

121804

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# COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT is made and entered into this 8<sup>th</sup> 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 the parties hereto are mutually rescinded.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	✓
Recorded	✓
Filed	
Mailed	

17207  
 REAL ESTATE EXCISE TAX

MAR 13 1995

PAID Ex

G. H. Martin  
 BRADKINIA COUNTY TREASURER

GARY H. MARTIN  
 BRADKINIA 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 8<sup>th</sup> 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 8<sup>th</sup> 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.

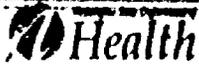
WITNESS my hand and official seal the day and year in this certificate first above written.

Joseph K. White  
Notary Public for Washington  
residing at Stevenson  
My Commission expires 9-21-95

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY David North

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

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

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STATE FILE NUMBER

327  
LOCAL FILE NUMBER

1 NAME Rae D. NORTH		2 SEX (M/F)		3 DEATH DATE (Mo. Day Yr.)	
4 AGE LAST BIRTH DAY (Yr.)		5 UNDER 1 YEAR		6 UNDER 1 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)	
10 COUNTY OF DEATH		11 CITY, TOWN OR LOCATION OF DEATH		12 PLACE OF DEATH (If not home, give address or institution name)	
13 MARRITAL STATUS (Married, Never Married, Widowed, Divorced (Specify))		14 SURVIVING SPOUSE (If wife, give maiden name)		15 SOCIAL SECURITY NO.	
16 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)		17 KIND OF BUSINESS OR INDUSTRY		18 Was Decedent of Hispanic origin or descent? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.)	
19 RESIDENCE - NUMBER AND STREET		20 CITY/TOWN OR LOCATION		21 ZIP CODE	
22 FATHER'S NAME - FIRST, MIDDLE, LAST		23 MOTHER'S NAME - FIRST, MIDDLE, MARRIAGE SURNAME		24 RACE (Specify)	
25 INFORMANT - NAME		26 MAILING ADDRESS - STREET OR RFD NO., CITY OR TOWN, STATE, ZIP		27 DECEDENT'S EDUCATION (Specify only highest grade completed)	
28 BURNAL CREMATION (Specify kind of cremation)		29 DATE (Mo. Day Yr.)		30 CEMETERY/CREMATORY - NAME	
31 CREMATION SIGNATURE		32 NAME OF FACILITY		33 LOCATION - CITY/TOWN, STATE	
34 FATHER'S NAME - FIRST, MIDDLE, LAST		35 MOTHER'S NAME - FIRST, MIDDLE, MARRIAGE SURNAME		36 ADDRESS OF FACILITY	
37 SIGNATURE AND TITLE		38 SIGNATURE AND TITLE		39 DATE SIGNED (Mo. Day Yr.)	
40 DATE SIGNED (Mo. Day Yr.)		41 HOUR OF DEATH (24 Hr.)		42 DATE SIGNED (Mo. Day Yr.)	
43 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (If not, leave blank)		44 PROLONGED DEAD (Mo. Day Yr.)		45 HOUR PROLONGED DEAD (24 Hr.)	
46 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (If not, leave blank)		47 MISCORONER FILE NUMBER		48	
49 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH					
50 IMMEDIATE CAUSE (Final cause of condition resulting in death)		51 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE		52 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No)	
53 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 UNDER THIS CAUSE (Primary or every other listed cause resulting in death) LAST		54 ADD SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)		55 INJURY DATE (Mo. Day Yr.)	
56 INJURY AT WORK? (Yes/No)		57 PLACE OF INJURY - AT HOME, FARM, STREET, OFFICE, BLDG. ETC. (Specify)		58 HOUR OF INJURY (24 Hr.)	
59 RECORD AMENDMENT (Register use only)		60 DATE RECEIVED (Mo. Day Yr.)		61	



17207  
REAL ESTATE EXCISE TAX  
MAR 13 1995  
PAID  
SKAMANIA COUNTY TREASURER

Sturgeon, mal.

MAR 7 1995

Dr. Karen Sturgeon  
Health District Officer  
SW. Wash Health Dist.

BB481437