

STATE OF WASHINGTON DEPARTMENT OF HEALTH

28

115145 Health

146 BOOK 732 PAGE 546

LOCAL IDENTIFIER

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME First: William J. Last: WEST				2. SEX (M / F) Male		3. DEATH DATE (Mo. Day Yr) Oct. 31, 1992	
4. AGE LAST BIRTH 68		5. UNDER 1 YEAR MO. DAY YR		6. UNDER 1 DAY HRS. MIN.		7. BIRTH DATE (Mo. Day Yr) 4/18/1924	
8. BIRTH PLACE Oswego/Tigard, OR				9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes		10. COUNTY OF DEATH Skamania	
11. CITY, TOWN OR LOCATION OF DEATH Carson				12. PLACE OF DEATH - BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME Dogwood & Smith-Beckon Road			
13. SMOKING IN LAST 15 YEARS? (Yes / No) No							
14. MARITAL STATUS - Married Never Married Widowed Divorced (Specify)		15. SURVIVING SPOUSE (if wife give maiden name) Florence L. Baldwin		16. SOCIAL SECURITY NO.		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) 5+	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIREE)		19. KIND OF BUSINESS OR INDUSTRY Religion		20. Was Decedent of Hispanic origin or descent? (Specify) Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc. (Yes / No) Specify No		21. RACE (Specify) White	
22. RESIDENCE - NUMBER AND STREET Dogwood & Smith-Beckon		23. CITY, TOWN OR LOCATION Carson		24. INSIDE CITY LIMITS? (Yes / No) No		25. COUNTY Skamania	
26. FATHER'S NAME - FIRST, MIDDLE, LAST Harry A. West		27. MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME Louise - Trappe		28. LENGTH OF RES. IN CO.		29. STATE WA	
30. INFORMANT - NAME Florence West		31. MAILING ADDRESS P.O. Box 737 Carson, WA 98610		32. ZIP CODE 98610			
33. BURIAL CREMATION Burial		34. DATE (Mo. Day Yr) 11/5/1992		35. CEMETERY/CREMATORY - NAME Willamette National Cemetery Portland, OR		36. LOCATION - CITY/TOWN, STATE Box 390	
37. NAME OF FACILITY GARDNER FUNERAL HOME, INC		38. ADDRESS OF FACILITY White Salmon, WA 98672		39. ADDRESS OF FACILITY Box 390		40. ADDRESS OF FACILITY White Salmon, WA 98672	
41. 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 X				42. ON THE BASIS OF EXAMINATION AND INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE X			
43. DATE SIGNED (Mo. Day Yr) November 16, 1992		44. HOUR OF DEATH (24 Hrs) 1245		45. DATE SIGNED (Mo. Day Yr) October 31, 1992		46. HOUR OF DEATH (24 Hrs) 1300	
47. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Robert K. Leick Skamania County Courthouse Stevenson, WA				48. PROLONGED DEAD (Mo. Day Yr) October 31, 1992		49. HOUR PROLONGED DEAD (24 Hrs) 1300	
50. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Robert K. Leick Skamania County Courthouse Stevenson, WA				51. MECCORNER FILE NUMBER			
52. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH							
IMMEDIATE CAUSE (Final Status or condition resulting in death)		A. CANCER (Kidneys, Brain, Bones/Brain Metastases)				INTERVAL BETWEEN ONSET AND DEATH Months	
DO NOT ENTER THE NAME OF DISEASE, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Specify only final condition, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		B. DUE TO OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH	
		C. DUE TO OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH	
		D. DUE TO OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH	
53. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE.							
54. ACC. SUICIDE, HOMIC. UNDET. OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo. Day Yr)		56. HOUR OF INJURY (24 Hrs)		57. DESCRIBE HOW INJURY OCCURRED	
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY - AT HOME, FAP, I. STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)		60. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE			
61. RECORD ASSIGNMENT (Preparer use only) REVIEWED BY		DATE		62. REGISTRAR SIGNATURE X Karen Stenjaert, med		63. DATE RECEIVED (Mo. Day Yr) Nov 16, 1992	

DOM 110-028 (Rev. 7/87) (Formerly DSHS 9-198)

DOM 01-003 (7/89)

CERTIFIED

NOV 17 1992
Dr. Karen Stenjaert
Health District Officer
S.W. Wash. Health Dist
SHINGO

BOOK 132 PAGE 547

FILED
BY Florence West

Noted
Dec 15 1992
GARY L. SON

DEC 15 11 12 AM '92

GARY L. SON

COMMUNITY PROPERTY AGREEMENT

THIS COMMUNITY PROPERTY AGREEMENT, entered into this day by and between WILLIAM J. WEST and FLORENCE L. WEST, husband and wife, of Skamania County, State of Washington.

W I T N E S S E T H:

WHEREAS, the parties hereto are owners of certain real and personal property situate in the State of Washington; and

WHEREAS, it is contemplated by the parties hereto that they may acquire additional property in the future; and

WHEREAS, it is the desire hereto that all of their property shall pass to the survivor without delay or expense in the event of the death of either party;

NOW THEREFORE, WE, WILLIAM J. WEST and FLORENCE L. WEST, husband and wife, for and in consideration of the love and affection which we have, one for the other, do hereby mutually agree that all of the property which we now own separately, jointly, or otherwise, and whether real, personal or otherwise, and wheresoever situate, shall be and it is hereby declared to be the community property of the parties, and each of the parties to this agreement do hereby convey and transfer to the other party and to their community all property owned by them, even though the same be held in his or her separate estate; and

WE HEREBY MUTUALLY AGREE that all of the property which shall hereafter be acquired by either of us, whether separately, jointly or otherwise, and of whatsoever nature, and wheresoever situate, shall be and it is hereby declared to be community property, and each of the parties do hereby convey and transfer to the other and to their community, all such property hereafter acquired by either of them, even though the same be acquired in his or her separate estate; and

IT IS FURTHER AGREED that the whole of the community property now owned by us or hereafter acquired by us, including all property

REAL ESTATE EXCISE TAX

015431

DEC 15 1992

Community Property Agreement
Page 1 of Two Pages

H's initials W.J.W.

W's initials F.L.W.

3-8-21-2-3800
GARY L. SON, Skamania County Assessor

the status of which is changed or created by this agreement, shall at once, in the event of the death of WILLIAM J. WEST, while the said FLORENCE L. WEST survives, be vested in FLORENCE L. WEST, absolutely and in fee simple as her sole and separate property; and, in the event of the death of the said FLORENCE L. WEST, while the said WILLIAM J. WEST survives, then the whole of the community property now owned by us or hereafter acquired by us, including all property the status of which is changed or created by this agreement, shall at once vest in the said WILLIAM J. WEST, absolutely and in fee simple as his sole and separate property.

IN WITNESS WHEREOF, the parties have executed this agreement this 4th day of August, 1992.

William J. West
WILLIAM J. WEST
Florence L. West
FLORENCE L. WEST

STATE OF WASHINGTON)
) ss.
County of Skamania)

I, the undersigned, a Notary Public in and for the State of Washington do hereby certify that on this 4th day of August, 1992, personally appeared before me William J. West and Florence L. West, to me known to be the individuals described in and who executed the foregoing instrument, and acknowledged that they signed and sealed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.



Given under my hand and official seal the day and year last written.

John T. Fiebrich
Notary Public in and for the
State of Washington, residing
at Stevenson.

Commission expires: 4-28-94.

106265

BOOK 112 PAGE 83

BOOK 132 PAGE 549

REAL ESTATE CONTRACT

THIS CONTRACT, made and entered into this 30th day of November, 1988, between JAMES H. LINK and ESTHER E. ANDREWS, as Co-Trustees, as appointed by instrument dated March 18, 1988 and recorded November 2, 1988 in Book 111, Page 598 in Skamania County Deed Records, hereinafter called the "sellers", and WILLIAM J. WEST and FLORENCE L. WEST, husband and wife, hereinafter called the "purchasers",

WITNESSETH: That the sellers agree to sell to the purchasers and the purchasers agree to purchase from the sellers the following described real estate, with the appurtenances and the items of personal property listed on Exhibit "A" attached hereto, in Skamania County, State of Washington:

Lot 1, Block 2, EVERGREEN ACRES, according to the plat thereof recorded in Book "A" of Plats, Page 142, in the County of Skamania, State of Washington.

The terms and conditions of this contract are as follows:

Price and Payment Terms

1. The purchase price is Forty Thousand and No/100 Dollars, (\$40,000.00) of which Eight Thousand and No/100 Dollars has been paid, the receipt whereof is hereby acknowledged, and the balance of said purchase price shall be paid as follows:

a. \$343.87, or more at purchasers' option, on or before the 10th day of January, 1989, and \$343.87 or more at purchasers' option, on or before the 10th day of each succeeding calendar month thereafter until the balance of said purchase price shall have been fully paid.

b. The purchasers further agree to pay interest on the diminishing balance of said purchase price at the rate of ten per cent (10%) per annum from the 10th day of December, 1988, which interest shall be deducted from each installment payment and the balance of each payment applied in reduction of principal.

2. All payments to be made hereunder shall be made at Estate of Thelma Couture, KVB PO Box 167 Goldendale State of WA 98620, or at such other place as the sellers may direct in writing. (Acct. No. 20086297)

3. As referred to in this contract, "date of closing" shall be November 30, 1988, 1988.

4. Purchasers may at their option pay the entire balance of the purchase price remaining due, or any part of such balance, at any time before maturity, without notice to sellers and without penalty.

Pro-rated Taxes and Insurance

5. Both taxes and insurance shall be pro-rated as between sellers and purchasers as of the date of possession.

Glenda J. Kimmel, Skamania County Assessor

MA 2606