

113160

BOOK 127 PAGE 872

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 17<sup>th</sup> day of January, 1985, by and between ROBERT LEE KELLY and MARILYN MARGARET KELLY, husband and wife, of Skamania, Skamania County, State of Washington, pursuant to the provisions of Section 26.16.120 of the Revised Code of Washington, permitting agreements between husband and wife, fixing 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 us has for the other, and in consideration of the mutual benefits to be derived by each of us, it is hereby agreed, promised and covenanted as follows:

First. That all property of whatsoever nature or description, whether real, personal or mixed, and wheresoever situated, now owned or hereafter acquired by either of us, including separate property, shall be considered and is hereby declared to be community property, and each of us hereby conveys and quitclaims to the other his or her interest in any separate property he or she now owns or hereafter acquires so as to convert the same to community property.

Second. That upon the death of either of us, title to all community property as defined in the preceding paragraph is to vest immediately in fee simple to the survivor.

IN WITNESS WHEREOF, We, ROBERT LEE KELLY and MARILYN MARGARET KELLY, have hereunto set our hands and seals this 17<sup>th</sup> day of January, 1985.

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY Marilyn Kelly

MAR 27 2 33 PM '92

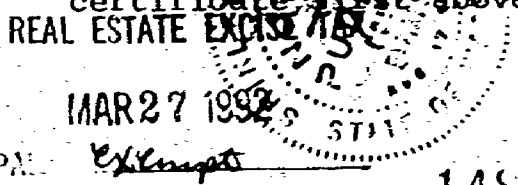
Robert L. Kelly (Seal)

Marilyn M. Kelly (Seal)

STATE OF WASHINGTON )  
COUNTY OF SKAMANIA )  
CARY H. OLSON )  
SS.

THIS IS TO CERTIFY that on this 17<sup>th</sup> day of January, 1985, personally appeared before me ROBERT LEE KELLY and MARILYN MARGARET KELLY, to me known to be the persons described in and 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.



Shirley A. Pitts  
Notary Public in and for the State of Washington, residing at Stevenson

Registered \_\_\_\_\_  
Individual \_\_\_\_\_  
Instruct \_\_\_\_\_  
Filed 7/6/92  
Mailed \_\_\_\_\_

MAR 27 1985  
PAID \_\_\_\_\_  
Jim Dugan  
SKAMANIA COUNTY TREASURER

14841

CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION  
VITAL STATISTICS SECTION

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

D 4642  
FD (W.N.)

136-

State File Number

DECEDENT

PARENTS

DISPOSITION

CERTIFIER

CAUSE OF DEATH

REGISTRAR

1 DECEASED'S NAME: Robert Lee KELLY  
 2 SEX: Male  
 3 DATE OF DEATH: September 1, 1988  
 4 SOCIAL SECURITY NUMBER: [REDACTED]  
 5a AGE - Last Birthday: 61  
 5b UNDER 1 YEAR: [REDACTED]  
 5c UNDER 1 DAY: [REDACTED]  
 6 BIRTHPLACE: Salt Lake City UT  
 7 DATE OF BIRTH: November 7, 1926  
 8 WAS DECEDENT EVER IN U.S. ARMED FORCES? [REDACTED]  
 9 PLACE OF DEATH: Mt. Hood Medical Center, Gresham, Multnomah  
 10a DECEASED'S USUAL OCCUPATION: English Professor  
 10b END OF BUSINESS/INDUSTRY: University  
 11 MARITAL STATUS: Married  
 12 SPOUSE: Marilyn  
 13a RESIDENCE - STATE: Washington  
 13b COUNTY: Skamania  
 13c CITY, TOWN, OR LOCATION: Skamania  
 13d STREET AND NUMBER: M.P.O. 76 L Butler Loop Road  
 14 INSIDE CITY LIMITS? [REDACTED]  
 15 ZIP CODE: 98648  
 16 WAS DECEDENT OF HISPANIC ORIGIN? [REDACTED]  
 17 RACE: White  
 18 DECEASED'S EDUCATION: 5+  
 17 FATHER: Marcus S. Kelly  
 18 MOTHER: Bernetta Warburton  
 19 INFORMANT: Marilyn - Wife  
 20a METHOD OF DISPOSITION: Cremation  
 20b PLACE OF DISPOSITION: Park Hill Crematory  
 20c LOCATION: Vancouver, Washington  
 21a SIGNATURE OF FUNERAL SERVICE LICENSEE: Susanne Helgeson  
 21b LICENSE NUMBER: 0205  
 22 NAME, ADDRESS AND ZIP OF FACILITY: Corinthian Funeral Service, 4424 NE Glisan, Portland, OR 97213  
 23 TIME OF DEATH: 10:50 P.M.  
 24 WAS MEDICAL EXAMINER NOTIFIED? [REDACTED]  
 25 To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated.  
 26 DATE SIGNED: September 14, 1988  
 27a TIME OF DEATH: [REDACTED]  
 27b DATE PRONOUNCED DEAD: [REDACTED]  
 28 On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated.  
 29 DATE SIGNED: [REDACTED]  
 30 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER: Edward G. Kuehnel, M.D., 10000 Se Main Str., Suite 111, Portland, OR 97216  
 31 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: [REDACTED]  
 32 IMMEDIATE CAUSE: (a) Shock SUSPECTED FOR SEPTIC TYPE  
 (b) PERFORATED STOMACH CR. BEWEL  
 (c) OTHER SIGNIFICANT CONDITIONS: Chronic LUNG DISEASE FROM SMOKING  
 33 AUTOPSY: NO  
 34 IF YES, WERE SPONGES CONSIDERED IN DETERMINING CAUSE OF DEATH? NO  
 35 MANNER OF DEATH: Natural  
 36 DATE OF INJURY: [REDACTED]  
 37 TIME OF INJURY: [REDACTED]  
 38 DESCRIBE HOW INJURY OCCURRED: [REDACTED]  
 39 PLACE OF INJURY: [REDACTED]  
 40 LOCATION: [REDACTED]  
 41 REGISTRAR'S SIGNATURE: [REDACTED]  
 42 DATE FILED: SEP 21 1988  
 43 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? [REDACTED]  
 44 WAS GIFT MADE? [REDACTED]

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED SEP 21 1988

[Signature]

EDWARD J. JOHNSON II  
STATE REGISTRAR

