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COMMUNITY PROPERTY AGREEMENT

This COMMUNITY PROPERTY AGREEMENT entered into this date
between VINCENT R. THORP and JANE MARIE THORP, husband and wife,
both of Clark County, Washington:

W I T N E S S E T H:

WHEREAS, the parties hereto are the owners of certain real
and personal property situated in the State of Washington, and they
may acquire additional property in the future, and

WHEREAS, it is the desire of the parties 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, VINCENT R. THORP and JANE MARIE THORP, 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 situated, shall be and it is hereby de-
clared to be the community property of the parties, and each of the
parties to this agreement does hereby and transfer to the other party
and to their marital community, all property now owned by them, even
though the same was acquired 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 situated
shall be and is hereby declared to be the community property of the
parties, and each of the parties does hereby convey and transfer to
the other and to their marital community all such property hereafter
acquired by either of us, even though the same be acquired in his or

FILED FOR RECORD

CLERK OF CLARK COUNTY

APR 17 1964

AUDITOR
GARY M. OLSON

-1-

Received
Index, Dir
Index
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Noted

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CLERK OF CLARK COUNTY

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CLERK OF CLARK COUNTY

APR 17 1964

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IT IS FURTHER AGREED that 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, in the event of the death of Vincent R. Thorp, while the said Jane Marie Thorp survives, be vested in JANE MARIE THORP, absolutely and in fee simple as her sole and separate property; and in the event of the death of the said Jane Marie Thorp, while the said Vincent R. Thorp 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 VINCENT R. THORP, absolutely and in fee simple as his sole and separate property.

IN WITNESS WHEREOF, the parties have executed this instrument this 16 day of Sept, 1976.

Vincent R. Thorp
Vincent R. Thorp

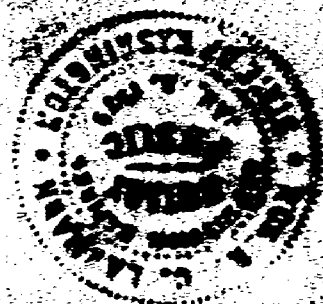
Jane Marie Thorp
Jane Marie Thorp

STATE OF WASHINGTON)
County of Clark) ss.

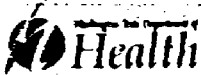
On this day personally appeared before me VINCENT R. THORP and JANE MARIE THORP, to me known to be the individuals described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 16 day of September, 1976.

Robert C. [Signature]
Notary Public for the State of Washington



STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

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TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NUMBER

STATE FILE NUMBER

1. NAME Vincent Ray THORP, Sr.		2. SEX (M/F) M		3. DEATH DATE (MO, DAY, YR) 1-2-1993	
4. AGE LAST BIRTH DAY (YR) 44	5. UNDER 1 YEAR NO	6. UNDER 1 DAY NO	7. BIRTH DATE (MO, DAY, YR) 5-25-1948	8. BIRTH PLACE Drain, Oregon	9. WAS EXERCISE EVER PLUS ARMED FORCE? No
11. CITY/TOWN OR LOCATION OF DEATH Washougal			12. PLACE OF DEATH - BOX OR PLACE THEN GIVE ADDRESS OF INSTITUTION NAME 3,17R Washougal River Road		
13. MARITAL STATUS - Married Married			14. DECEASED'S EDUCATION 10		
15. SURVIVOR'S SPOUSE (If wife give maiden name) Jane Marie Prill			16. SOCIAL SECURITY NO. [REDACTED]		
17. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRE) Owner Thorp Brothers			18. TYPE OF BUSINESS OR INDUSTRY Automotive		
19. RESIDENCE - NUMBER AND STREET 3,17R Washougal River Road			20. CITY/TOWN OR LOCATION Washougal		
21. COUNTY No			22. STATE Wa		
23. ZIP CODE 98671			24. RACE (Specify) White		
25. FATHER'S NAME - FIRST MIDDLE LAST Wallace L. Thorp Sr.			26. MOTHER'S NAME - FIRST MIDDLE MARRIED SURNAME Susan Duncan		
27. DECEASED'S NAME Jane Marie Thorp			28. ADDRESS - STREET OR RD NO. CITY/TOWN STATE ZIP 3,17R Washougal River Road Washougal, Wa 98671		
29. DATE (MO, DAY, YR) 1-8-1993			30. CEMETERY/CREMATORY NAME Park Hill Crematory		
31. FUNERAL DIRECTOR SIGNATURE Ronald Brown			32. ADDRESS OF FACILITY Brown's Funeral Home		
33. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED X			34. 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 X		
35. DATE SIGNED (MO, DAY, YR) January 8, 1993			36. HOUR OF DEATH (24 HRS) 1400		
37. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) ROBERT K. LEICK, Coroner. P. O. Box 790, Stevenson, WA 98648			38. HOUR PROMOUNCED DEAD (24 HRS) 1453		
39. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) ROBERT K. LEICK, Coroner. P. O. Box 790, Stevenson, WA 98648			40. MEDICORNER FILE NUMBER 93-0001		
41. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH					
IMMEDIATE CAUSE - First disease or condition resulting in death A. HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE					
DO NOT ENTER THE MODE OF DYING, SUCH AS CHOKING OR RESPIRATORY ARREST, SHOCK, 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.					
42. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given above NO					
43. AUTOPSY (Type or Print) Yes					
44. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Type or Print) Yes					
45. ACC. SUICIDE, HOMICIDE, OR PENDING ARREST (Specify) NO					
46. INJURY DATE (MO, DAY, YR) NO					
47. HOUR OF INJURY (24 HRS) NO					
48. DESCRIBE HOW INJURY OCCURRED NO					
49. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, DESIG. LOC. LOCATION - STREET OR RD NO. CITY/TOWN STATE NO					
50. INJURY AT WORK? (Type or Print) NO					
51. RECORD AMENDMENT (Type or Print) NO					
52. DATE RECEIVED (MO, DAY, YR) Jan 8, 1993					

REAL ESTATE EXCISE TAX

MAR 17 1994

PAID *[Signature]*



RECEIVED

JAN 11 1993

Dr. Karen [Signature]
Health District Officer
SW. Wash. Health Dist.

AA044238

DOH 01-003 (5-92)