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VOL 293 PAGE 09-10

G. Olsson
AUDITOR

GARY M. OLSON COMMUNITY PROPERTY AGREEMENT

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
Bonnie White
Witness

Phillip R. Jones
Nancy L. Jones

Registered ☒
Indexed, Or ☒
Indirect ☒
Filed ☒
Noted ☒

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

Gary M. Martin, Skanania County Assessor
Date 4/29/95 Parcel # 3-70-21-1-400

233200

STATE OF WASHINGTON)
County of Klickitat)

BOOK 149 PAGE 497

This certifies that on this 1st day of July, 1992, personally appeared before me Phillip R. Jones and Nancy L. Jones, to me known to be the individuals described in and who executed the foregoing instrument and who 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 first above written.


Notary public for
Washington, residing at
[redacted] therein.
My commission expires:

3/7/94

17308

REAL ESTATE EXCISE TAX

APR 26 1993

PAID escrow

SKAMAHIA COUNTY TREASURER

CERTIFICATION OF VITAL RECORD

33403
LO TAG NO.

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

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1. DECEASED'S NAME Phillip Roger JONES		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) Feb. 14, 1993	
4. SOCIAL SECURITY NUMBER (Last 4 digits) 561-44-7049		5. AGE (Years, Months, Days) 58		6. DATE OF BIRTH (Month, Day, Year) July 17, 1934	
7. WAS DECEASED EVER IN U.S. ARMED FORCES? ☒ No ☐ Yes		8. PLACE OF BIRTH (Check only one) Midwest, WY		9. COUNTY OF DEATH Multnomah	
10. FACILITY NAME (If not institution, give street and number) Providence Medical Center		11. CITY, TOWN, OR LOCATION OF DEATH Portland		12. COUNTY OF DEATH Multnomah	
13. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life, or last one) Logger		14. KIND OF BUSINESS/INDUSTRY Timber		15. MARITAL STATUS - Married (Never Married, Widowed, Divorced) (Specify) Married	
16. RESIDENCE - STATE Washington		17. COUNTY Skamania		18. CITY, TOWN, OR LOCATION Underwood	
19. DECEASED'S CITY Underwood		20. ZIP CODE 98651		21. STREET AND NUMBER MP 0.50L Orchard Lane	
22. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes		23. RACE (American Indian, Black, White, etc. (Specify)) White		24. DECEASED'S EDUCATION (Specify only highest grade completed) (Elementary/Secondary (9-12) College (14 or 16)) 11	
25. FATHER - NAME (First, middle, last) Earl L. Jones		26. MOTHER - NAME (First, middle, last) Phyllis A. Wilson		27. INFORMANT - NAME and relationship to deceased Nancy L. Jones, Wife	
28. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)		29. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) White Salmon Cemetery		30. LOCATION - City or Town, State White Salmon, WA	
31. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSONAL ACTING AS SUCH <i>R. P. Dierckx</i>		32. LICENSE NUMBER (If Licensed) 1482		33. NAME, ADDRESS AND ZIP OF FACILITY GARDNER FUNERAL HOME, INC. Box 390 White Salmon, WA 98672	
34. DATE FILED (Month, Day, Year) FEB 23 1993		35. HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☒ YES ☐ NO ☐ N/A		36. THIS COPY MADE? ☐ YES ☒ NO ☐ N/A	
37. TIME OF DEATH 2230			38. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No		
39. To the best of my knowledge, such occurred at the time, date, place and due to the cause(s) stated (Signature) <i>Jeffrey I. Menashe</i>			40. Do the basis of investigation under investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Jeffrey I. Menashe</i>		
41. DATE SIGNED (Month, Day, Year) FEB. 17, 1993			42. DATE SIGNED (Month, Day, Year) COUNTY		
43. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) Jeffrey I. Menashe, M.D. 5050 NE Hoyt Suite 256 Portland, OR 97213					
44. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING (Type or Print)					
45. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.) PART 1 (a) MESOTHELIOMA (PNEUMAL) PART 2 (b) ON AS A CONSEQUENCE OF: PART 3 (c) ON AS A CONSEQUENCE OF: PART 4 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1					
46. INTERVAL BETWEEN ONSET AND DEATH 8 MONTHS					
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Gary H. Martin, Multnomah County Assessor
Date 4/26/97 Parcel # 3-10-21-1-400

ORIGINAL - VITAL STATISTICS COPY

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4-2 REV 1-88

DATE ISSUED

FEB 23 1993

ARTHUR W. BLOOM
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

162122