FILED FOR RECORD
SKAMANIA CO. WASH
BY Glenn Leach

Jul 5 10 57 AM '94
P Johnson
AUDITOR
CARY M. OLSON

119886

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Glenda J. Kimmel, Skamania County Assessor
By: GJK Parcel # 03 10 20 00 0403 00
5-2-94

COMMUNITY PROPERTY AGREEMENT

This agreement is made the 10th day of April, 1989, at Klickitat County, Washington, between GLENN HARVEY LEACH and AUDREY THEOPHILA LEACH, husband and wife, pursuant to Section 26.16.120 of the Revised Code of Washington.

For good and valuable consideration the parties agree as follows:

1. All property of whatsoever nature or description, whether real or personal, wheresoever situate, now owned or hereafter acquired by GLENN HARVEY LEACH and AUDREY THEOPHILA LEACH, or by either of them, is and shall be considered community property.

2. That upon the death of GLENN HARVEY LEACH all of his interest in all community property shall immediately vest in AUDREY THEOPHILA LEACH.

3. That upon the death of AUDREY THEOPHILA LEACH, all of her interest in all community property shall immediately vest in GLENN HARVEY LEACH.

Dated as first above written.

Glenn Harvey Leach
GLENN HARVEY LEACH

Audrey Leach
AUDREY THEOPHILA LEACH

STATE OF WASHINGTON)
ss
County of Klickitat)

I certify that I know or have satisfactory evidence that GLENN HARVEY LEACH and AUDREY THEOPHILA LEACH signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 10th day of April, 1989.

REAL ESTATE EXCISE TAX
16561
PAID Exempt
SKAMANIA COUNTY TREASURER

Winifred L. Kemp
Notary Public for Washington
residing at White Salmon, therein.
My commission expires: April 23, 1992.

ROBERT D. WEISFIELD
Attorney-at-Law
P.O. Box 421
(218 E. Steuben)
Bingen, WA 98605
(509) 493-2772

9111260417

BK0728PG0721

TYPE OR PRINT IN PERMANENT BLACK INK

59379 I.D. TAG NO.

1120-91 Local File Number

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

R.T.C.

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13b. State File Number

DECEDENT

1. DECEDENT'S NAME: First: Audrey | Middle: T. | Last: LEACH
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): Oct. 7, 1991
4. SOCIAL SECURITY NUMBER: 537-01-1831
5a. AGE - Last Birthday (Years): 78
5b. If Under 1 Year: Mos. / Days
5c. If Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Leavenworth, WA
7. DATE OF BIRTH (Month, Day, Year): Jan. 7, 1913
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Hood River Care Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Hood River
9d. COUNTY OF DEATH: Hood River
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
10b. KIND OF BUSINESS/INDUSTRY: own home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Glenn Harvey
13a. RESIDENCE - STATE: Washington
13b. COUNTY: Skamania
13c. CITY, TOWN, OR LOCATION: Underwood
13d. STREET AND NUMBER: MP 0.1 Ashley Drive
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 98651
14. WAS DECEDENT OF HISPANIC ORIGIN (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 | College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Gerard - Goerger
18. MOTHER - NAME first middle maiden: Katherine - Burns
19. INFORMANT - NAME and relationship to deceased: Glenn Leach, Husband

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☒ Burial ☐ Cremation ☒ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): White Salmon Cemetery
20c. LOCATION - City or Town, State: White Salmon, WA
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: R. T. Dennis
21b. LICENSE NUMBER (Of Licensee): 1482
22. NAME, ADDRESS AND ZIP OF FACILITY: GARDNER FUNERAL HOME, INC. Box 390 White Salmon, WA 98672
23. DATE FILED (Month, Day, Year): October 10, 1991
24. REGISTRAR'S SIGNATURE: Dorothy A. O'Dell
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ NA
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ NA

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 2100 M
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☐ No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): Roy FitzSimmons MD
30. DATE SIGNED (Month, Day, Year): 10/8/91
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): Raymond FitzSimmons, M.D. Box 1519 White Salmon, WA 98672
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
31c. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
31d. DATE SIGNED (Month, Day, Year) COUNTY

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

PART I
33a. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter modes of dying, e.g. Cardiac or Respiratory Arrest. Cardiac and Respiratory Arrest — Interval between onset and death: Minutes
DUE TO, OR AS A CONSEQUENCE OF:
33b. Alzheimers Dementia — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
33c. — Interval between onset and death:

PART II
34. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. Recent Hip Fracture
35. Did tobacco use contribute to the death? ☐ Yes ☐ No ☐ Probably ☐ Unk
36. AUTOPSY ☐ Yes ☐ No
37. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

38. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
39a. DATE OF INJURY (Month, Day, Year)
39b. TIME OF INJURY M
39c. INJURY AT WORK? ☐ Yes ☐ No
39d. DESCRIBE HOW INJURY OCCURRED
39e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
39f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

NOV 26 1991

ORIGINAL — VITAL STATISTICS COPY 9111260417

NOV 26 AM 11:31

45-2 REV. 1-89

STATE OF OREGON
COUNTY OF WASCO

NOT VALID WITHOUT RAISED SEAL OF HOOD RIVER COUNTY HEALTH DEPARTMENT

RECORDED
BRIAN SONNTAG
AUDITOR PIERCE CO. WASH

This certifies that the foregoing is a correct and complete transcript of a record of death on file with HOOD RIVER COUNTY PUBLIC HEALTH DEPARTMENT.

Dorothy A. O'Dell
County Registrar of Vital Statistics

OCT 0 1991
DATE

9111260417

AFTER RECORDING RETURN TO:
Glenn H. Leach, P. O. Box 11, Underwood, WA 98651