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FILED FOR RECORD
SKAMANIA CO. WASH
BY *Lucille Ruff*

AUG 3 12 01 PM '92

GARY H. OLSON

STATE OF WASH. COUNTY OF KUCKITAT
FILED OR RECORDED

Vol. 235 of DEEDS p. 724-5

Request of G.A. MATOSICH

On MAY 19, 1986 P.M. 1986

MAY 19 1986
G.A. MATOSICH

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COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 15th day of May, 1986, by and between HAROLD JOHN RUFF and LUCILLE HAZEL RUFF, husband and wife, residents of Skamania County, Washington,

WITNESSETH:

WHEREAS, the parties hereto own real and personal property, title to which is claimed by the marital community, and

WHEREAS, it is the desire of the parties hereto that title to all their property, upon the death of the other, shall pass to the survivor,

NOW, THEREFORE, for and in consideration of the love and affection each party bears for the other and in order definitely to fix the status of all of said property as community property, regardless of the source and method of acquisition, title to which shall vest in the survivor upon the death of either member of the marital community,

HAROLD JOHN RUFF does hereby give, transfer, and convey to HAROLD JOHN RUFF and LUCILLE HAZEL RUFF, as husband and wife, all separate property now owned or hereafter acquired by the said HAROLD JOHN RUFF; and

LUCILLE HAZEL RUFF, does hereby give, transfer and convey to HAROLD JOHN RUFF and LUCILLE HAZEL RUFF, as husband and wife, all separate property now owned or hereafter acquired by the said LUCILLE HAZEL RUFF, and

The parties hereto agree that upon the death of either, title to all of their property, real, personal or mixed, shall vest in the survivor without the intervention of any Court, under the terms and provisions of Section 26.16.120 of the Revised Code of the laws of the State of Washington.

REAL ESTATE EXCISE TAX

015145

AUG 13 1992

Exempt

Dep. County Treasurer

VOL 235 PAGE 724

Registered

Indexed, Dir

Indirect

Filmed 8/11/92

Mailed

Community Property Agreement
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INDEXED

IN WITNESS WHEREOF, we have herunto set our hands the day and
year first above written.

HAROLD JOHN RUFE

Lucille H. Ruff
LUCILLE HAZEL RUFF

STATE OF WASHINGTON)
) ss.
County of Klickitat)

On this day personally appeared before me HAROLD JOHN RUFF, and LUCILLE HAZEL RUFF, known to me to be the individuals described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 15th day of May, 1986.

NOTARY PUBLIC for Washington
Residing at 1200 14th St. N.E. Washington, D.C.



STATE OF WASHINGTON DEPARTMENT OF HEALTH

16

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

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1. NAME First: Harold Middle: J. Last: RUFF				2. SEX (M/F): M	3. DEATH DATE (Mo. Day Yr): July 21, 1992
4. AGE LAST BIRTHDAY (Yrs): 76	5. UNDER 1 YEAR: NO	6. UNDER 1 DAY: NO	7. BIRTH DATE (Mo. Day Yr): December 14, 1915	8. BIRTH PLACE (City, State or Foreign Country): Springfield, MO	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No): Yes
11. CITY, TOWN OR LOCATION OF DEATH: Carson			12. PLACE OF DEATH: IN BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSIT 3. (1) EMERG. ROOM/UTN 4. (2) HOSP. 5. (1) NUR HOME 6. (2) OTHER PLACE		13. SMOKING IN LAST 15 YEARS? (Yes/No): No
14. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify): Married		15. SURVIVING SPOUSE (if wife, give maiden name): Lucille H.		16. SOCIAL SECURITY NO: [REDACTED]	17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (9-12): 12 College (14 or 16):
18. USUAL OCCUPATION (One kind of work done during most of working life. DO NOT USE RETIRED): Truck Driver		19. KIND OF BUSINESS OR INDUSTRY: Lumber		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.): No	
22. RESIDENCE - NUMBER AND STREET: Dogwood Street At Beckon Rd.		23. CITY/TOWN OR LOCATION: Carson	24. INSIDE CITY LIMITS? (Yes/No): Yes	25A. COUNTY: Skamania	25B. LENGTH OF RES. IN CO.: 25 yrs.
26. FATHER'S NAME - FIRST, MIDDLE, LAST: Ruben Ruff		29. MOTHER'S NAME - FIRST, MIDDLE, MARDEN SURNAME: Edna Hickes		27. STATE: WA	27. ZIP CODE: 98610
30. INFORMANT - NAME: Lucille H. Ruff		31. MAILING ADDRESS: P.O. Box 443		CITY OR TOWN: Carson	STATE: WA ZIP: 98610
32. BURIAL OR CREMATION: CREMATION		33. DATE (Mo. Day Yr): July 22, 1992	34. CEMETERY/CREMATORY - NAME: Caldwell's Cremation Service		35. LOCATION - CITY/TOWN, STATE: Portland, OR
36. SIGNATURE OF CERTIFIER: <i>[Signature]</i>		37. NAME OF FACILITY: Pearson Allen Caldwell Funeral Home		38. ADDRESS OF FACILITY: 223 S.E. 122nd Ave. Ptld. OR 97233	
39. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE: <i>[Signature]</i> William Schlegel			40. DATE SIGNED (Mo., Day, Yr): 7-22-92		
41. HOUR OF DEATH (24 Hrs.): 1500			42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): William Schlegel, M.D.		
43. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): William Schlegel, M.D., 10000 S.E. Main #203, Portland, OR, 97216			44. HOUR OF DEATH (24 Hrs.): 1500		
45. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.			46. HOUR OF DEATH (24 Hrs.): 1500		
IMMEDIATE CAUSE (Final cause or condition resulting in 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. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.			47. HOUR OF DEATH (24 Hrs.): 1500		
A. Carcinoma of bladder			INTERVAL BETWEEN ONSET AND DEATH: 1989		
B. —			INTERVAL BETWEEN ONSET AND DEATH: —		
C. —			INTERVAL BETWEEN ONSET AND DEATH: —		
D. —			INTERVAL BETWEEN ONSET AND DEATH: —		
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. ADD SUICIDE, HOMICIDE, UNDETERMINED, OR PENDING INVEST. (Specify): NO		
55. INJURY DATE (Mo. Day Yr): NA			56. HOUR OF INJURY (24 Hrs.): NA		
57. DESCRIBE HOW INJURY OCCURRED: —			58. INJURY AT WORK? (Yes/No): NO		
59. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG. ETC. (Specify): —			60. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE: —		
61. RECORD AMENDMENT (Register use only): ITEM: TRAIL ESTATE EXCISE TAX			62. SIGNATURE: <i>[Signature]</i> Steigant, M.D.		
63. DATE RECEIVED (Mo., Day Yr): JUL 23 1992			64. SIGNATURE: <i>[Signature]</i> Steigant, M.D.		

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (Formerly DSHS 9-150)

015145
 Exempt
 OPA deputy

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.

CERTIFIED

JUL 27 1992

Karen Steigant
 Dr. Karen Steigant
 Health District Officer
 S.W. Wash. Health District

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