

FILED FOR RECORD
SKAMANIA CO. WASH
BY *Patricia Gratton*

MAY 1 10 30 AM '96
O. Lowry
AUDITOR
GARY M. OLSON

COPY

125170

BOOK 156 PAGE 962

COMMUNITY PROPERTY AGREEMENT

Agreement made in White Salmon, Washington on this 1st day of August, 1990, between WILLIAM S. MAITLAND ("Husband") and TERESA K. MAITLAND ("Wife"), husband and wife, both of whom are domiciled in the State of Washington. In consideration of their mutual agreements set forth below, the parties agree as follows:

1. Property Covered. This Agreement shall apply to all property (community and separate) now owned or hereafter acquired by Husband and Wife (except for property for which a separate beneficiary designation has been or is hereafter made by Husband or Wife and approved in writing by the other spouse) even though some items may have been or may be purchased or acquired by one or the other or both or may have been or may be registered in the name of one or the other or both, which shall be considered and is hereby declared to be the community property of the parties. All such property is referred to in this Agreement as the "described community property." Either spouse may disclaim in whole or in part any interest in property hereafter acquired which would be the separate property of the other spouse except for the provisions of this section 1. In the event of such a disclaimer, the interest disclaimed shall be and remain the separate property of the other spouse. Such a disclaimer shall not affect the right of the disclaiming spouse to receive all, any part of, or interest in such property of the other

Gary M. Olmstead, Skamania County Auditor
Date 5/1/96 Filed 5-9-15-96
2096

Registered
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spouse by a later gift or inheritance.

2. Vesting at Death of a Spouse. If one spouse dies and the other spouse survives by ten days, all of the described community property shall vest in the surviving spouse as of the moment of death of the first spouse.

3. Disclaimer. Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, or with reference to specific parts, shares or property. The interest disclaimed shall pass as if the provisions of section 2 above had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition applicable to the disclaimed interest.

4. Automatic Revocation. The provisions of section 2 above shall be automatically revoked

(a) upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce, or

(b) upon the establishment of a separate domicile out of the State of Washington by either party, or

(c) immediately prior to death, if neither party survives the other by ten days.

5. Optional Revocation by One Party. If either party becomes disabled, the other party shall have the power to terminate the provisions of section 2 above. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardians, if any, of the person and of the estate of the disabled spouse. Each party designates the other party as attorney-in-fact to become effective upon disability to agree to the termination. For the purposes of this paragraph, a spouse shall be deemed disabled if a

person duly licensed to practice medicine in the State of Washington signs a statement declaring that the named spouse is unable to manage his or her own affairs.

6. Powers of Appointment. This Agreement shall not affect any power of appointment now held by or hereafter given to Husband or Wife or both of them, nor shall it obligate Husband or Wife or both of them to exercise any such power of appointment in any way.

7. Revocation of Inconsistent Agreements. To the extent this Agreement is inconsistent with the provision of any community property agreement, Will or other arrangement previously made by either or both of the parties that affect the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

William S. Maitland

Teresa K. Maitland

STATE OF WASHINGTON)
COUNTY OF KLICKITAT) ss.

On this day personally appeared before me WILLIAM S. and TERESA K. MAITLAND, to me known to be the individuals described in and who executed the within and foregoing Community Property Agreement, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

18037

REAL ESTATE EXCISE TAX

MAY 01 1996

PAID Exempt

SW
SKAMANIA COUNTY TREASURER

GIVEN under my hand and official seal on this 14th day of August, 1990.

[Signature]
Notary Public in and for the State
of Washington, residing at
[Address]
My appointment expires on 1/28/92.

Unofficial Copy

180772
I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136

State File Number

1221-95
Local File Number

1. DECEASED'S NAME William Sterling MAITLAND		2. SEX Male		3. DATE OF BIRTH (Month, Day, Year) August 31 1905	
4. SOCIAL SECURITY NUMBER (or AGE Last Birthday (Years)) 545 07 4706		5a. AGE Last Birthday (Years) 95		6. RESIDE - PLACE OF BIRTH (City and State or Foreign Country) New York NY	
7. WAS ACCIDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA		9. 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) Hood River Care Center		11. CITY, TOWN, OR LOCATION OF DEATH Hood River		12. COUNTY OF DEATH Hood River	
13a. DECEASED'S USUAL OCCUPATION (One kind of work done during most of working life. Do not use military) Truck Driver		13b. KIND OF BUSINESS/INDUSTRY Delivery		14. MARITAL STATUS: Married <input type="checkbox"/> Single <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced (Specify)	
15a. RESIDENCE - STATE Oregon		15b. COUNTY Hood River		15c. STREET AND NUMBER 729 Henderson Rd	
16. RESIDE CITY (Limits) Hood River		17. ZIP CODE 97031		18. RACE American Indian, Black, White, etc. (Specify) White	
19. WAS DECEASED OF HISPANIC ORIGIN? Specify No or Yes - If yes, specify CUBAN, MEXICAN, PUERTO RICAN, etc. (Specify) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		20. DECEASED'S EDUCATION (Specify only highest grade completed) 12		21. DECEASED'S EDUCATION (Specify only highest grade completed) 12	
22. FATHER - NAME (Type middle last) Alexander - Maitland		23. MOTHER - NAME (Type middle maiden) Lillian - Grunter		24. DECEASED'S MARRIAGE AND RELATIONSHIP TO DECEASED Teresa Maitland wife	
25. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		26. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Willamette National Cemetery		27. LOCATION - City or Town, State Portland OR	
28. SIGNATURE OF FUNERAL SERVICE LICENSEE OR MINISTER <i>[Signature]</i>		29. LICENSE NUMBER (or Licensee) 1482		30. NAME, ADDRESS AND ZIP OF F. COUNTY GARDNER FUNERAL HOME INC. POB 390 WHITE SALMON WA 98672	
31. DATE FILED (Month, Day, Year) September 07, 1995		32. REGISTRAR'S SIGNATURE <i>[Signature]</i>		33. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
34. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		35. TO BE COMPLETED BY CERTIFYING PHYSICIAN 37. TIME OF DEATH 1430 P. M.		36. TO BE COMPLETED ONLY BY FUNERAL EXAMINER 38. TIME OF DEATH M	
38. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. TO BE COMPLETED BY CERTIFYING PHYSICIAN 40. DATE SIGNED (Month, Day, Year) 9-1-95		41. DATE SIGNED (Month, Day, Year) M	
42. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) Stephen Becker, M.D. 1108 June St Hood River, OR 97031		43. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		44. SIGNATURE OF CERTIFYING PHYSICIAN <i>[Signature]</i>	
45. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of death, e.g. Cordial or Respiratory Arrest)		46. PART (a) Pneumonia		47. PART (b) MI	
48. PART (b) MI		49. PART (c) MI		50. PART (d) MI	
51. OTHER SIGNIFICANT CONDITIONS: degenerative arthritis, suspected vasculitis		52. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		53. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
54. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		55. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		56. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
57. MAPNER 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		58. DATE OF INJURY (Month, Day, Year)		59. TIME OF INJURY	
60. PLACE OF INJURY: At home, farm, street, factory, office (Specify)		61. LOCATION (Street and Number or Rural Route Number, City or Town, State)		62. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

ORIGINAL - VITAL STATISTICS COPY

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

DATE ISSUED **HOOD RIVER SEP 07 1995** COUNTY **OREGON**

[Signature]
DOROTHY A. O'DELL
COUNTY REGISTRAR
HOOD RIVER COUNTY, OREGON



001754

18037
REAL ESTATE EXCISE TAX

MAY 01 1996

PAID *[Signature]*
SKAMANIA COUNTY TREASURER

Gary H. Austin, Skamania County Assessor
Date 5/1/96 Parcel # 3-9-15-700