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OF 288 PAGE 768-769

P. J. Lowry
AUDITOR
GARY H. OLSON

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.

Bonnie A. White
Witness

Bethewel Hendryx

Kerry J. Garretts
Witness

Doris Hendryx

17298
REAL ESTATE EXCISE TAX

C P A - 1

APR 20 1995

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del
SKAMAGIA COUNTY TREASURER

VOL 288 PAGE 768

PREPARED BY K
INDEXED BY K
FILED BY K
MAILED BY K

GARY H. OLSON, Skamania County Auditor
Date 4/19/95 Period 3-18-3-18-95
3-18-2-18-95
205

STATE OF WASHINGTON)
County of Klickitat) 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.

[Signature]
Notary public for Washington
residing at *[Signature]*

My Commission Expires 3/7/93



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VOL 288 PAGE 769

CERTIFICATION OF VITAL RECORD

BOOK 149 PAGE 414

G-0800

10 11 0 NO

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

State File Number

1. DECEASED'S NAME Belchewel HENDRYX		2. SEX M		3. DATE OF DEATH (Month, Day, Year) October 17, 1992																															
4. SOCIAL SECURITY NUMBER 534-14-8312		5. AGE Last Birthday (Year) 85		6. BIRTHPLACE (City and State or Foreign Country) Husum, WA																															
7. DATE OF BIRTH (Month, Day, Year) July 6, 1907		8. PLACE OF DEATH (Check only one) ☒ Hospital ☐ Physician's Office ☐ Home ☐ Other (Specify)																																	
9. FACILITY NAME (If not institution, give street and number) Valley Vista Care Center		10. CITY, TOWN, OR LOCATION OF DEATH The Dalles		11. COUNTY OF DEATH Wasco																															
12. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Utility Maintenance		13. KIND OF BUSINESS/INDUSTRY City of Bingen		14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married																															
15. RESIDENCE - STATE Washington		16. COUNTY Klickitat		17. STREET AND NUMBER 659 Main St. P.O. Box 82																															
18. CITY, TOWN, OR LOCATION White Salmon		19. RACE (American Indian, Black, White, etc. Specify) White		20. DECEASED'S EDUCATION (Specify only highest grade completed) High School																															
21. FATHER - NAME first middle last James J. Hendryx		22. MOTHER - NAME first middle last Jarrell Ellen Miles		23. INFORMANT - NAME and relationship to deceased Doris Hendryx, wife																															
24. METHOD OF DISPOSITION ☐ Burial ☐ Cremation ☐ Other (Specify) Wingate Crematory		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) The Dalles, Oregon		26. LOCATION - City or Town, State																															
27. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Marjorie Powell		28. LICENSE NUMBER 0080		29. NAME, ADDRESS AND ZIP OF FACILITY Spencer, Libby & Powell Funeral Home 1100 Kelly Ave., The Dalles, OR 97058																															
30. DATE FILED (Month, Day, Year) October 19, 1992		31. SIGNATURE OF REGISTRAR Carla Chamberlain																																	
32. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO		33. WAS GIFT MADE? ☐ YES ☒ NO																																	
<table border="1"> <tr> <th colspan="2">TO BE COMPLETED BY CERTIFYING PHYSICIAN</th> <th colspan="2">TO BE COMPLETED ONLY BY MEDICAL EXAMINER</th> </tr> <tr> <td>34. TIME OF DEATH 1:05 p.</td> <td>35. WAS MEDICAL EXAMINER NOTIFIED? ☐ YES ☒ NO</td> <td>36. TIME OF DEATH</td> <td>37. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)</td> </tr> <tr> <td colspan="2">38. On the basis of my knowledge, death occurred at the time, date, place and due to the cause and manner stated. Dennis Reilly, D.O.</td> <td colspan="2">39. On the basis of examination and investigation, in my opinion death occurred at the time, date, place and due to the cause and manner stated. Dennis Reilly, D.O.</td> </tr> <tr> <td colspan="2">40. DATE SIGNED (Month, Day, Year) Oct 19, 1992</td> <td colspan="2">41. DATE SIGNED (Month, Day, Year)</td> </tr> <tr> <td colspan="2">42. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) Dennis Reilly, D.O., The Dalles Clinic Bldg., The Dalles, OR 97058</td> <td colspan="2">43. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)</td> </tr> </table>						TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER		34. TIME OF DEATH 1:05 p.	35. WAS MEDICAL EXAMINER NOTIFIED? ☐ YES ☒ NO	36. TIME OF DEATH	37. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)	38. On the basis of my knowledge, death occurred at the time, date, place and due to the cause and manner stated. Dennis Reilly, D.O.		39. On the basis of examination and investigation, in my opinion death occurred at the time, date, place and due to the cause and manner stated. Dennis Reilly, D.O.		40. DATE SIGNED (Month, Day, Year) Oct 19, 1992		41. DATE SIGNED (Month, Day, Year)		42. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) Dennis Reilly, D.O., The Dalles Clinic Bldg., The Dalles, OR 97058		43. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)											
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46. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Undetermined ☐ Suicide ☐ Legal Intervention		47. DATE OF INJURY (Month, Day, Year)		48. TIME OF INJURY																															
49. PLACE OF INJURY - At home, from street, factory, office, building, etc. (Specify)		50. DATE OF DEATH		51. LOCATION - City and State																															

REAL ESTATE EXCISE TAX

APR 20 1995

ORIGINAL VITAL STATISTICS COPY

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

OCT 19 1992

DATE ISSUED

CARLA CHAMBERLAIN
COUNTY REGISTRAR
WASCO COUNTY, OREGON

Carla M. Chamberlain, Wasco County Auditor
3-70-3-700
Date 4/17/95 Page 8 J-70-2-100, 205