

121804

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COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT is made and entered into this 8th day of February, 1994, by and between GERALD DAVID NORTH and RAE DEANE NORTH, husband and wife, of Carson, Washington, pursuant to the provisions of Section 26,16.120, Revised Code of Washington, providing for agreements between husband and wife for the fixing of the status and disposition of community property to take effect upon the death of either.

WITNESSETH: That in consideration of the love and affection that each of the said parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and promised as follows:

FIRST: That all prior written community property agreements, if any, between the parties hereto are mutually rescinded.

SECOND: That all property of whatsoever nature or description, whether real, personal or mixed, and wheresoever situated (except real property located outside the State of Washington, and any and all policies of insurance on the life of either party held in the name of the other party), now owned or hereafter acquired by them or either of them, including any separate property, shall be considered, and is hereby declared to be, community property, and each hereby conveys and quit claims to the other his or her interest in any separate property he or she may now own or hereafter acquire so as to convert the same to community property.

THIRD: That upon the death of either of the parties hereto, title to all community property as defined in the preceding paragraph shall vest in fee simple in the survivor of them.

Registered	✓
Indexed	✓
Filed	✓
Mailed	

17207
REAL ESTATE EXCISE TAX

MAR 13 1995

PAID ExBelmont
BKAHANIA COUNTY TREASURER

GARY H. MARTIN
BKAHANIA COUNTY ASSESSOR
P.O. BOX 790
STEVENSON, WA 98648
Date 3/13/95 Parcel # 3-8-0-9-3508

FOURTH: Provided, however, that if neither party survives the other by at least sixty (60) days, the above paragraph, THIRD, only, shall be null, void and of no effect.

FIFTH: Provided, further, that in the event of incompetency of either of the parties hereto, the other party may at his or her option terminate or rescind this Agreement by a notarized declaration to that effect and this Agreement shall become null, void and of no effect.

IN WITNESS WHEREOF, the said GERALD DAVID NORTH and RAE DEANE NORTH have hereunto set their signatures this 8th day of February, 1994.

Gerald David North
GERALD DAVID NORTH, Husband

Rae Deane North
RAE DEANE NORTH, Wife

STATE OF WASHINGTON)
: ss.
County of Skamania)

This certifies that on this 8th day of February, 1994, personally appeared before me GERALD DAVID NORTH and RAE DEANE NORTH, to me known to be the individuals who executed the foregoing instrument, and acknowledged 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.

Joseph K. White
Notary Public for Washington
residing at Stevenson
My Commission expires 9-22-97

FILED FOR RECORD
SKAMANIA CO. WASH
BY David North

MAR 13 11 00 AM '95
Gary M. Olson
AUDITOR
GARY M. OLSON

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Health CERTIFICATE OF DEATH

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STATE FILE NUMBER

1. NAME Rae D. NORTH		2. SEX F		3. DEATH DATE AND TIME 2-24-95	
4. AGE LAST BIRTH DAY (Yr-Mo)	5. UNDER 1 YEAR MO	6. UNDER 1 DAY DAY	7. BIRTH DATE (Mo-Day-Yr)	8. BIRTH PLACE City, State or Foreign Country	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No)
53			4-4-1941	AZ	No
11. CITY, TOWN OR LOCATION OF DEATH Vancouver			12. PLACE OF DEATH S.W.M.C.		13. COUNTY OF DEATH Clark
14. MARITAL STATUS Married		15. SURVIVING SPOUSE (Last name and maiden name) Gerald North		16. SOCIAL SECURITY NO. [REDACTED]	
18. USUAL OCCUPATION (Job title or work done during most of working life. DO NOT USE RETIRED)		19. KIND OF BUSINESS OR INDUSTRY Hotel		20. Was Decedent of Hispanic origin or descent? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No	
Laundry Worker		Hotel		21. RACE (Specify) White	
22. RESIDENCE - NUMBER AND STREET 291 Vinemapple		23. CITY, TOWN OR LOCATION Carson		24. PRIME CITY No	25. COUNTY Skamania
				26. LENGTH OF RES. IN CO. 29 yrs	27. STATE WA
				28. ZIP CODE 98610	
29. FATHER'S NAME - FIRST, MIDDLE, LAST Harry Brinkerhoff			30. MOTHER'S NAME - FIRST, MIDDLE, MARRIAGE SURNAME Essee Graham		
31. INFORMANT - NAME Gerald North-Husband-		32. MAILING ADDRESS 291 Vinemapple		33. CITY OR TOWN Carson, WA	
				34. STATE 98610	
35. BURIAL OR CREMATION Cremation		36. DATE (Mo-Day-Yr) 3-2-95		37. CEMETERY OR CREMATORY - NAME Park Hill Crematory	
38. SIGNATURE OF PHYSICIAN [Signature]		39. NAME OF FACILITY Davies Cremation & Burial Serv. P.O. Box 29 Ridgefield, WA		40. ADDRESS OF FACILITY 98664	
41. 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 Brian P. Harwood			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 X		
43. DATE SIGNED (Mo-Day-Yr) 2-28-95		44. HOUR OF DEATH (ON Hrs) 2345		45. DATE SIGNED (Mo-Day-Yr)	
46. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Yr-Mo or Pmg) Brian Harwood MD 700 NE 87th Ave, Vancouver, WA 98668		47. HOUR OF DEATH (ON Hrs)		48. HOUR OF DEATH (ON Hrs)	
49. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Yr-Mo or Pmg) Brian Harwood MD 700 NE 87th Ave, Vancouver, WA 98668					
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH					
IMMEDIATE CAUSE (Final cause of condition resulting in death)		A. Metastatic cancer		INTERVAL BETWEEN ONSET AND DEATH [REDACTED]	
DO NOT ENTER THE MODE OF DEATH, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Separately list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Cause or injury which initiated process resulting in death) LAST		B. DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
		C. DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
		D. DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
		PAID 17207 REAL ESTATE EXCISE TAX		INTERVAL BETWEEN ONSET AND DEATH	
		MAR 13 1995		INTERVAL BETWEEN ONSET AND DEATH	
		PAID 24		INTERVAL BETWEEN ONSET AND DEATH	
		SKAMANIA COUNTY TREASURER		INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE(S)		52. HOURS OF DEATH (ON Hrs)		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Yr-Mo) NO	
54. ADD SUICIDE, HOMICIDE, UNDER OR PENDING INVESTIGATION (Specify)		55. INJURY DATE (Mo-Day-Yr)		56. HOUR OF INJURY (ON Hrs)	
57. INJURY AT WORK? (Yes/No)		58. PLACE OF INJURY - AT HOME, FARM, STREET, OFFICE, BLDG, ETC. (Specify)		59. STREET OR RFD NO., CITY/TOWN, STATE	
60. RECORD AMENDMENT (Register use only) ITEM DECEDENT'S RESIDENCE REVIEWED BY DATE		61. DATE RECEIVED (Mo-Day-Yr) MAR 1 1995		62. SIGNATURE OF PHYSICIAN [Signature]	

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (Formerly DOH 9-138)
DOH 01 003 (5-92)

RECEIVED

MAR 7 1995

Karen Steingart, MD
Dr. Karen Steingart
Health District Officer
SW. Wash Health Dist.

BB481437