FILED BY [illegible]
RETURN TO [illegible]

FILED FOR RECORD
SKAMANIA CO. WASH
BY Anne Lee
Apr 19 4 40 PM '95
Q Towry
AUDITOR
GARY M. OLSON

FILED FOR RECORD
SKAMANIA CO. WASH
92 OCT 23 PM 3:04

VOL 288 PAGE 768-769

231181

COMMUNITY PROPERTY AGREEMENT

122114

BOOK 149 PAGE 412

This agreement, made and entered into this 10 day of June, 1991, by and between Bethewel Hendryx and Doris E. Hendryx, husband and wife, of White Salmon, Washington, pursuant to the provisions of Section 26.16.120 of the Revised Code of Washington, permitting agreements between husband and wife fixing 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 us has for the other, and in consideration of the mutual benefits to be derived by each of us, it is hereby agreed, promised and covenanted as follows:

1. That all property of whatsoever nature and description, whether real, personal or mixed and wheresoever situated, now owned or hereafter acquired by us or either of us, including separate property, shall be considered and is hereby declared to be community property, and each of us hereby conveys and quit-claims to the other his or her interest in any separate property he or she now owns or hereafter acquires so as to convert the same to community property.

2. That upon the death of either of us, title to all community property as defined in the preceding paragraph is to vest immediately in fee simple in the survivor.

In Witness Whereof, on the date first above listed we set our hands and seals.

Witness

Witness

Bethewel Hendryx

Doris Hendryx

17298
REAL ESTATE EXCISE TAX

APR 20 1995
PAID Exempt
SKAMANIA COUNTY TREASURER

CPA - 1

[illegible]
4/19/95
3-10-3-100
3-10-2-200
205

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STATE OF WASHINGTON)
) ss.
County of Klickitat)

BOOK 149 PAGE 413

On this day personally appeared before me Bethewel Hendryx and Doris E. Hendryx, to me known to be the individuals described in and who executed the within and foregoing instrument and acknowledged to me that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and seal this 10th day of June, 1991.

Notary public for Washington, residing at Trout Lake ~~therein~~
My commission expires 3-1-94

CPA - 2

CERTIFICATION OF VITAL RECORD

BOOK 149 PAGE 414

G-0100

ID T/G NO

19M|92 198

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS 136
CERTIFICATE OF DEATH

State File Number

1. Decedent's Name: Bethewel HENDRYX
2. Sex: M
3. Date of Death: October 17, 1992
4. Social Security Number: 534-14-6312
5a. Age Last Birthday: 85
6. Birthplace: Husum, WA
7. Date of Birth: July 6, 1907
8. Was decedent ever in U.S. Armed Forces? Yes
9. Place of Death: Other — Nursing Home
9b. Facility Name: Valley Vista Care Center
9c. City, Town, or Location of Death: The Dalles
9d. County of Death: Wasco
10a. Decedent's Usual Occupation: Utility Maintenance
10b. Kind of Business/Industry: City of Bingen
11. Marital Status: Married
12. Spouse: Doris Hendryx
13a. Residence – State: Washington
13b. County: Klickitat
13c. City, Town or Location: White Salmon
13d. Street and Number: 659 Main St. P.O.Box 82
13e. Inside City Limits? Yes
13f. Zip Code: 98672
14. Was decedent of Hispanic origin? No
15. Race: White
16. Decedent's Education: 3
17. Father – Name: James J. Hendryx
18. Mother – Name: Janette Ellen Miles
19. Informant – Name and relationship to decedent: Doris Hendryx, wife
20a. Method of Disposition: Cremation
20b. Place of Disposition: Win-quatt Crematory
20c. Location: The Dalles, Oregon
21a. Signature of Funeral Service Licensee or Person Acting as Such: Mary Ann Powell
21b. License Number: 0080
22. Name, Address and Zip of Facility: Spencer, Libby & Powell Funeral Home, 1100 Kelly Ave., The Dalles, OR 97058
23. Registrar's Signature: Paula Richmond, Deputy
24. Date Filed: October 19, 1992
25. Did hospital representative make request for anatomical gift consent? N/A
26. Was gift made? N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. Time of Death: 1:05 p.m.
28. Was Medical Examiner notified? No
29a. To the best of my knowledge, death occurred at the time, date, place, and due to the cause(s) and manner stated. (Signature): Dennis Reilly
29b. Date Signed: Oct 19, 1992
30. Name, Title, Address and Zip of Certifier/Medical Examiner: Dennis Reilly, D.O., The Dalles Clinic Bldg., The Dalles, OR 97058

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

32. Immediate Cause:
(a) Metastatic Colonic Cancer, Adenocarcinoma
(b) Due to (or as a consequence of): Adenocarcinoma of Bowel

Part II. Other significant conditions

Autopsy: No

ORIGINAL-VITAL STATISTICS COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE WASCO COUNTY REGISTRAR.

DATE ISSUED OCT 19 1992

CARLA CHAMBERLAIN
COUNTY REGISTRAR
WASCO COUNTY, OREGON

17285
REAL ESTATE EXCISE TAX
APR 20 1995
PAID exempt

4/10/95 3-10-2