BOOK 146 PAGE 112
VOL 667 PAGE 288

120674

Agreement as to Status of Community Property

16939
REAL ESTATE EXCISE TAX

1317631

After Death of One of the Spouses

JAN 15 1959
PAID Exempt
SKAMANIA COUNTY TREASURER

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

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

Leo K. Cummins (SEAL)
Geraldine H. Cummins (SEAL)

FILED FOR RECORD
SKAMANIA CO. WASH
BY Leo Cummins
SEP 29 11 PM '94
P. Lavry
AUDITOR
GARY M. OLSON

STATE OF WASHINGTON,
SS.
County of Snohomish

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

ZILLAH CARTON NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES JULY 1, 1961

Zillah Carton

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

Recorded
Indexed, Dir
Indirect
Filed
Mailed

Filed for Record JAN 15 1959 2:04 P.M.
Request Mrs. Leo Cummins
D. E. Neubecker, Snohomish County Auditor
Printing Date 10/56

This blank is guaranteed against unmerited alteration, which guaranty is insured by LLOYD'S, London - Pat. Pend.
Washington Legal Blank Co., Seattle. (Community Interest Agreement) Form No. 68.

1317631

~~106 C~~
~~106 C~~
~~106 C~~
~~106 C~~

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VOL. OF Deeds
PAGE RECORDED
REQUEST OF
Mason County Title Co.
1959 JAN 15 PM 2 04

AUDITOR
SNOHOMISH COUNTY, WASH.
BY Deputy

Bof 476
Darrington
1.25

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

1859
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146
STATE FILE NUMBER

BOOK 146 PAGE 113

1. NAME First	Middle	Last	2. SEX (M/F)	3. DEATH DATE (Mo Day Yr)
GERALDINE	HUNTER	CUMMINS	Female	August 18, 1993

4. AGE LAST BIRTH DAY (Yrs)	5. UNDER 1 YEAR MOS	DAYS	6. UNDER 1 DAY HOURS	MINS	7. BIRTHDATE (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
70					Mar. 12, 1923	u	No	Snohomish

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH (Enter only one) 1 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ DEAD ON ARR AT PH 4 ☒ HOSP 5 ☐ NURSING HOME 6 ☐ OTHER PLACE	13. SURVIVED BY LAST 15 YEARS? (Yes/No)
Everett	Everett General Hospital	u

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	Leo King Cummins	504-12-4687	12	

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 Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.) (Yes/No) Specify	21. RACE (Specify)
Homemaker	Own Home	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
3193 S. Rice Court	Camano Isl.	No	Island	6 yrs	WA	98292

28. FATHER'S NAME—FIRST, MIDDLE, LAST	29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME
Ray Hunter	Willynette Hollenbeck

30. INFORMANT—NAME	31. MAILING ADDRESS STREET OR RFD NO	CITY OR TOWN	STATE	ZIP
Leo Cummins	3193 S. Rice Court	Camano Island,	WA	98292

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33. DATE (Mo Day Yr)	34. CEMETERY/CREMATORY—NAME	35. LOCATION—CITY/TOWN, STATE
Removal	8-21-93	Black Hills National Cemetery	Sturgis, South Dakota

36. FUNERAL DIRECTOR SIGNATURE	37. NAME OF FACILITY	38. ADDRESS OF FACILITY
X	Kinkade Funeral Home	1235 Junction Ave., Sturgis, South Dakota 57785

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 8/20/93
40. DATE SIGNED (Mo Day Yr) 8/20/93
41. HOUR OF DEATH (24 Hrs) 1351
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) J. Michael Geier, M.D.
43. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Sanford Wright, Jr., M.D. 2320 Rucker Everett, WA 98201

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
44. DATE SIGNED (Mo Day Yr)
45. HOUR OF DEATH (24 Hrs)
46. PRONOUNCED DEAD (Mo Day Yr)
47. HOUR PRONOUNCED DEAD (24 Hrs)
48. MEDICORONER FILE NUMBER

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH

CAUSE OF DEATH

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.

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death)	A Intracerebral Hemorrhage with	
DUE TO, OR AS A CONSEQUENCE OF	B Cardiopulmonary Failure	
DUE TO, OR AS A CONSEQUENCE OF	C	
DUE TO, OR AS A CONSEQUENCE OF	D	

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)
No	No

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
Natural			

58. INJURY AT WORK? (Yes/No)	59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC (Specify)	60. LOCATION—STREET OR RFD NO, CITY/TOWN, STATE

61. RECORD AMENDMENT (Physician use only)

ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY	DATE

62. REGISTRAR'S SIGNATURE
X M. Ysvad Hinds MD

63. 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)

CERTIFIED
M. Ysvad Hinds M.D.
Health Officer and Registrar
Snohomish Health District
DATE ISSUED SEP. -3 1993
DO NOT DESTROY

AA378289