cascade Clinic, 12607 SE Mill Plain Blvd.		45 HOUR PRONOUNCED DEAD (24 Hr.) [REDACTED]	
46 PART I ENTER THE DISEASE, 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.		INTERVAL BETWEEN ONSET AND DEATH	
a. Gastrointestinal Bleeding		2-3 wks	
b. Esophageal Cancer		1-2 months	
47 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE		48 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No)	
49 ACC. SUICIDE NO. UNDET. OR PENDING INVEST. (Specify)	50 INJURY DATE (Mo., Day, Yr.)	51 HOUR OF INJURY (24 Hr.)	52 DESCRIBE HOW INJURY OCCURRED
53 INJURY AT WORK? (Yes/No)	54 PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (Specify)	55 LOCATION—STREET OR RFD NO., CITY/TOWN, STATE	
56 REGISTRAR SIGNATURE X [Signature]	57 DATE RECEIVED (Mo., Day, Yr.) OCT 0 8 1990		

DOH 110-008 (Rev. 8/88) (Formerly DSHS 9-150)

SEAL



[Signature]
KAREN STEINGART, M.D.
HEALTH DISTRICT OFFICER

APR 2 1991

DOH 01-003 (7/89)

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

I, ELIZABETH A. LUCE, Auditor of Clark County, State of Washington, do hereby certify the foregoing to be a true and correct copy of a:

Community Property Agreement

Microfilm No. 77817.3 File No. 69510

of record in this office. WITNESS my hand and official seal this 13 day of July, 1991.

ELIZABETH A. LUCE, Auditor, Clark County

By [Signature] Deputy

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