

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

RECORDED
SKAMANIA CO. WASH
BY SKAMANIA CO. CLERK

JAN 6 11 29 AM '95

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

James Michael Delaney (SEAL)
June Marian Delaney (SEAL)

STATE OF WASHINGTON,

County of Klickitat

SS.

Registered
Indexed
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.



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

17118
REAL ESTATE EXCISE TAX

JAN 06 1965

PAID

SKAMANIA COUNTY TREASURER
Printing Date 6-7-63

146 BOOK 747 PAGE 813

1. NAME First James Last Michael DELANEY		2. SEX (M / F) Male		3. DEATH DATE (M, Day, Yr) Sept. 20, 1993	
4. AGE LAST BIRTHDAY (M, Day, Yr) 87		5. BIRTH DATE (M, Day, Yr) July 7, 1906		6. BIRTH PLACE Morgan, Utah	
7. CITY, TOWN OR LOCATION OF BIRTH Wishram		8. PLACE OF DEATH - If both for place where one address on institution name 408 Main Street		9. COUNTY OF DEATH Klickitat	
10. MARRIAGE STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		11. SURVIVING SPOUSE (if one, give maiden name) June Marion Bowers		12. SOCIAL SECURITY NO. 706-07-3924	
13. USUAL OCCUPATION (give kind of work done during most of working life, DO NOT LIST RETIREE) Owner/Operator		14. TYPE OF BUSINESS OR INDUSTRY Grocery & Service Station		15. EDUCATION'S EDUCATION (Specify only highest grade completed) 8	
16. RESIDENCE - NUMBER AND STREET 408 Main St.		17. CITY/TOWN OR LOCATION Wishram		18. STATE WA	
19. ZIP CODE 98673		20. MOTHER'S NAME - FIRST, MIDDLE, LAST Cora Auraminta Sigman		21. RACE (Specify) White	
22. DATE OF BIRTH 9/20/1993		23. NAME OF FACILITY Odd Fellows Cemetery		24. LOCATION - CITY/TOWN, STATE The Dalles, Oregon	
25. NAME OF FACILITY Spencer, Libby & Powell P.H.		26. ADDRESS 1000 Main Ave.		27. CITY/TOWN, STATE The Dalles, OR 97058	
28. DATE OF DEATH (M, Day, Yr) 9-20-1993		29. HOUR OF DEATH (M, Day, Yr) 05:15 a.m.		30. DATE OF DEATH (M, Day, Yr) 9-20-1993	
31. NAME AND TITLE OF ATTENDING PHYSICIAN OR OTHER HEALTH CAREGIVER (Type or Print) Hal R. Sessions III, M.D., 1810 East 19th & 225, The Dalles, OR 97058		32. PHYSICIAN'S SIGNATURE <i>Hal R. Sessions III</i>		33. HOUR PHONICALLY DEAD (M, Day, Yr) 05:15 a.m.	
34. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Hal R. Sessions III, M.D., 1810 East 19th & 225, The Dalles, OR 97058		35. PHYSICIAN'S SIGNATURE <i>Hal R. Sessions III</i>		36. HOUR PHONICALLY DEAD (M, Day, Yr) 05:15 a.m.	
37. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH MYOCARDIAL INFARCTION		38. INTERVAL BETWEEN ONSET AND DEATH ONE HOUR		39. INTERVAL BETWEEN ONSET AND DEATH 10 yrs.	
40. OTHER SIGNIFICANT OBSERVATIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (Type or Print) ARTERIOSCLEROTIC HEART DISEASE		41. INTERVAL BETWEEN ONSET AND DEATH 10 yrs.		42. INTERVAL BETWEEN ONSET AND DEATH 10 yrs.	
43. ADD. INJURY, TRAUMA, OR OTHER CAUSE (Specify) NO		44. DATE OF INJURY (M, Day, Yr) NO		45. HOUR OF INJURY (M, Day, Yr) NO	
46. PLACE OF INJURY - AT HOME, PUBLIC STREET, FACTORY, OFFICE, BLVD, ETC. (Specify) NO		47. DISORDER HOW INJURY OCCURRED He died in sleep		48. LOCATION - STREET OR HWY NO., CITY/TOWN, STATE NO	
49. RECORD AMOUNT (Specify and Print) NO		50. DATE RECEIVED (M, Day, Yr) NO		51. DATE RECEIVED (M, Day, Yr) NO	
52. SIGNATURE <i>James Michael Delaney</i>		53. SIGNATURE <i>James Michael Delaney</i>		54. DATE RECEIVED (M, Day, Yr) SEP 22 1993	

FOR INSTRUCTIONS SEE BACK AND HANDS-ON

DDH 110-008 (Rev. 7/81) (Formerly DDH-110-1)

SOUTHWEST WASHINGTON HEALTH DIST

HEALTH OFFICER

DOH 9-603 15/92

CLE

SEP 22 1963

Kar...
 Dr. ...
 Health ...
 S.V. ...

AA042139