[redacted] BOOK 141 PAGE 962

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 separagely, 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

[redacted]

FILED FOR RECORD
[redacted]
AUDITOR
GARY M. OLSON

[redacted]

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

Jane Marie Thorp

STATE OF WASHINGTON)
) ss.
County of Clark)

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.

Notary Public in and for the State of Washington, residing at Vancouver.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

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LOCAL FILE NUMBER

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME First	Middle	Last	2. SEX	3. DEATH DATE (Mo. Day. Yr.)
Vincent	Ray	THORP, Sr.	M	1-2-1993

4. AGE LAST BIRTHDAY Years	5. UNDER 1 YEAR Months / Days	6. UNDER 1 DAY Hours / Min.	7. BIRTH DATE (Mo. Day. Yr.)	8. BIRTHPLACE (City, State or Foreign Country)	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No)	10. COUNTY OF DEATH
44			5-25-1948	Drain, Oregon	No	Skamania

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH (Check only one box for place then give address of institution name)	13. SHOW IF IN U.S. ARMED FORCES? (Yes/No)
Washougal	X 3.17R Washougal River road	Yes

14. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify)	15. SURVIVING SPOUSE (If wife, give maiden name)	16. SOCIAL SECURITY NO.	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)
Married	Jane Marie Prill	[redacted]	10

18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	19. KIND OF BUSINESS OR INDUSTRY	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify) (e.g., No, Yes-Puerto Rican, Yes-Chicano, Mexican, Puerto Rican, etc.) (Yes/No) Specify	21. RACE (Specify)
Owner Thorp Brothers	Automotive	No	White

22. RESIDENCE - NUMBER AND STREET	23. CITY, TOWN OR LOCATION	24. INSIDE CITY LIMITS? (Yes/No)	25A. COUNTY	25B. LENGTH OF RES IN CO	26. STATE	27. ZIP CODE
3.17R Washougal River Road	Washougal	No	Skamania	20YRs.	Wa	98671

28. FATHER'S NAME - FIRST, MIDDLE, LAST	29. MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME
Wallace L. Thorp Sr.	Susan Duncan

30. INFORMANT NAME	31. MAILING ADDRESS (STREET OR RFD NO.)	CITY OR TOWN	STATE	ZIP
Jane Marie Thorp	3.17R Washougal River Road	Washougal,	Wa	98671

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33. DATE (Mo. Day. Yr.)	34. CEMETERY/CREMATORY - NAME	35. LOCATION - CITY/TOWN, STATE
Cremation	1-8-1993	Park Hill Crematory	Vancouver, Washington

36. FUNERAL DIRECTOR SIGNATURE	37. NAME OF FACILITY	38. ADDRESS OF FACILITY
X Ronald Brown	Brown's Funeral Home	Camas, Washington

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

39. 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

40. DATE SIGNED (Mo. Day. Yr.)

41. HOUR OF DEATH (24 Hrs.)

42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

43. 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
X Robert K. Leick, County Coroner

44. DATE SIGNED (Mo. Day. Yr.)	45. HOUR OF DEATH (24 Hrs.)
January 8, 1993	1400
46. PRONOUNCED DEAD (Mo. Day. Yr.)	**47. HOUR PRONOUNCED DEAD (24 Hrs.)**
January 2, 1993	1453

48. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)
ROBERT K. LEICK, Coroner. P. O. Box 790, Stevenson, WA 98648

49. MEDICORONER 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: Undetermined
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.	DUE TO, OR AS A CONSEQUENCE OF: b.	Interval between onset and death:
	DUE TO, OR AS A CONSEQUENCE OF: c.	Interval between onset and death:
	DUE TO, OR AS A CONSEQUENCE OF: d.	Interval between onset and death:

51. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE	52. AUTOPSY? (Yes/No)	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No)
	Yes	Yes

54. ACC, SUICIDE, HOM, 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, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)	LOCATION - STREET OR RFD NO., CITY/TOWN, STATE

61. RECORD AMENDMENT (Register's ITEM, DOCUMENTARY EVIDENCE, AMENDED BY, DATE)	62. [illegible]	63. DATE RECEIVED (Mo. Day. Yr.)
#18472 REAL ESTATE EXCISE TAX		Jan 8,1993

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-004 (Rev. 7/91) (formerly DSHS 9-196)
A

MAR 17 1994
PAID

DOH 01-003 (5/92)

JAN 11 1993

Dr. Karen [illegible]
Health District Officer
S.W. Wash. Health Dist.

AA044238