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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 declared 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

Clark County, Washington  
Recorder's Office  
2-5-57-1960

FILED FOR RECORD

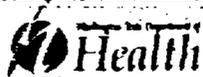
APR 17 1964  
AUDITOR  
GARY M. OLSON

RECORDED  
APR 17 1964  
CLARK COUNTY RECORDER

Received  
Indexed, Dig  
Abstract  
Filed  
Dated



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



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CERTIFICATE OF DEATH

LOCAL FILE NUMBER

STATE FILE NUMBER

1 NAME Vincent Ray THORP, Sr.		2 SEX (M/F)		3 DEATH DATE (MO, DAY, YR) 1-2-1993	
4 AGE LAST BIRTH DAY (YR)	5 UNDER 1 YEAR (MO)	6 UNDER 1 YEAR (DAY)	7 BIRTH DATE (MO, DAY, YR) 5-25-1948	8 BIRTH PLACE Drain, Oregon	9 WAS EXCISED EVER PLUS ARMED FORCE? (Y/N)
10 CITY/TOWN OF LOCATION OF DEATH Washougal			11 PLACE OF DEATH 3,17R Washougal River road		12 COUNTY OF DEATH Skamania
13 MARRITAL STATUS Married		14 SURVIVING SPOUSE (Full name) Jane Marie Prill		15 SOCIAL SECURITY NO.	
16 USUAL OCCUPATION Owner Thorp Brothers		17 KIND OF BUSINESS OR INDUSTRY Automotive		18 DEGREE(S) OF EDUCATION 10	
19 RESIDENCE - NUMBER AND STREET 3,17R Washougal River Road		20 CITY/TOWN OF LOCATION Washougal		21 ZIP CODE 98671	22 RACE (Specify) White
23 FATHER'S NAME - FIRST MIDDLE LAST Wallace L. Thorp Sr.			24 MOTHER'S NAME - FIRST MIDDLE MARRIAGE SURNAME Susan Duncan		
25 DECEASED'S SIGNATURE Jane Marie Thorp		26 WITNESS SIGNATURE Ronald Brown		27 ADDRESS OF FACILITY Cannock, Washington	
28 DATE SIGNED (MO, DAY, YR) 1-8-1993		29 NAME AND TITLE OF FACILITY Brown's Funeral Home		30 ADDRESS OF FACILITY	
31 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			32 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 Robert K. Leick, County Coroner		
33 DATE SIGNED (MO, DAY, YR)		34 HOUR OF DEATH (24 HR)		35 HOUR OF DEATH (24 HR)	
36 NAME AND TITLE OF ATTENDING PHYSICIAN (If other than Certifier) (Y/N or F/N)		37 HOUR OF DEATH (24 HR)		38 HOUR PROLONGED DEAD (24 HR)	
39 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Y/N or F/N) ROBERT K. LEICK, Coroner, P. O. Box 790, Stevenson, WA 98648			39 MEDICORNER FILE NUMBER 93-0001		
50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH					
IMMEDIATE CAUSE - Final disease or condition resulting in death		A HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE		INTERVAL BETWEEN ONSET AND DEATH Indetermined	
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		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	
51 OTHER SIGNIFICANT CONDITIONS		52 AUTOPSY? (Y/N)		53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Y/N)	
54 ACC SUICIDE HOME UNDET. OR PENDING INQUEST (Specify)		55 INJURY DATE (MO, DAY, YR)		56 HOUR OF INJURY (24 HR)	
57 INJURY AT WORK? (Y/N)		58 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, DESIG. OR LOCATION - STREET OR RD NO. CITY/TOWN STATE		59 DESCRIBE HOW INJURY OCCURRED	
60 RECORD AMENDMENT (Y/N) DISCREPANCY (Y/N) RECEIVED BY DATE		61 REAL ESTATE EXCISE TAX \$18472		62 DATE RECEIVED (MO, DAY, YR) Jan 8, 1993	



MAR 17 1994  
PAID *[Signature]*

JAN 11 1993

Dr. Karen [Signature]  
Health Director  
SW. Wash. Health Dept.

AA044238