

FILED FOR RECORD
SKAMMIA CO. WASH
BY *Boettcher, Leland
etc*
JUL 31 3 27 PM '95
O. Lavy
AUDITOR
GARY M. OLSON

GARY M. OLSON

BOOK 151 PAGE 498

WITNESSETH:

The parties hereto agree that upon the death of either, title to all of their property, real, personal or mixed, shall vest in the survivor without the intervention of any Court, under the terms and provisions of Section 26.16.120 of the Revised Code of the laws of the State of Washington.

Required ☒
Indexed ☒
Abstracted ☒
Filmed ☐
Mailed ☐

17510
REAL ESTATE EXCISE TAX

JUL 31 1935

PAID By
3/2/20
SKAMIA COUNTY TREASURER

Community Property Agreement
Page 1

Berry M. Martin, Shreveport County Assessor
 Date 7/31/95 Fiscal 03103110070100
208

BOOK 151 PAGE 499

IN WITNESS WHEREOF, we have hereunto set our hands the day and
year first above written.

Norman H. Jagels
NORMAN HENRY JAGELS

Lois A. Jagels
LOIS AGNES JAGELS

STATE OF WASHINGTON }
County of Klickitat } ss.

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

IN WITNESS WHEREOF, I have hereunto set my hand and official seal
this 26 day of September, 1984.

Joseph J. Chell
Notary Public for Washington
residing at White Salmon therein



AFFIDAVIT

BOOK 151 PAGE 500

STATE OF WASHINGTON)

COUNTY OF CLARK)

: ss.

LOIS AGNES JAGELS, being first duly sworn, on oath, deposes and says:

1. That this affidavit is for the purpose of supplying information for record pertaining to that certain Community Property Agreement, executed by and between NORMAN HENRY JAGELS and LOIS AGNES JAGELS, husband and wife, dated September 26, 1984, and recorded concurrently herewith, and also to the estate of NORMAN HENRY JAGELS, deceased, one of the parties to said agreement; and it is intended that the statements set forth herein shall be considered representations of fact which may be relied upon by all persons dealing with the real property described in Exhibit "A", attached hereto and made a part hereof by reference.

2. NORMAN HENRY JAGELS died on June 2, 1995, in Vancouver, County of Skamania, State of Washington.

3. The parties to said agreement entered into no subsequent joint Wills or Agreements which would have the effect of abrogating or nullifying the above mentioned Community Property Agreement.

4. The community estate of decedent and LOIS AGNES JAGELS, the surviving spouse, at the date of death was of the approximate value of \$181,000.00, including real property which had an approximate market value of \$128,700.00, subject to encumbrances of \$20,000.00.

5. Decedent left no separate estate.

6. All of the obligations of the community owing at the time of death of the decedent have been paid in full, except the encumbrances on the real property, and all expenses of last illness and funeral and burial expenses have been paid.

AFFIDAVIT RE: - 1
(COMMUNITY PROPERTY)

Gary M. Martin, Skamania County Assessor
Date 2/3/95 Percol # 03102110090100

7. Decedent is survived by the following named child:

Doreen Getty
2029 Oro Verde Road
Escondido, CA 92027

who is an adult.

Lois Agnes Jagels

LOIS AGNES JAGELS

SUBSCRIBED AND SWORN to before me this 22 day of June, 1995.

Barbara C. Pittman

NOTARY PUBLIC in and for the State
of Washington, in Vancouver
My appt. expires: 3-1-96



AFFIDAVIT RE: - 2
(COMMUNITY PROPERTY)

ESTATE OF NORMAN HENRY JAGELS

EXHIBIT "A"

Real Property:

Property located in the County of Skamania, State of Washington, more particularly described as:

A tract of land located in the Northeast Quarter of the Northeast Quarter of Section 21, Township 3 North, Range 10 East of the Willamette Meridian, described as:
The South 240 feet of the East 182 feet of the Northeast Quarter of the Northeast Quarter of the said Section 21;
EXCEPT that portion, if any, conveyed to Skamania County by instrument dated November 20, 1973, and recorded February 26, 1974, under Auditor's File No. 77137.
SUBJECT TO reservation of an easement and right of way for a water pipeline along the west boundary as recorded under Auditor's File No. 77662.

Fair Market Value:	128,700.00	
Encumbrance	<u>20,000.00</u>	108,700.00

Motor Vehicles:

1979 Chrysler, Town and Country	1,000.00	
1991 Plymouth, Grand Voyager	11,000.00	
1977 Silver Streak, Travel trailer	<u>3,500.00</u>	15,000.00

Bank Accounts:

1st Independent Bank, Hood River, OR	
Treasury Bill	25,000.00
Checking	1,000.00

AFFIDAVIT RE: - 3
(COMMUNITY PROPERTY)

BOOK 151 PAGE 503

Savings

2,000.00

28,000.00

Household Goods and Furnishings

10,000.00

Unofficial
Copy

AFFIDAVIT RE: - 4
(COMMUNITY PROPERTY)

CERTIFICATION OF VITAL RECORD

200946

ID TAG NO

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION

CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

BOOK 151 PAGE 504

Local File Number

State File Number

1. DECEDENT'S NAME NOTMAN		2. SEX M		3. DATE OF DEATH (Month, Day, Year) JUNE 2, 1995	
4. SOCIAL SECURITY NUMBER 518 42 1594		5. AGE (Last Birthday) 76		6. BIRTHPLACE (City and State or Foreign Country) Thayer County NB	
7. DATE OF BIRTH (Month, Day, Year) August 18, 1916		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Other (Specify)			
9. FACILITY NAME (If not institution, give street and number) Good Samaritan Hospital		10. CITY, TOWN OR LOCATION OF DEATH Portland		11. COUNTY OF DEATH Multnomah	
12. DECEDENT'S USUAL OCCUPATION (If not kind of work done during most of working life, do not record) Steamfitter		13. KIND OF BUSINESS/INDUSTRY Ship Building		14. MARITAL STATUS (Married, Never Married, Widowed, Divorced, Separated) married	
15. RESIDENCE - STATE Washington		16. COUNTY Skamania		17. CITY, TOWN OR LOCATION Underwood	
18. STREET AND NUMBER 251 School House Rd.		19. DECEDENT'S EDUCATION (Specify only highest grade completed) white			
20. FATHER - NAME (First, middle, last) Albert H. Jagels		21. MOTHER - NAME (First, middle, last) Ella A. Hilfiker		22. INFORMANT - NAME and relationship to decedent Lois A. Jagels, Spouse	
23. METHOD OF DISPOSITION (Check only one) <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Willamette National Cemetery		25. LOCATION - City or Town, State Portland, Oregon	
26. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		27. LICENSE NUMBER 3025		28. NAME, ADDRESS AND ZIP OF FACILITY Lincoln Willamette Funeral Directors 9775 SE Mt. Scott Portland, Or. 97266	
29. DATE FILED (Month, Day, Year) JUN 13 1995		30. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
31. TIME OF DEATH 0930		32. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		33. DATE PROMOUNCED DEAD (Month, Day, Year) 6/12/95	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) Ralph Weinstein, M.D. 2311 NW Northrup Portland, Oregon 97210					
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR 36, 37, AND 38) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest					
37. DUE TO OR AS A CONSEQUENCE OF Cerebral Vascular Accident					
38. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I Prostate Cancer					
39. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		40. DATE OF INJURY (Month, Day, Year)		41. TIME OF INJURY	
42. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		43. LOCATION (Street and number or Rural Route Number, City or Town, State)			

GARY H. MARTIN, Skamania County Assessor

7/3/95

PAID

REAL ESTATE EXCISE TAX

JUL 21 1995

ORIGINAL-VITAL STATISTICS COPY

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

DATE ISSUED: JUN 13 1995

GARY L. ORMAN, M.D.
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

SKAMANIA COUNTY TREASURER