

FILED FOR RECORD
SKANANIA CO. WASH
BY SKANANIA CO. TOLR

TRADITIONAL
FIDUCIARY COMPANY

FILED BY GJG
RETURN TO GJG

APR 26 3 18 PM '95

93 MAR -4 PM 2:37

VOL 293 PAGE 09-10

G. Olsson
AUDITOR
GARY M. OLSON COMMUNITY PROPERTY AGREEMENT

233200

122155

BOOK 149 PAGE 496

This agreement, made and entered into this 1st day of July, 1992, by and between Phillip R. Jones and Nancy L. Jones, husband and wife, of Underwood, 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:

First: 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.

Second: 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, we, Phillip R. Jones and Nancy L. Jones, have hereunto set our hands this 1st day of July, 1992.

Cheryl Watson
Witness
Forrest White
Witness

Phillip R. Jones
Nancy L. Jones

Registered
Indexed, Di
Indirect
Filed
Noted

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

Gary M. Olsson, Skanania County Assessor
Date 7/29/92 Parcel # 3-70-21-1-400

CERTIFICATION OF VITAL RECORD

33403
LO. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

BOOK 149 PAGE 498
138

Local File Number: _____ Date File Number: _____

1. DECEASED'S NAME
 Phillip Roger JONES
 Sex: Male

2. DATE OF DEATH (Month, Day, Year)
 Feb. 14, 1993

3. SOCIAL SECURITY NUMBER (In add. last 4 digits)
 561-44-7049

4. BIRTH
 Date: 58
 Place: Midwest, WY
 Date of Birth: July 17, 1934

5. PLACE OF DEATH (Check only one)
 Hospital Outpatient Home Other (Specify): _____

6. FACILITY NAME (If not institution, give street and number)
 Providence Medical Center

7. CITY, TOWN, OR LOCATION OF DEATH
 Portland

8. COUNTY OF DEATH
 Multnomah

9. DECEASED'S USUAL OCCUPATION
 (Give kind of work done during most of working life, or last one worked)
 Logger

10. KIND OF SUBSISTENCE
 Timber

11. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify))
 Married

12. SPOUSE (If Married, Widowed, Divorced (Specify))
 Nancy L. Jones

13. RESIDENCE - STATE
 Washington

14. COUNTY
 Skamania

15. CITY, TOWN, OR LOCATION
 Underwood

16. STREET AND NUMBER
 MP 0.50L Orchard Lane

17. DECEASED'S CITY

18. ZIP CODE
 98651

19. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)
 No Yes

20. RACE (American Indian, Black, White, etc. (Specify))
 White

21. DECEASED'S EDUCATION (Specify only highest grade completed)
 Elementary/Secondary (8-12) College (1-4 or 5+)
 11

22. FATHER - NAME (Last, first, middle)
 Earl L. Jones

23. MOTHER - NAME (Last, first, middle)
 Phyllis A. Wilson

24. INFORMANT - NAME and relationship to deceased
 Nancy L. Jones, Wife

25. METHOD OF DISPOSITION
 Burial Cremation Removal from State Other (Specify): _____

26. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)
 White Salmon Cemetery

27. LOCATION - City or Town, State
 White Salmon, WA

28. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PROVIDER

29. LICENSE NUMBER (If Licensee)
 1482

30. NAME, ADDRESS AND ZIP OF FACILITY
 GARDNER FUNERAL HOME, INC.
 Box 390 White Salmon, WA 98672

31. DATE FILED (Month, Day, Year)
 FEB 23 1993

32. REGISTRAR'S SIGNATURE

33. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?
 YES NO N/A

34. WAS GIFT MADE?
 YES NO N/A

35. TO BE COMPLETED BY CERTIFYING PHYSICIAN

36. TIME OF DEATH
 2230

37. WAS MEDICAL EXAMINER NOTIFIED?
 YES NO

38. TO THE BEST OF MY KNOWLEDGE, SKILL AND CARE AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE OF DEATH, I AM OPINIONED THAT:
 (Specify)

39. DATE (Month, Day, Year)
 FEB. 17, 1993

40. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print)
 Jeffrey I. Menashe, M.D. 5050 NE Hoyt Suite 256 Portland, OR 97213

41. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

42. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest)
 (a) **MESOTHELIOMA (PLEURAL)**

43. PERIOD BETWEEN ONSET AND DEATH
 8 MONTHS

44. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to death but not related to cause given in PART I

45. DID INFORMANT USE ASSISTANCE IN DEATH?
 YES NO PROBABLY NOT SURE

46. AUTOPSY?
 YES NO

47. IF YES, WAS COLLAGE CONSIDERED IN DETERMINING CAUSE OF DEATH?
 YES NO

48. MANNER OF DEATH
 Natural Pending Investigation Accidental Undetermined Suicide Homicide Legal Indefinite

49. DATE OF SLAY (Month, Day, Year)

50. TIME OF SLAY

51. CLARITY AT WORK?
 YES NO

52. DESCRIBE HOW SLAY OCCURRED

53. PLACE OF SLAY - At home, farm, street, factory, office, _____

54. LICENSE NUMBER (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

Gary H. Martin, Multnomah County Assessor
Date 4/20/97 Parcel # 3-10-21-1-100

ORIGINAL - VITAL STATISTICS COPY

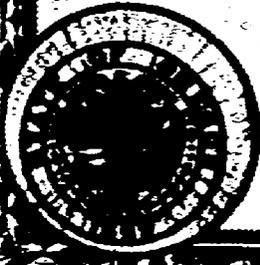
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR

4-2 REV 1-88

DATE ISSUED

FEB 23 1993

ARTHUR W BLOOM
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON



162122