

120674

BOOK 146 PAGE 112
VOL 667 288

Agreement as to Status of Community Property

16939
REAL ESTATE EXCISE TAX

1317631

After Death of One of the Spouses

PAID 20 1934
Exempt
SW

Know All Men by These Presents:

That this agreement, made and entered into this 15th day of January, 1959,
by and between Leo K. Cummins
and Geraldine H. Cummins, husband and wife,
residing in Snohomish County, State of Washington.

WITNESSETH, That whereas the said parties hereto are owners of certain community property, and are desirous that said property, together with all other community property, either real or personal, that may hereafter be acquired, shall pass, without delay or expense, upon the death of either, to the survivor.

NOW, THEREFORE, for and in consideration of the sum of One (\$1.00) Dollar, the receipt of which is hereby acknowledged by each party hereto, and, also, in consideration of the love and affection that each of said parties bears for the other, it is hereby agreed that in the event of the death of said Leo K. Cummins while said Geraldine H. Cummins survives then the whole of said community property now owned together with all other community property, real or personal, that may hereafter be acquired, shall at once vest in said

Geraldine H. Cummins in fee simple; and in the event of the death of said Geraldine H. Cummins while the said Leo K. Cummins survives then the whole of said community property now owned together with all other community property, real and personal, that may hereafter be acquired, shall at once vest in said Leo K. Cummins in fee simple.

IN WITNESS WHEREOF, the said Leo K. Cummins and Geraldine H. Cummins have hereunto set their hands and seals the day and date first above written.

Signed, Sealed and Delivered in the Presence of

STATE OF WASHINGTON,

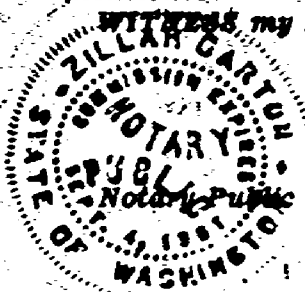
County of Snohomish

SS.

This is to certify that on this 15th day of January, 1959, before me

Zillah Carter a Notary Public in and for the State of Washington
duly commissioned and sworn, personally came Leo K. Cummins
and Geraldine H. Cummins, husband and wife, to me known to be the individuals described in and who executed the within instrument, and acknowledged to me that they signed and sealed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written.



Notary Public in and for the State of Washington residing at Bellingham

Filed for Record JAN 15 1959

Request

Mrs. Leo Cummins

D. E. Neubecker, Snohomish County Auditor
Printing Date 10/56

Glenda J. Kimmel, Skamania County Assessor
By JMD Parcel # 3-10-20-3-4-800
9/29/94

FILED FOR RECORD
SKAMANIA CO. WASH
BY (SEAL) Leo Cummins
JAN 25 11 PM '59
P. Larry
AUDITOR
GARY M. OLSON

Registered
Indexed, Dir
Indexed
Filed
Filed

1317631

106 C

700 C

706C

~~total~~

667-250

VOL. OF

PAGE

4000 25

RECOMMEND

1959 JAN 15 PM 2 04

D.E.M. - 100-4-510R

SHOHOSEI COMPANY, LTD.

THE UNIVERSITY OF CHICAGO

Box 476
Darrington

1.25

STATE OF WASHINGTON DEPARTMENT OF HEALTH

1859
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

BOOK 146 PAGE 113

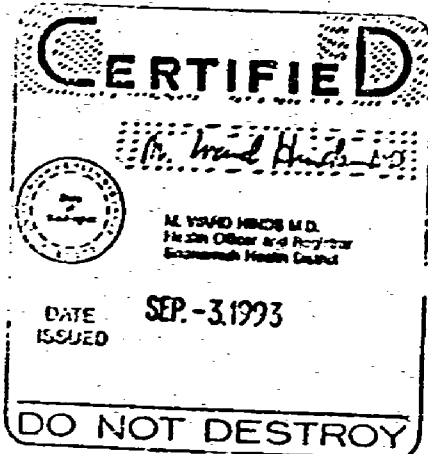
1. NAME GERALDINE HUNTER CUMMINS		2. SEX (M/F) Female		3. DEATH DATE (Mo Day Yr) August 18, 1993	
4. AGE LAST BIRTH DAY (Yr) 70		5. UNDER 1 YEAR MO: 1 DAY: 1 HOURS: 1 MINS: 1		6. BIRTH DATE (Mo Day Yr) Mar. 12, 1923	
7. BIRTH PLACE Everett General Hospital		8. BIRTH PLACE (City, State or Foreign Country) WA		9. WAS DECEASED EVER PLUS AWARD FORCES? (Yes/No) No	
10. CITY, TOWN OR LOCATION OF DEATH Everett		11. PLACE OF DEATH - 30 BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSIT 3. IN CARE HOSPITAL 4. IN CARE NURSING HOME 5. IN CARE OTHER PLACE Everett General Hospital		12. COUNTY OF DEATH Snohomish	
13. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		14. SURVIVING SPOUSE (If wife give maiden name) Leo King Cummins		15. SOCIAL SECURITY NO. 504-12-4687	
16. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Homemaker		17. KIND OF BUSINESS OR INDUSTRY Own Home		18. DECEASED EDUCATION (Specify any higher grade first) 12	
19. RESIDENCE - NUMBER AND STREET 3193 S. Rice Court		20. CITY/TOWN OR LOCATION Camano Isl.		21. RACE (Specify) White	
22. RESIDENCE - NUMBER AND STREET 3193 S. Rice Court		23. CITY/TOWN OR LOCATION Camano Isl.		24. RACE CITY No	
25. FATHER'S NAME - FIRST, MIDDLE, LAST Ray Hunter		26. MOTHER'S NAME - FIRST, MIDDLE, MARGEN SURNAME Willynette Hollenbeck		27. ZIP CODE 98292	
28. INFORMANT - NAME Leo Cummins		29. MAILING ADDRESS - STREET OR RD NO. CITY OR TOWN STATE ZIP 3193 S. Rice Court Camano Island, WA 98292		30. LOCATION - CITY, TOWN, STATE Sturgis, South Dakota	
31. DATE (Mo Day Yr) 8-21-93		32. CEMETERY/CREMATORY - NAME Black Hills National Cemetery		33. ADDRESS OF FACILITY 1235 Junction Ave., Sturgis, South Dakota 57785	
34. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		35. NAME OF FACILITY Kinkadee Funeral Home		36. ADDRESS OF FACILITY 1235 Junction Ave., Sturgis, South Dakota 57785	
37. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN 38. 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 <i>[Signature]</i> 8/20/93 39. DATE SIGNED (Mo Day Yr) 8/20/93 40. HOUR OF DEATH (24 Hrs) 1351			41. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER 42. 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 <i>[Signature]</i> 43. DATE SIGNED (Mo Day Yr) 8/20/93 44. HOUR OF DEATH (24 Hrs) 1351		
45. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) J. Michael Geier, M.D.			46. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Sanford Wright, Jr., M.D. 2320 Rucker Everett, WA 98201		
47. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH					
48. IMMEDIATE CAUSE (Final disease or condition resulting in death) Myocardial Infarction with					
49. 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. Cardiopulmonary Failure					
50. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE Natural					
51. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify) Natural		52. INJURY DATE (Mo Day Yr) 8/20/93		53. HOUR OF INJURY (24 Hrs) 1351	
54. INJURY AT WORK? (Yes/No) No		55. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC (Specify) Home		56. LOCATION - STREET OR RD NO. CITY/TOWN STATE 3193 S. Rice Court Camano Island, WA 98292	
57. REC'D AMENDMENT (If yes, give date) No		58. REVIEWED BY M. Ward Hinds MD		59. DATE RECEIVED (Mo Day Yr) AUG 23 1993	

SNOHOMISH HEALTH DISTRICT
3020 RUCKER AVE, SUITE 101
EVERETT WA 98201-3971



CERTIFICATION ON BACK

DOH 01-003 (5/92)



AA378289