

RE. 372, Pg. 150

140581

123135

COMMUNITY PROPERTY AGREEMENT

BOOK 152 PAGE 3

THIS COMMUNITY PROPERTY AGREEMENT made and entered into this 27th day of April, 1948, by and between ALBERT B. CUNNINGHAM and EVA CUNNINGHAM, husband and wife, both of Clark County, Washington;

ARTICLE I: SETHE

WHEREAS, the parties hereto are the owners of certain property situate in the State of Washington, consisting of real and personal property, and whereas the parties contemplate acquiring more property in the future; and

WHEREAS, the parties are desirous of all of their property passing to the survivor without delay or expense in the event of the death of either of them;

NOW THEREFORE, we, Albert B. Cunningham and Eva Cunningham, 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 mixed, and wheresoever situated shall be, and it hereby is, declared to be community property, and each of the parties hereto does hereby convey and transfer to the other party and to the community composed of them, all property owned by them, even though the same be held in this or in separate capacity; and

It is further agreed that the whole of the community property now owned by us or hereafter acquired by us shall at once, in the event of the death of Albert B. Cunningham while the said Eva Cunningham survives, be vested in Eva Cunningham, the real property in fee simple and the personal property absolutely, as her sole and separate property; and in the event

RECORDER'S NOTE: PORTIONS OF
THIS DOCUMENT POOR QUALITY
FOR FILMING

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

Law Offices of
EARL W. JACKSON
100 N. Main Street
Spokane, Washington

- Received
Indexed, LII
Indexed
Filmed
Mailed

REAL ESTATE EXCISE TAX

AUG 24 1955

PAID Exempt

SPANISH COUNTY TREASURER

8/2/88
1-7-25-5

RECORDED
1-7-25-5

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of the death of the said Eva Cunningham leaving the said Albert B. Cunningham surviving her, the whole of said community property now owned by them or hereafter acquired shall at once vest by the said Albert B. Cunningham, the real property in his simple and the personal property absolutely, as his sole and separate property.

In witness whereof the parties have hereunto set their hands the day and year first above written.

Albert B. Cunningham

Eva Cunningham

Given the twentieth day of June
in the year of our Lord one thousand nine hundred and forty eight.

In witness whereof the above and generally expressed before me Albert B. Cunningham and Eva Cunningham, to whom known to be the true signatures of the above named, I do administer, seal and affix my signature to this instrument, and declare that it is my intention to have the same acknowledged before the Notary Public, and that the same is acknowledged as the true and genuine signature of the above named persons, and the original copy to be 27 the 27 day of June, nineteen hundred and forty eight.

James J. Foye
NOTARY PUBLIC
State of Washington
County of Skamania

FILED FOR RECORD
SKAMANIA CO. WASH
BY Foley & Hayes

Received May 1, 1955 at 11:00 A.M. by Young, Jackson,
J. L. Jackson, County Auditor

May 24 12:01 PM '55
P. Dowry
AUDITOR
GARY H. OLSON

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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LOCAL FILE NUMBER

1. NAME - FIRST, MIDDLE, LAST ALBERT BOYD CUNNINGHAM	2. SEX Male	3. DEATH DATE (MM, DD, YY) 09/07/1991	STATE FILE NUMBER Clark			
4. AGE AT DEATH 85	5. UNDER 1 YEAR NO	6. UNDER 1 DAY NO	7. UNKNOWN (MM, DD, YY) 07/06/1906	8. DEATH PLACE (MM, DD, YY) Oregon	9. STATE OF DEATH (MM, DD, YY) U.S.A.	10. COUNTY OF DEATH Clark
11. CITY, TOWN OR LOCATION OF DEATH Washougal			12. ADDRESS OF DEATH - <input type="checkbox"/> OWN HOME <input checked="" type="checkbox"/> PLACE WHERE DIED ADDRESS OR RESIDENCE NAME 3330 H Street <input type="checkbox"/> OTHER FAVORITE PL. <input type="checkbox"/> OTHER HOME <input type="checkbox"/> OTHER PLACE			
13. EMPLOYER'S NAME - MATT TED REED			14. EMPLOYER'S SPOUSE IF MALE - Eva Hochhalter			
15. OCCUPATION (name and nature of work during most of working life DO NOT Ret. Welder)			16. KIND OF BUSINESS OR INDUSTRY Paper Mill			
17. RESIDENCE - NUMBER AND STREET 3330 H Street			18. CITY/TOWNSHIP OR LOCATION Washougal	19. DEATH CITY NO	20. DEATH COUNTY Clark	21. STATE Washington
22. FATHER'S NAME - FIRST, MIDDLE, LAST William Albert Cunningham			23. MOTHER'S NAME - FIRST, MIDDLE, MAIDEN NAME Ida May Shockley			
24. DEATH PLACE Burial			25. DEATH ADDRESS 3330 H Street, Washougal, Washington 98671			
26. DATE DEATH OCCURRED (MM, DD, YY) 09/10/1991			27. DEATH ON THE DATE Evergreen Memorial Gardens			
28. PLACE OF BURIAL Straub's Funeral Home			29. DEATH CITY/TOWNSHIP, STATE Washougal, Washington			
30. DATE OF DEATH 9/8/91			31. DEATH TIME 1259			
32. DATE DEATH OCCURRED (MM, DD, YY)			33. DEATH TIME 1259			
34. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING PHYSICIAN (Title or Print) Edward M. McAninch - 327 N. E. 5th Ave., Camas, Washington 98607			35. PROFESSIONAL GRADE (MM, DD, YY) No			
36. NAME AND ADDRESS OF CERTIFYING PHYSICIAN, MEDICAL EXAMINER OR CORONER (Title or Print) DO NOT SIGN THE CERTIFYING PHYSICIAN'S OR CORONER'S SIGNATURE OR SEAL. DO NOT DRAW THE LINE OF SIGNATURE, SUCH AS Cursive OR Handwritten. SIGNATURE, SHOCK, OR HEART FAILURE. DO NOT SIGN THE CERTIFYING PHYSICIAN'S OR CORONER'S SIGNATURE OR SEAL. DO NOT DRAW THE LINE OF SIGNATURE, SUCH AS Cursive OR Handwritten. SIGNATURE, SHOCK, OR HEART FAILURE. DO NOT SIGN THE CERTIFYING PHYSICIAN'S OR CORONER'S SIGNATURE OR SEAL. DO NOT DRAW THE LINE OF SIGNATURE, SUCH AS Cursive OR Handwritten. SIGNATURE, SHOCK, OR HEART FAILURE.			37. PROFESSIONAL GRADE (MM, DD, YY) No			
38. IMMEDIATE CAUSE (First disease or condition resulting in death, immediately fatal conditions, if any, leading to immediate cause. Disease, condition, or injury causing or intensifying death, unless resulting in death last)			39. PRECEDING CAUSES (Diseases, conditions, or injuries preceding the death, but not causing the death, such as cancer or tuberculosis, accident, shock, or heart failure) • Present and condic. avante • Due to or as a consequence of • ASHD • Sick lunge legation • Due to or as a consequence of			
40. ACCIDENT NO. VEHICLE, OR FIREARM IDENTIFIED			41. DEATH DATE (MM, DD, YY) 09/12/1991			
42. PLACE OF DEATH - AT HOME, PUBLIC STREET, PARKING, OFFICE, BLDG., ETC. Home			43. LOCATION - STREET OR RD# AND CITY/TOWNSHIP, STATE Washougal, Clark County, Washington			
44. REC'D. BY DEATH PLACED			45. DATE DEATH PLACED (MM, DD, YY) SEP 09 1991			

RECODER'S NOTE:
NOT AN ORIGINAL DOCUMENT

Karen Steingart, M.D.
HEALTH DISTRICT OFFICER

SEAL

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