

5072 19/55

121412

112735

BOOK 147 PAGE 812

VOL 137 PAGE 646

Agreement as to Status of Community Property

After Death of One of the Spouses

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. CLERK

JAN 6 11 29 AM '95

P. Sawry

Know All Men by These Presents:

That this agreement, made and entered into this 13th day of February 1964 by and between James Michael Delaney and June Marian Delaney, husband and wife, residing in Klickitat 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 James Michael Delaney while said June Marian Delaney 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 June Marian Delaney in fee simple; and in the event of the death of said June Marian Delaney while the said James Michael Delaney 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 James Michael Delaney in fee simple.

IN WITNESS WHEREOF, the said James Michael Delaney and June Marian Delaney have hereunto set their hands and seals the day and date first above written.

Signed, Sealed and Delivered in the Presence of

[Signatures of James Michael Delaney and June Marian Delaney]

STATE OF WASHINGTON,

County of Klickitat

SS.

Registered
Indexed
Indirect
Filed
Mailed

This is to certify that on this 13th day of February, 1964, before me

W. O. Johnston, a Notary Public in and for the State of Washington

duly commissioned and sworn, personally came James Michael Delaney

and June Marian Delaney 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.



[Signature of Notary]

17118 REAL ESTATE EXCISE TAX

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

JAN 06 1995

PAID \$4

SKAMANIA COUNTY TREASURER

File No. 112-735 Filed for Record March 24 1964 at 10:19 a.m. Recorded in Vol. 137 D Page 646

Skamania County Assessor Parcel # 3-9-10-1000

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

1915 Edition FILE NUMBER

CERTIFICATE OF DEATH

146 BOOK 7477 PAGE 813
STATE FILE NUMBER

1. NAME First: James Michael Last: DELANEY		2. SEX (M/F) Male	3. DEATH DATE (Mo, Day, Yr) Sept. 20, 1993
4. AGE LAST BIRTHDAY (Yrs) 87	5. UNDER 1 YEAR 1 YEAR	6. BIRTHDATE (Mo, Day, Yr) July 7, 1906	7. BIRTHPLACE Morgan, Utah
11. CITY, TOWN OR LOCATION OF DEATH Wishram		12. PLACE OF DEATH - If both for PLACE THEN: ONE ADDRESS OR INSTITUTION NAME 408 Main Street	13. BACKUP IN LAST 10 YEARS (Yes/No) No
14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	15. SURVIVING SPOUSE (If wife, give maiden name)	16. SOCIAL SECURITY NO.	17. DECEASED'S EDUCATION (Specify only highest grade completed)
Married	June Marion Bowers	706-07-3924	8 College (1-4 or 5)
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIREE)	19. NAME OF BUSINESS OR INDUSTRY	20. Was Consistent of Habits (No/Yes) or Accidents? (Specify Yes or No. If Yes, specify Cause, Poison, Poison, etc.)	21. RACE (Specify)
Owner/Operator	Grocery & Service Station	No	White
22. RESIDENCE - FLAMER AND STREET	23. CITY/TOWN OR LOCATION	24. ZIP CODE	25. STATE
408 Main St.	Wishram	98673	WA
26. FATHER'S NAME - FIRST, MIDDLE LAST	27. MOTHER'S NAME - FIRST, MIDDLE, MARRIAGE	28. LENGTH OF RES. IN CO.	29. ZIP CODE
James Delaney	Cora Auraminta Sigman	75 yrs	98673
30. INFORMANT - NAME	31. MAILING ADDRESS	32. OCCURRENCE - CITY/TOWN, STATE	33. LOCALITY - CITY/TOWN, STATE
June M. Delaney	P.O. Box 287, 408 Main St., Wishram, WA 98673	Odd Fellows Cemetery	The Dalles, Oregon
34. BURIAL OR CREMATION (Specify) (If other than above, specify)	35. DATE (Mo, Day, Yr)	36. NAME OF FUNERAL HOME	37. NAME OF FUNERAL HOME
Reburial	9/20/1993	Spencer, Libby & Powell P.H.	The Dalles, OR 97058
38. TIME BODY OF DECEASED (Specify) (If not specified, state "As Reported")		39. ON THE BASIS OF EXAMINATION (Specify) (If not specified, state "As Reported")	
9-20-1993		05:15 a.m.	
40. NAME AND TITLE OF ATTENDING PHYSICIAN (If other than certifier, type of visit)		41. PREVIOUS DEATH (Mo, Day, Yr)	
Hal R. Sessions III, M.D., 1810 East 19th & 225, The Dalles, OR 97058		NO	
42. ENTER THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED THE DEATH			
A. MYOCARDIAL INFARCTION		INTERVAL BETWEEN ONSET AND DEATH ONE HOUR	
B. ARTERIOSCLEROTIC HEART DISEASE		INTERVAL BETWEEN ONSET AND DEATH 10 yrs.	
43. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPORTED IN THE UNDERLYING CAUSE (Such as: Aortic Aneurysm, Hypertension, Diabetes, etc.)			
None			
44. ACC. INJURY, HOW, WHERE, OR FROM (Specify)	45. BIRTH DATE (Mo, Day, Yr)	46. HOUR OF DEATH (Mo, Day, Yr)	47. DISEASE HOW DEATH OCCURRED
			He died in sleep
48. PLACE OF DEATH - AT HOME, FARM, STREET, FACTORY, OFFICE, SHELTER, ETC. (Specify)	49. LOCATION - STREET OR BOX NO., CITY/TOWN, STATE	50. RECORD RECEIVED (Specify) (If not specified, state "As Reported")	51. DATE RECEIVED (Mo, Day, Yr)
			SEP 22 1993



SOUTHWEST WASHINGTON HEALTH DISTRICT

HEALTH OFFICER

SEP 22 1993

Dr. P. Sessions
Health Officer
S.W. Washington Health District

AA042139