

136218

BOOK 792 PAGE 997

RETURN ADDRESS:

Louise N. Peterson
 P O Box 37
 Carson WA 98610

FILED FOR RECORD
 SKAMANIA COUNTY
 BY Sylvia Holwegner

SEP 8 12 51 PM '99

GARY M. OLSON
 CLERK

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Community Property Agreement
2. Death Certificate
- 3.
- 4.

GRANTOR(S) (Last name, first, then first name and initials)

1. George W Peterson et ux
- 2.
- 3.
- 4.

☐ Additional Names on Page _____ of Document.

REAL ESTATE EXCISE TAX

20404

GRANTEE(S) (Last name, first, then first name and initials)

1. Louise S. Peterson
- 2.
- 3.
- 4.

SEP - 8 1999

PAID exempt

K. J. ANDY, CLERK

SKAMANIA COUNTY TREASURER

☐ Additional Names on Page _____ of Document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section Township, Range, Quarter/Quarter)

Lot 10 Blk 1 Evergreen Acres Vol A Pg 142

☐ Complete Legal on Page _____ of Document.

REFERENCE NUMBER(S) Of Document assigned or released:

☐ Additional Numbers on Page _____ of Document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

3-8-21-2-3901

Gary H. Martin, Skamania County Assessor

☐ Property Tax parcel ID is not yet assigned.

Date 9-8-99 Parcel # 3-8-21-2-3901

☐ Additional Parcel Numbers on Page _____ of Document.

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

COMMUNITY PROPERTY AGREEMENT

Agreement made in Stevenson, Washington on ~~April~~ ^{May} 11, 1979, between GEORGE W. PETERSON (Husband) and LOUISE S. PETERSON (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 whether now or hereafter registered in the name of one or the other or both parties or whether acquired by one or the other or both, which shall be considered and is declared to be the community property of the parties. All such property is referred to in this Agreement as the "described community property."

2. Vesting at Death of a Spouse. If Husband dies and Wife survives him by ten days, all of the described community property shall vest in Wife. If Wife dies and Husband survives her by ten days, all of the described community property shall vest in Husband.

3. Automatic Revocation. The provisions of paragraph 1 regarding after acquired property and the provisions of paragraph 2 shall be automatically revoked if

- (a) Either files a petition, complaint or other pleading for separation, dissolution or divorce; or
- (b) The parties move their domicile to another jurisdiction.

4. Optional Revocation by One Party. If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 1 regarding after acquired property and the provisions of paragraph 2 and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. 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 person.

5. Powers of Appointment. This agreement shall not affect

COMMUNITY PROPERTY AGREEMENT - Page One

any power of appointment that is now held or is 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.

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

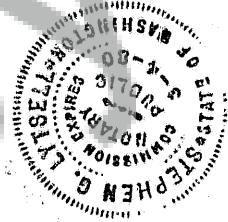
George W. Peterson
Louise S. Peterson

STATE OF WASHINGTON)
) ss
 County OF SKAMANIA)

On this day personally appeared before me GEORGE W. PETERSON and LOUISE S. PETERSON, husband and wife, 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.

Given under my hand and official seal on ^{May} ~~April~~ 11, 1979.

Stephen D. Reptice
 NOTARY PUBLIC in and for the State
 of Washington, residing at
 Stevenson.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

18
LOCAL FILE NUMBER

Health
CERTIFICATE OF DEATH

BOOK 192 PAGE 1006

146

STATE FILE NUMBER

1. NAME First Middle Last George Walter PETERSON			2. SEX (M / F) M	3. DEATH DATE (Mo, Day, Yr) May 31, 1999
4. AGE LAST BIRTHDAY (Yr, Mo, Day) 85	5. UNDER 1 YEAR Mo, Day, Yr 11/27/1913	6. BIRTHPLACE (City, State or Foreign Country) Great Falls, MT	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes	
11. CITY, TOWN OR LOCATION OF DEATH Carson			13. SMOOKING IN LAST 15 YEARS? (Yes / No) Yes	
12. PLACE OF DEATH—88 BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 <input checked="" type="checkbox"/> HOME 2 <input type="checkbox"/> IN TRANSPORT 3 <input type="checkbox"/> EMERG. RAUGHT PTH 4 <input type="checkbox"/> HOSP. 5 <input type="checkbox"/> NUR HOME 6 <input type="checkbox"/> OTHER PLACE 51 Dogwood			17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)	
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Louise Ann Scilwell		16. SOCIAL SECURITY NO. 537-20-1633
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Superintendent		19. KIND OF BUSINESS OR INDUSTRY Food Processing		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No
21. RACE (Specify) White		22. RESIDENCE—NUMBER AND STREET 51 Dogwood		
23. CITY/TOWN OR LOCATION Carson		24. INSIDE CITY LIMITS? (Yes / No) No	25A. COUNTY Skamania	25B. LENGTH OF RES. IN CO. 24 yrs
26. STATE WA		27. ZIP CODE 98610		
28. FATHER'S NAME—FIRST, MIDDLE, LAST Walter Inguar Peterson		29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Elizabeth Frances Swan		
30. INFORMANT—NAME Louise Peterson		31. MAILING ADDRESS PO Box 37 Carson, WA 98610		
32. FUNERAL HOME (Specify) Cremation		33. DATE (Mo, Day, Yr) 6/2/1999		34. CEMETERY/CREMATORY—NAME Win-quatt Crematory
35. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		36. NAME OF FACILITY Gardner Funeral Home		37. ADDRESS OF FACILITY White Salmon, WA 98672
38. 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> Raymond FitzSimmons, M.D.		39. 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>[Signature]</i> Raymond FitzSimmons, M.D.		
40. DATE SIGNED (Mo, Day, Yr) 6/3/99		41. HOUR OF DEATH (24 Hrs.) 1100		42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Raymond FitzSimmons, M.D. POB 1519 White Salmon, WA 98672
43. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Raymond FitzSimmons, M.D. POB 1519 White Salmon, WA 98672		44. ME/CORONER FILE NUMBER		
45. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:				
IMMEDIATE CAUSE (Final disease or condition resulting in death): DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, CHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Separately list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.				
A. Constrictive Heart failure		INTERVAL BETWEEN ONSET AND DEATH Days		
B. Transitional Cell Carcinoma Lt Kidney		INTERVAL BETWEEN ONSET AND DEATH Months		
C.		INTERVAL BETWEEN ONSET AND DEATH		
D.		INTERVAL BETWEEN ONSET AND DEATH		
46. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:				
47. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)	48. INJURY DATE (Mo, Day, Yr)	49. HOUR OF INJURY (24 Hrs.)	50. DESCRIBE HOW INJURY OCCURRED:	
			51. AUTOPSY? (Yes / No) No	
52. INJURY AT WORK? (Yes / No)	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Y/N / No) Yes			
54. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, OR EDUCATIONAL (Specify)	55. STREET OR RFD NO., CITY/TOWN, STATE			
56. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE	57. REGISTRAR SIGNATURE <i>[Signature]</i>		58. DATE RECEIVED (Mo, Day, Yr) 6/11/99	

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH THE STATE OF WASHINGTON. IT IS NOT VALID FOR OTHER PURPOSES.