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FILED FOR RECORD
SKAMANIA CO. WASH
BY Patricia Robertson

MAR 23 4 25 PM '92

J. Lowry
RECTOR
GARY H. OLSON

COMMUNITY PROPERTY AGREEMENT

This agreement, made and entered into this 18 day of September, 1991, by and between Melvin Dean Robertson and Patricia N. Robertson, husband and wife, of Cook, Washington, pursuant to the provisions of Section 26.16.120 of the Revised Code of Washington, permitting agreements between husband and wife fixing the status and disposition of community property to take effect upon the death of either, Witnesseth:

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

First: That all property of whatsoever nature and description, whether real, personal or mixed and wheresoever situated, now owned or hereafter acquired by us or either of us, including separate property, shall be considered and is hereby declared to be community property, and each of us hereby conveys and quit-claims to the other his or her interest in any separate property he or she now owns or hereafter acquires so as to convert the same to community property.

Second: That upon the death of either of us, title to all community property as defined in the preceding paragraph is to vest immediately in fee simple in the survivor.

In Witness Whereof, we, Melvin Dean Robertson and Patricia N. Robertson, have hereunto set our hands this 18 day of September, 1991.

Kerry J. Garrett
Witness
Rebecca L. Horvath
Witness

Melvin Dean Robertson
Patricia N. Robertson

STATE OF WASHINGTON) ss.
County of Klickitat)

This certifies that on this 18th day of September, 1991, personally appeared before me Melvin Dean Robertson and Patricia N. Robertson, to me known to be the individuals described in and who executed the foregoing instrument and who acknowledged 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 first
above written.

Bennie White
Notary public for
Washington, residing at
1414 1st Ave therein.
My commission expires; *2/22/94*

COMMUNITY PROPERTY AGREEMENT - 2

14838
REAL ESTATE EXCISE TAX

MAR 23 1992

P.1. Exempt

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SANDHILL COUNTY TREASURER

OR
IN
IN
ACK INK

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F-2805
10. TAG NO.

1127-91

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION

CENTER FOR HEALTH STATISTICS 136

CERTIFICATE OF DEATH

State File Number

DECEDENT

PARENTS

DISPOSITION

REGISTRAR

CERTIFIED

CONDITIONS

IF ANY

WICH GAVE

RISE TO

IMMEDIATE

CAUSE

IDENTIFYING

THE

CAUSE LAST

1. DECEDENT'S NAME First: Melvin Middle: Dean Last: ROBERTSON		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) October 25, 1991
4. SOCIAL SECURITY NUMBER 480-40-2638	5a. AGE Last Birthday (Years) 53	5b. Under 1 Year Mos: Days: Hours: Mins:	6. BIRTH PLACE (City and State or Foreign) Holt, Sharon, Iowa
7. DATE OF BIRTH (Month, Day, Year) June 16, 1938		8. PLACE OF DEATH (Check only one) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify):	
9a. FACILITY NAME (If not institution, give street and number) Hood River Memorial Hospital		9b. CITY, TOWN, OR LOCATION OF DEATH Hood River	
9c. COUNTY OF DEATH Hood River		10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Senior Bus Driver	
10b. KIND OF BUSINESS/INDUSTRY Transportation		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed) Patricia		13a. RESIDENCE - STATE Washington	
13b. COUNTY Skamania		13c. CITY, TOWN OR LOCATION Cook	
13d. STREET AND NUMBER 3.67 L. Cook-Underwood Road		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) <input checked="" type="checkbox"/> College (14 or 5+)	
17. FATHER - NAME First middle last Melvin Dale Robertson		18. MOTHER - NAME First middle maiden Esther Lucille Belveal	
19. INFORMANT - NAME and relationship to decedent Patricia Robertson, Spouse		20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input checked="" type="checkbox"/> Donation <input type="checkbox"/> Other (Specify):	
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Oregon Health Sciences Univ.		20c. LOCATION - City or Town, State Portland, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Robert Dean</i>		21b. LICENSE NUMBER (Of Licensee) 3529	
22. NAME, ADDRESS AND ZIP OF FACILITY Anderson Funeral Home 1401 Belmont Rd., Hood River, OR. 97031		23. DATE FILED (Month, Day, Year) October 29, 1991	
24. REGISTRAR'S SIGNATURE <i>Norothy A. O'Neil</i>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
26. WAS GIFT MADE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		27. TIME OF DEATH 10:20 P. M. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" 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. <i>Michael Pendleton</i>	
30. DATE SIGNED (Month, Day, Year) 10/28/91		31. NAME, TITLE/ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Dr. Michael Pendleton MD., 1108 June Street, Hood River, Oregon 97031	
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		33. DATE SIGNED (Month, Day, Year) COUNTY	
34. 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 1 (a) <i>Myocardial Infarction of Lung</i> DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death 2.5 yr	
35. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1. <i>Atherosclerosis</i>		36. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Probably Not	
37. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
39. 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"/> Legal Intervention <input type="checkbox"/> Homicide		40a. DATE OF INJURY (Month, Day, Year)	
40b. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		40c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
40d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		40e. DESCRIBE HOW INJURY OCCURRED	
40f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		40g. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

RESERVED FOR REGISTRAR'S USE

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT