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# Agreement as to Status of Community Property

After Death of One of the Spouses

FILED  
BY Wilma Wilkes

OCT 4 9 44 AM '91

GARY M. OLSON

## Know All Men by These Presents:

That this agreement, made and entered into this 26th day of August, 1982,  
by and between Raymond A. Wilkes  
and Wilma L. Wilkes, husband and wife,  
of Underwood, Skamania County, State of Washington, WITNESSETH:

That, in consideration of the love and affection that each of said parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted, and promised:

I.

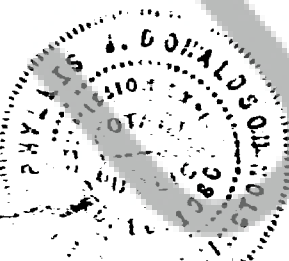
That all property of whatsoever nature or description whether real, personal or mixed and where-soever situated now owned or hereafter acquired by them or either of them shall be considered and is hereby declared to be community property.

II.

That upon the death of either of the aforementioned parties title to all community property as herein defined shall immediately rest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said Raymond A. Wilkes  
and Wilma L. Wilkes have hereunto set their hands  
and seals this 26th day of August, 1982

14571



STATE OF WASHINGTON,

County of Skamania

SS.

This is to certify that on this 26th day of August, 1982, before me  
Phyllis J. Donaldson a Notary Public in and for the State of Washington  
duly commissioned and sworn, personally came Raymond A. Wilkes

and Wilma L. Wilkes 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.

Phyllis J. Donaldson

Notary Public in and for the State of Washington residing at Shanania

Glenda J. Kimmel, Skamania County Assessor  
By: JD Parcel # 03 10 21 40 0401 00  
10-4-91

# CERTIFICATION OF VITAL RECORD

BOOK 125 PAGE 325

102526  
I.D. TAG NO.

## OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

Local File Number

State File Number

1. DECEDENT'S NAME First: Raymond Middle: Anton Last: WILKES			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) September 24, 1991
4. SOCIAL SECURITY NUMBER 533-09-3846	5a. AGE Last Birthday (Years) 74	5b. Under 1 Year Mos Days Hours Mins	6. BIRTHPLACE (City and State or Foreign Country) Bowbells, North Dakota	7. DATE OF BIRTH (Month, Day, Year) January 28, 1917
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		
10. FACILITY NAME (If not institution, give street and number) UNIVERSITY HOSPITAL SOUTH		11. CITY, TOWN, OR LOCATION OF DEATH PORTLAND		
12. COUNTY OF DEATH MULTNOMAH				
13a. RESIDENCE - STATE Washington		13b. COUNTY Skamania		13c. CITY, TOWN OR LOCATION Underwood
13d. STREET AND NUMBER Star Route Box 8				
14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Superintendent		15. KIND OF BUSINESS/INDUSTRY Heavy Construction		16. MARITAL STATUS Married
17. SPOUSE (If Married, Widowed, Divorced (Specify)) Wilma				
18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) College (14 or 5+) 12				
19. FATHER - NAME First middle last Barbara		20. MOTHER - NAME First middle maiden Wilma Wilkes Spouse		
21. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		22. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Oregon Crematorium		
23. DATE FILED (Month, Day, Year) SEP 27 1991		24. REGISTRAR'S SIGNATURE Arthur W. Bloom		
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
27. TIME OF DEATH 12:25 a.m. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
29. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED (Signature) Daniel A. Leidy, M.D.		30. DATE SIGNED (Month, Day, Year) 9/26/91		
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Daniel A. Leidy, M.D. 3181 SW Sam Jackson Park Road, Portland, Oregon 97201		32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) James Cohen		
33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying e.g. Cardiac or Respiratory Arrest) PART I (a) Respiratory arrest DUE TO, OR AS A CONSEQUENCE OF: (b) pulmonary artery rupture DUE TO, OR AS A CONSEQUENCE OF: (c) Squamous cell carcinoma of the lung		34. INTERVAL BETWEEN ONSET AND DEATH Interval between onset and death Interval between onset and death Interval between onset and death		
35. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I		36. Did tobacco use contribute to the death? 1 Yes 2 No 3 Probably 4 Unknown		
37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		38. DATE OF INJURY (Month, Day, Year) M 1 Yes 2 No		
39. TIME OF INJURY M 1 Yes 2 No		40. PLACE OF INJURY (At home, farm, street, factory, office, building, etc. (Specify))		
41. DESCRIBE HOW INJURY OCCURRED		42. LOCATION (Street and Number or Rural Route Number, City or Town, State)		

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

SEP 30 1991

DATE ISSUED

ARTHUR W. BLOOM  
COUNTY REGISTRAR  
MULTNOMAH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE