

FILED FOR RECORD  
SKAMANIA CO. WASH.  
BY Iris Bouma

JUN 3 3 58 PM '96

G. Olson  
AUDITOR

GARY M. OLSON

125396

COMMUNITY PROPERTY AGREEMENT

BOOK 157 PAGE 536

THIS AGREEMENT, Made and entered into this 21<sup>st</sup> day of December, 1962, by and between GENE A. BOUMA and IRIS L. BOUMA, husband and wife, of Vancouver, Clark County, Washington,

W I T N E S S E T H :

For and in consideration of the love and affection we each bear one toward the other, and further, in consideration of the mutual helpfulness we have been one to the other in the past, and for and in consideration of the commingling of our joint efforts and earnings and properties heretofore, we do mutually agree, one with the other, that every piece, parcel, lot and tract of land situate in the State of Washington, and each and every parcel of personal property, or mixed property of the parties hereto, wheresoever situate, shall be by us, and all other persons whomsoever, deemed, esteemed, regarded, treated and known as Community Property. In this Agreement so made, one with the other, the date of acquiring, the manner of acquiring, and all statements by either of us heretofore made respecting alleged separate property, or affecting any property, are to be regarded and esteemed as of no effect.

The full intent and purpose of this instrument is to be construed by the Courts, our heirs, executors and assigns, and by all persons whomsoever, as a voluntary conveyance from one to the other, and unitedly to the community, of all our earthly possessions in such form and manner that the same shall from this date be the property of the community of ourselves as husband and wife.

It is further mutually agreed between the said parties to this Agreement that all of the community property of the parties to this Agreement now owned by them, and all community property which may be hereafter acquired by them, or by either of them in any way, shall, upon the death of either member of said community, pass entirely unto the survivor of said community, to

Gary M. Olson, Skamania County Auditor  
6/3/96  
Deed 125396-100-20, 200, 300-30

18095  
REAL ESTATE EXCISE TAX

Registered ☒  
Indexed, etc ☒  
Indirect ☒  
Filmed ☒  
Mailed ☒

JUN 4 1996

PAID Exempt

Jan  
SKAMANIA COUNTY TREASURER

the exclusion of all of our children, and of all persons and every other person whomsoever, it being deemed best by both the parties hereto to make such disposition of the said community property, each trusting and confident that the other will make such proper disposition of the said property upon the death of the last survivor of the said community as will do justice to all persons whomsoever.

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands the day and date in this Agreement first above written.

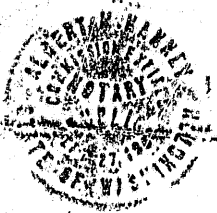
Gene A. Bouma  
Iris L. Bouma

STATE OF WASHINGTON, )  
COUNTY OF CLARK. ) :SS.

THIS IS TO CERTIFY That upon this 21<sup>st</sup> day of December, 1962, personally appeared before me, the undersigned authority, GENE A. BOUMA and IRIS L. BOUMA, husband and wife, known to me to be the identical persons named in and who executed the foregoing instrument, and they did acknowledge to me 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 the day and date in this certificate first above written.

Albert M. Hanney  
Notary Public in and for the State  
of Washington, residing at Vancouver  
therein.





STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

29

**Health**  
**CERTIFICATE OF DEATH**

BOOK 167 PAGE 538  
146

1. NAME <b>Gene Alan BOUMA</b>		2. SEX (M / F) <b>M</b>		3. DEATH DATE (Mo, Day, Yr) <b>August 14, 1994</b>	
4. AGE LAST BIRTHDAY (Yr) <b>57</b>		5. LUNGS 1 YEAR <b>1-18-1927</b>		6. BIRTH PLACE (City, State or Foreign Country) <b>Vancouver, WA</b>	
7. CITY, TOWN OR LOCATION OF DEATH <b>Washougal</b>		8. PLACE OF DEATH (If not at home, give address or institution name) <b>M.P. 0.291 Dobbins Rd.</b>		9. WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes / No) <b>Yes</b>	
10. SURVIVING SPOUSE (If wife, give maiden name) <b>Married Iris McNeely</b>		11. SOCIAL SECURITY NO. <b>536-22-1186</b>		12. DECEASED'S EDUCATION (Specify only highest grade completed) <b>12</b>	
13. USUAL OCCUPATION (Give kind of work done during 1 year of working life. DO NOT USE RETIRED) <b>Mechanic</b>		14. KIND OF BUSINESS OR INDUSTRY <b>PUD</b>		15. RACE (Specify) <b>White</b>	
16. RESIDENCE—NUMBER AND STREET <b>MP 0.291 Dobbins Rd.</b>		17. CITY/TOWN OR LOCATION <b>Washougal</b>		18. STATE <b>WA</b>	
19. FATHER'S NAME—FIRST, MIDDLE, LAST <b>Herbert Bouma</b>		20. MOTHER'S NAME—FIRST, MIDDLE, MARRIAGE SURNAME <b>Lida Langdon</b>		21. ZIP CODE <b>98671</b>	
22. INFORMANT—NAME <b>Iris Bouma-Wife</b>		23. ADDRESS—STREET OR RFD NO. <b>MP 0.291 Dobbins Rd.</b>		24. CITY OR TOWN <b>Washougal</b>	
25. BIRTHAL CREATION (Specify date, Mo, Day, Yr) <b>8-16-94</b>		26. CEMETERY/CREMATORY—NAME <b>Park Hill Crematory</b>		27. LOCATION—CITY/TOWN, STATE <b>Vancouver, WA</b>	
28. SIGNATURE OF PHYSICIAN <i>Matthew A. Cosimo</i>		29. NAME OF FACILITY <b>Davies Cremation &amp; Burial Services</b>		30. ADDRESS OF FACILITY <b>P.O. Box 29 Ridgefield, WA 98642</b>	
31. TO BE COMPLETED ONLY BY PHYSICIAN ON THE BASIS OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>Matthew A. Cosimo MD</i> DATE <b>08/15/94</b> HOURS OF DEATH (24 Hrs) <b>0643</b>			32. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>Stearns, MD</i> DATE <b>8/3/94</b> HOURS OF DEATH (24 Hrs) <b>1000</b>		
33. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type of Facility) <b>Matthew Cosimo MD 2012 E. McLoughlin Blvd Vancouver, WA 98661</b>		34. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH A. <b>Adenocarcinoma of Pancreas</b> B. <b>10 months</b> C. <b>Interval between onset and death</b> D. <b>Interval between onset and death</b> E. <b>Interval between onset and death</b> F. <b>Interval between onset and death</b> G. <b>Interval between onset and death</b> H. <b>Interval between onset and death</b> I. <b>Interval between onset and death</b> J. <b>Interval between onset and death</b> K. <b>Interval between onset and death</b> L. <b>Interval between onset and death</b> M. <b>Interval between onset and death</b> N. <b>Interval between onset and death</b> O. <b>Interval between onset and death</b> P. <b>Interval between onset and death</b> Q. <b>Interval between onset and death</b> R. <b>Interval between onset and death</b> S. <b>Interval between onset and death</b> T. <b>Interval between onset and death</b> U. <b>Interval between onset and death</b> V. <b>Interval between onset and death</b> W. <b>Interval between onset and death</b> X. <b>Interval between onset and death</b> Y. <b>Interval between onset and death</b> Z. <b>Interval between onset and death</b>			
35. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE <b>Congestive Heart Failure, Atrial Fibrillation</b>		36. AUTO GYP (Yes / No) <b>No</b>			
37. ACC. SUICIDE, IOM, UNDET., OR FOREIGN INVSIT (Specify) <b>No</b>		38. INJURY DATE (Mo, Day, Yr) <b>8/3/94</b>		39. HOUR OF INJURY (24 Hrs) <b>1000</b>	
40. PLACE OF INJURY—AT HOME, FARM, STREET, GLASS, ETC. (Specify) <b>At Home</b>		41. STREET OR RFD NO. CITY/TOWN, STATE <b>MP 0.291 Dobbins Rd. Washougal, WA</b>			
42. PRECISE AMENDMENT (If number and name) <b>No</b>		43. DATE RECEIVED (Mo, Day, Yr) <b>August 22, 1994</b>		44. SIGNATURE OF PHYSICIAN <i>Stearns, MD</i>	

**CERTIFIED**

AUG 22 1994

*Karen Steingart*  
Dr. Karen Steingart  
Health District Officer  
S.W. 148714