

FILED FOR RECORD
SKAMANIA CO. WASH
BY *Elaine Margeson*

OCT 21 11 38 AM '94

P. Lawry
AUDITOR

120892

COMMUNITY PROPERTY AGREEMENT

ARY M. OLSON
BOOK 146 PAGE 619

This COMMUNITY PROPERTY AGREEMENT entered into this date

by and between EDWARD W. MARGESON and ELAINE R. MARGESON, husband and wife, residents of Clark County, Washington, WITNESSETH:

WHEREAS, the parties hereto are the owners of certain real and personal property situate in the State of Washington; and

WHEREAS, it is contemplated by the parties hereto that 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, Edward W. Margeson and Elaine R. Margeson, 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 situate, 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 convey and transfer to the other party and to the community, all property owned by them, even though the same be held 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 situate, shall be and it is hereby declared to be community property, and each of the parties does hereby convey and transfer to the other and to the community all such property hereafter acquired by either of them, even though the same be acquired in his or her separate estate; and

REAL ESTATE EXCISE TAX

16992

OCT 21 1994

PAID *Ex*
Skamania County
SKAMANIA COUNTY TREASURER

Reg. Return
Indirect
Indirect
Indirect
Indirect

Glenda J. Kimmel, Skamania County Assessor
By: *Jmy* Parcel # 96-0010619/20/94

LAW OFFICE OF
BERNARD NEWBY
108 MEDICAL ARTS BLDG.
SEACOUVER, WASH. 98660
TELEPHONE 694-6513

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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 the said Edward W. Margeson, while the said Elaine R. Margeson survives, be vested in ELAINE R. MARGESON, absolutely and in fee simple as her sole and separate property; and in the event of the death of the said Elaine R. Margeson while the said Edward W. Margeson 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 EDWARD W. MARGESON, absolutely and in fee simple as his sole and separate property.

IN WITNESS WHEREOF, the parties have executed this instrument this 31st day of July, 1969.

Edward W. Margeson

Elaine R. Margeson

WITNESSED BY:

Bernard E. Newby

STATE OF WASHINGTON)

: ss

COUNTY OF CLARK)

THIS IS TO CERTIFY that before me, the undersigned Notary Public, on this 31 day of July, 1969, personally appeared Edward W. Margeson and Elaine R. Margeson, husband and wife, to me known to be the individuals described in and who executed the foregoing instrument, and acknowledged to me that they signed the same as their own free and voluntary acts and deeds for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and date in this Certificate first above written.

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

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Health

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CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

1108

LOCAL FILE NUMBER

NAME: EDWARD WING MARGESON			SEX (M / F): Male		DEATH DATE (Mo., Day, Yr.): August 15, 1994		
AGE LAST BIRTHDAY: 74		UNDER 1 YEAR: NO		UNDER 1 DAY: NO		DATE OF BIRTH (Mo., Day, Yr.): Oct. 25, 1919	
BIRTH-PLACE: Portland, Oregon		BIRTH-PLACE: Clark		BIRTH-PLACE: Clark		BIRTH-PLACE: Clark	
CITY, TOWN OR LOCATION OF DEATH: Vancouver		PLACE OF DEATH—SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: Southwest Washington Medical Center		BORN IN LAST 15 YEARS? (Yes / No): No			
MARRIAGE STATUS—Married, Never Married, Widowed, Divorced (Specify): Married		SURVIVING SPOUSE (If wife, give maiden name): Elaine Mason		SOCIAL SECURITY NO.: 533-16-7596		DECEASED'S EDUCATION (Specify only highest grade completed): 12	
USUAL OCCUPATION (Give type of work done during most of working life. DO NOT USE RETIRED): Supervisor		INDUSTRY OR BUSINESS: Paper Mill		Was Deceased of Hispanic origin or descent? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.): No		RACE (Specify): White	
RESIDENCE—NUMBER AND STREET: 4519 SE Wash. River Road		CITY/TOWN OR LOCATION: Washougal		PREDECESSOR CITY/TOWN OR LOCATION: No		COUNTY: Clark	
AGE: 74		SEX: Male		RACE: White		ZIP CODE: 98671	
DECEASED'S NAME—FIRST, MIDDLE, LAST: James Harry Margeson		DECEASED'S NAME—FIRST, MIDDLE, LAST: Lillian Belle Wing					
MARRIAGE STATUS: Wife		MARRIAGE ADDRESS: 4519 SE Washougal Rvr. Rd., Washougal, WA 98671					
BURIAL/CREMATION: Cremation		DATE (Mo., Day, Yr.): Aug. 18, 1994		CITY/TOWN OR LOCATION: Park Hill Crematory		LOCATION—CITY/TOWN, STATE: Vancouver, Washington	
FUNERAL HOME: He & Bennett		NAME OF FACILITY: Straub's Funeral Home		ADDRESS OF FACILITY: 325 N. E. 3rd Ave. Camas, WA 98607			
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSES STATED: Thomas Reis, M.D.				ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSES STATED: Thomas Reis, M.D.			
DATE SIGNED (Mo., Day, Yr.): 8/19/94		HOURS OF DEATH (24 Hrs.): 1635		DATE SIGNED (Mo., Day, Yr.): 8/19/94		HOURS OF DEATH (24 Hrs.): 1635	
NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CORONER (Type or Print): Thomas Reis, M.D. - 700 N. E. 57th Ave., Vancouver, WA 98664		PREDECESSOR DEATH (Mo., Day, Yr.): 16892		HOUR PREDECESSOR DEATH (24 Hrs.): 16892			
NAME AND ADDRESS OF CORONER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Thomas Reis, M.D. - 700 N. E. 57th Ave., Vancouver, WA 98664		RECORDED FILE NUMBER: 16892					
ENTER THE DISEASE, INJURY, OR COMPLICATIONS WHICH CAUSED THE DEATH: Metastatic Prostate Cancer (1989)				INTERVAL BETWEEN ONSET AND DEATH: 5 years		INTERVAL BETWEEN ONSET AND DEATH: 5 years	
DO NOT ENTER THE NAME OF DISEASE, SUCH AS CHRONIC OR INFECTIOUS DISEASE, CHECK ON CAUSE OF DEATH, LIST ONLY ONE CAUSE ON EACH LINE: A. Metastatic Prostate Cancer (1989)				INTERVAL BETWEEN ONSET AND DEATH: 5 years		INTERVAL BETWEEN ONSET AND DEATH: 5 years	
B. Metastatic Prostate Cancer (1989)				INTERVAL BETWEEN ONSET AND DEATH: 5 years		INTERVAL BETWEEN ONSET AND DEATH: 5 years	
C. Metastatic Prostate Cancer (1989)				INTERVAL BETWEEN ONSET AND DEATH: 5 years		INTERVAL BETWEEN ONSET AND DEATH: 5 years	
D. Metastatic Prostate Cancer (1989)				INTERVAL BETWEEN ONSET AND DEATH: 5 years		INTERVAL BETWEEN ONSET AND DEATH: 5 years	
E. Metastatic Prostate Cancer (1989)				INTERVAL BETWEEN ONSET AND DEATH: 5 years		INTERVAL BETWEEN ONSET AND DEATH: 5 years	
OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT LISTED IN THE UNDERLYING CAUSE WHEN ABOVE: 16892				ALTOGETHER (Yes / No): No		WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Yes / No): No	
AGE: 74		DEATH DATE (Mo., Day, Yr.): Aug 15 1994		HOURS OF DEATH (24 Hrs.): 1635		DEATH HOUR: 1635	
PLACE OF DEATH—AT HOME, PARK, ROAD, ETC. (Specify): Southwest Washington Medical Center		CITY/TOWN OR LOCATION: Vancouver		COUNTY: Clark		STATE: WA	
DEATH AT HOME: NO		PLACE OF DEATH: Southwest Washington Medical Center		CITY/TOWN OR LOCATION: Vancouver		COUNTY: Clark	
RECORD AMENDMENT (Specify and only): None		RECORDED BY: He & Bennett		DATE: Aug 25 1994		PAID: PAID	



REAL ESTATE EXCISE TAX

OCT 21 1994

PAID **PAID**
AUG 25 1994
CLATSOP COUNTY TREASURER

FOR INSTRUCTIONS SEE BACK AND HANDBOOK