

COMMUNITY PROPERTY AGREEMENT

122519

BOOK 150 PAGE 437

THIS COMMUNITY PROPERTY AGREEMENT, entered into this day by and between ARVID WARREN LAMB and BONNIE MARIE LAMB, husband and wife, of Skamania County, State of Washington.

W I T N E S S E T H:

WHEREAS, the parties hereto are the owners of certain real and personal property situate in the State of Washington; and

WHEREAS, it is contemplated by the parties hereto that they may acquire additional property in the future; and

WHEREAS, it is the desire hereto that all of their property shall pass to the survivor without delay or expense in the event of the death of either party;

NOW THEREFORE, WE, ARVID WARREN LAMB and BONNIE MARIE LAMB, husband and wife, for and in consideration of the love and affection which we have, one for the other, do hereby mutually agree that all of the property which we now own separately, jointly, or otherwise, and whether real, personal or otherwise, and wheresoever situate, shall be and it is hereby declared to be the community property of the parties, and each of the parties to this agreement do hereby convey and transfer to the other party and to their community all property owned by them, even though the same be held in his or her separate estate; and

WE HEREBY MUTUALLY AGREE that all of the property which shall hereafter be acquired by either of us, whether separately, jointly or otherwise, and of whatsoever nature, and wheresoever situate, shall be and it is hereby declared to be community property, and each of the parties do hereby convey and transfer to the other and to their community, all such property hereafter acquired by either of them, even though the same be acquired in his or her separate estate;

Gary M. Martin, Skamania County Auditor
Date 6-9-95 Page 3-8-7-00-300

Registered ☒
Indexed, in ☒
Indirect ☒
Filed ☒
Mailed ☒

Community Property Agreement
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17420
REAL ESTATE EXCISE TAX

JUN 12 1995

PAID Exempt

dis

SKAMANIA COUNTY TREASURER

H's initials

W's initials

Arvid L
B.M.L.

and;

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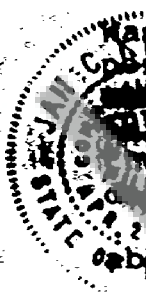
IT IS FURTHER AGREED that the whole of the community property now owned by us or hereafter acquired by us, including all property the status of which is changed or created by this agreement, shall at once, in the event of the death of ARVID WARREN LAMB, while the said BONNIE MARIE LAMB survives, be vested in BONNIE MARIE LAMB, absolutely and in fee simple as her sole and separate property; and, in the event of the death of the said BONNIE MARIE LAMB, while the said ARVID WARREN LAMB survives, then the whole of the community property now owned by us or hereafter acquired by us, including all property the status of which is changed or created by this agreement, shall at once vest in the said ARVID WARREN LAMB, absolutely and in fee simple as his sole and separate property.

IN WITNESS WHEREOF, the parties have executed this agreement this 19th day of May, 1987.

Arvid Warren Lamb
Bonnie Marie Lamb

STATE OF WASHINGTON)
) ss.
County of Skamania)

I, the undersigned, a Notary Public in and for the State of Washington, do hereby certify that on this 19th day of May, 1987, personally appeared before me ARVID WARREN LAMB and BONNIE MARIE LAMB, husband and wife, to me known to be the individuals described who executed the foregoing instrument, and acknowledged that they signed and sealed the same as their free and voluntary act and for the uses and purposes therein mentioned.
GIVEN under my hand and official seal the day and year last above written.



Jan. Nielsen
Notary Public in and for the
State of Washington, residing
at Stevenson.

FILED FOR RECORD
SKAMANIA CO. WASH
BY *Bonnie Lamb*

JUN 9 4 09 PM '95
P. Olson
AUDITOR
GARY M. OLSON

Community Property Agreement
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H's initials *A.W.L.*
W's initials *B.M.L.*

STATE OF WASHINGTON DEPARTMENT OF HEALTH



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146

15

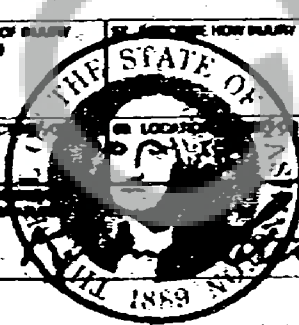
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

STATE FILE NUMBER

1 NAME First Middle Last Arvid Warren LAMB				2 SEX (M / F) Male		3 DEATH DATE (Mo Day Yr) May 26 1995	
4 AGE LAST BIRTHDAY 67	5 UNDER 1 YEAR AGE DAYS HOURS None	6 UNDER 1 DAY HOURS MIN None	7 BIRTH DATE (Mo Day Yr) Aug 18 1927	8 BIRTH PLACE City, State & County Lebanon WA		9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No	
11 CITY, TOWN OR LOCATION OF DEATH Carson			12 PLACE OF DEATH - BOX FOR PLACE THEN ONE ADDRESS OR INSTITUTION NAME 1 X HOME 2 () IN TRANSIT 3 () BIRTH 4 () HOSP. 5 () INS HOME 6 () OTHER PLACE 82 Ann Road			13 SMOKING IN LAST 15 YEARS? (Yes / No) No	
14 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		15 SURVIVING SPOUSE (If wife, give maiden name) Bonnie Marie Acker		16 SOCIAL SECURITY NO. 535 20 6014		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) College (14 or 16) 9	
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Grader Operator		19 KIND OF BUSINESS OR INDUSTRY Road Construction		20 Was Decedent of Hispanic origin or descent? (Ancestry: Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify No		21 RACE (Specify) White	
22 RESIDENCE - NUMBER AND STREET 82 Ann Road		23 CITY/TOWN OR LOCATION Carson		24 INSIDE CITY LIMITS? (Yes / No) No		25 LENGTH OF RES. IN CO. 52 yrs	
26 FATHER'S NAME - FIRST, MIDDLE, LAST John Charles Lamb		27 MOTHER'S NAME - FIRST, MIDDLE, MACHIN SURNAME Ardella Faye Hogberg		28 STATE Washington		29 ZIP CODE 98610	
30 INFORMANT - NAME Bonnie Lamb		31 MAILING ADDRESS - STREET OR RFD NO. CITY OR TOWN STATE ZIP 82 Ann Road Carson WA 98610		32 CEMETERY/CREMATORY - NAME Win-quatt Crematory		33 LOCATION - CITY/TOWN STATE The Dalles OR	
34 DATE (Mo Day Yr) 5/26/95		35 NAME OF FACILITY GARDNER FUNERAL HOME INC.		36 ADDRESS OF FACILITY POB 380 WHITE SALMON WA 98672		37 DATE RECEIVED (Mo Day Yr) June 9, 1995	
38 SIGNATURE OF PHYSICIAN <i>[Signature]</i>				39 SIGNATURE OF MEDICAL EXAMINER OR CORONER <i>[Signature]</i>			
40 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>[Signature]</i> DAVID A. SMITH				41 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>[Signature]</i> DAVID A. SMITH			
42 DATE SIGNED (Mo Day Yr) 6-5-95		43 HOUR OF DEATH (24 Hrs) 0545		44 DATE SIGNED (Mo Day Yr)		45 HOUR OF DEATH (24 Hrs)	
46 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) David Smith, MD 700 NE 87th Ave Vancouver WA 98661				47 HOUR PRONOUNCED DEAD (24 Hrs)		48 MEDICOR FILE NUMBER	
49 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A Small Cell Lung CA				INTERVAL BETWEEN ONSET AND DEATH 18 mo	
DO NOT ENTER THE NAME OF DISEASE, SUCH AS CANCER OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		B DUE TO, OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH	
		C DUE TO, OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH	
		D DUE TO, OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH	
54 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE				55 AUTOPSY? (Yes / No) No		56 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes	
54 ADD. SUICIDE, HOMICIDE, OR PENDING SUICIDE (Specify)		55 INJURY DATE (Mo Day Yr)		56 HOUR OF INJURY (24 Hrs)		57 SPECIFY HOW INJURY OCCURRED	
58 INJURY AT WORK? (Yes / No)		59 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, BLDG, ETC. (Specify)		60 LOCATION - RFD NO., CITY/TOWN STATE			
61 RECORD AMENDMENT (Signature and Date)		62 SIGNATURE OF PHYSICIAN <i>[Signature]</i>		63 SIGNATURE OF MEDICAL EXAMINER OR CORONER <i>[Signature]</i>		64 DATE RECEIVED (Mo Day Yr) June 9, 1995	

Date 6-9-95 Page 3-8-7-90



CERTIFIED

JUN 9 1995

Dr. David A. Smith
Health Department
3000 Washington Blvd.
BB472381