

# Community Property Agreement

123311

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THIS AGREEMENT is made and entered into this 12<sup>th</sup> day of April, 1985,

by and between WILLIAM DAVID HECKEL and SHERRY ANN HECKEL, husband and wife, of P.O. Box 184, Carson, Skamania County, Washington, pursuant to the provisions of Section 26.16.120, Revised Code of Washington, providing for agreements between husband and wife for the fixing of 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 the 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 as follows:

FIRST: That all prior written community property agreements, if any, between the parties hereto are mutually rescinded.

SECOND: That all property of whatsoever nature or description, whether real, personal or mixed, and wheresoever situated (except real property located outside the State of Washington, and any and all policies of insurance on the life of either party held in the name of the other party), now owned or hereafter acquired by them or either of them, including any separate property, shall be considered, and is hereby declared to be, community property, and each hereby conveys and quit claims to the other his or her interest in any separate property he or she may now own or hereafter acquire so as to convert the same to community property.

THIRD: That upon the death of either of the parties hereto, title to all community property as defined in the preceding paragraph shall vest in fee simple in the survivor of them.

William D. and Sherry A. Heckel  
COMMUNITY PROPERTY AGREEMENT - Page 1 OF 2

INDEXED, Dir  
Indirect  
Filed  
Mailed

17627  
REAL ESTATE EXCISE TAX

SEP 14 1985  
PAID exempt  
JW  
SKAMANIA COUNTY TREASURER

Skamania County Assessor  
Don 2/14/85 Rec'd 2/23/85 10090000

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FOURTH: Provided, however, that if neither party survives the other by at least sixty (60) days, the above paragraph, THIRD, only, shall be null, void and of no effect.

FIFTH: Provided, further, that in the event of incompetency of either of the parties hereto, the other party may at his or her option terminate or rescind this Agreement by a notarized declaration to that effect and this Agreement shall become null, void and of no effect.

IN WITNESS WHEREOF, the said WILLIAM DAVID HECKEL and SHERRY ANN HECKEL have hereunto set their signatures this 12<sup>th</sup> day of April, 1995.

William D. Heckel  
WILLIAM D. HECKEL, Husband

Sherry A. Heckel  
SHERRY A. HECKEL, Wife

STATE OF WASHINGTON )

County of Skamania )

ss.

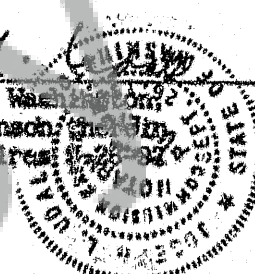
This certifies that on this 12<sup>th</sup> day of April, 1995, personally appeared before me WILLIAM DAVID HECKEL and SHERRY ANN HECKEL, to me known to be the individuals who executed the foregoing instrument, and acknowledged the same as their free and voluntary act and deed for the uses and purposes therein mentioned. WITNESS my hand and official seal the day and year in this certificate first above written.

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY Sherry A. Heckel

SEP 14 2 03 PM '95

P. Johnson  
AUDITOR  
GARY M. OLSON

Joseph L. Johnson  
Notary Public for Washington  
residing at Stevenson, Washington  
My Commission expires 12-31-97





STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

TYPE OR PRINT (REPERMITS BLACK INK)

22

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

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146

STATE FILE NUMBER

1. NAME <b>William David HECKEL</b>		2. SEX <b>Male</b>		3. DEATH DATE (Mo., Day, Yr.) <b>August 1 1995</b>	
4. DATE OF BIRTH <b>04</b>	5. UNDER 1 YEAR <b>AGE</b>	6. UNDER 1 YEAR <b>AGE</b>	7. BIRTHDAY (Mo., Day, Yr.) <b>May 14 1931</b>	8. PLACE OF BIRTH <b>Rougemont, WA</b>	9. WAS DECEASED EVER IN U.S. ARMY OR NAVY? (Yes / No)
10. CITY, TOWN OR LOCATION OF DEATH <b>Steverson</b>			11. PLACE OF DEATH - IF NOT ON PLATE, THEN GIVE ADDRESS OF INSTITUTION NAME <b>MP 0.95 Frank John Rd</b>		
12. MARITAL STATUS - (Married, Widowed, Divorced, Single, etc.) <b>Married</b>		13. SURVIVING SPOUSE (Name, Age, Maiden Name) <b>Sherry A Lewin</b>		14. SOCIAL SECURITY NO. <b>378 30 2532</b>	
15. USUAL OCCUPATION (Name of work done during most of last year) (Do not use retired) <b>Forester</b>		16. RACE (Specify) <b>White</b>		17. ETHNICITY (Specify) <b>4</b>	
18. RESIDENCE - (Mailed and Street) <b>MP 0.95 Frank John Rd</b>		19. CITY, TOWN OR LOCATION <b>Steverson</b>		20. STATE <b>Washington 98545</b>	
21. FATHER'S NAME - (First, Middle, Last) <b>Arthur E Heckel</b>		22. MOTHER'S NAME - (First, Middle, Last) <b>Leta - London</b>			
23. DECEASED'S NAME <b>Sherry Heckel</b>		24. ADDRESS - (Street, City, State, Zip) <b>708 194 Canyon Y/A 98610</b>			
25. BIRTH CREATION <b>08/13/95</b>		26. DATE OF CREATION <b>8/13/95</b>		27. LOCATION - (City, State) <b>The Dalles, OR</b>	
28. NAME OF FACILITY <b>GARDNER FUNERAL HOME INC.</b>		29. ADDRESS OF FACILITY <b>POB 380 WHITE SALMON WA 98672</b>			
30. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			31. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER		
32. THE DECEASED WAS NOT A RESIDENT OF THIS STATE AT THE TIME OF DEATH AND WAS DUE TO THE CAUTION STATED			33. THE DECEASED WAS NOT A RESIDENT OF THIS STATE AT THE TIME OF DEATH AND WAS DUE TO THE CAUTION STATED		
34. SIGNATURE AND TITLE <b>Ray FitzSimmons MD</b>			35. SIGNATURE AND TITLE <b>1225</b>		
36. DATE OF DEATH <b>8/2/95</b>			37. HOUR OF DEATH <b>1225</b>		
38. NAME AND TITLE OF ATTENDING PHYSICIAN OR OTHER THAN DEATH CERTIFICATE			39. NAME AND TITLE OF ATTENDING PHYSICIAN OR OTHER THAN DEATH CERTIFICATE		
40. NAME AND ADDRESS OF CERTIFYING PHYSICIAN, MEDICAL EXAMINER OR CORONER (Name and Print) <b>Raymond FitzSimmons, MD, POB 1519 White Salmon, WA 98672</b>					
41. ENTER THE CAUSE, INJURY, OR COMPLICATIONS WHICH CAUSED THE DEATH					
42. IMMEDIATE CAUSE OF DEATH (Record on each line) <b>LUNG CANCER</b>					
43. DO NOT ENTER IT'S CAUSE OF DEATH, SUCH AS CHOKING OR ASPIRATION, UNLESS IT IS THE CAUSE OF DEATH. LIST ONLY ONE CAUSE ON EACH LINE. DO NOT ENTER IT'S CAUSE OF DEATH, SUCH AS CHOKING OR ASPIRATION, UNLESS IT IS THE CAUSE OF DEATH. LIST ONLY ONE CAUSE ON EACH LINE.					
44. INTERVAL BETWEEN ONSET AND DEATH <b>1225</b>					
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50. INTERVAL BETWEEN ONSET AND DEATH <b>1225</b>					
51. EITHER AUTOPSY OR MEDICAL EXAMINATION REQUIRED TO DEATH (If not, then the line should be left blank)					
52. AUTOPSY <b>No</b>					
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Yes / No) <b>Yes</b>					
54. AGENT RECORDING NAME, ADDRESS, CITY, STATE, ZIP <b>1225</b>					
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99. AGENT RECORDING NAME, ADDRESS, CITY, STATE, ZIP <b>1225</b>					
100. AGENT RECORDING NAME, ADDRESS, CITY, STATE, ZIP <b>1225</b>					

CERTIFIED

AUG 2 1995

Dr. Karen Stangart  
Health District Officer  
NW. Wash. Health Dist.  
00137389