

Dr. 372, Pg. 150

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COMMUNITY PROPERTY AGREEMENT

BOOK 152 PAGE 3

THIS COMMUNITY PROPERTY AGREEMENT made and entered into this 27th day of April, 1945, by and between ALBERT B. CUNNINGHAM and EVA CUNNINGHAM, husband and wife, both of Clark County, Washington.

WITNESSETH:

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 wherever situate 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 his or her 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 survive, 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

Clark County, Washington
1-7-26-5-2100
Safe

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

LAW OFFICES OF
EARL W. JACKSON
AND H. E. BROWN, JUNIOR
CLARK COUNTY, WASHINGTON

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

Sup. Review ☒
Indexed, L.H. ☒
Indirect ☒
Filed ☒
Mailed ☒

17574
REAL ESTATE EXCISE TAX

AUG 24 1945
PAID Example
CLARK COUNTY TREASURER

BOOK 151 PAGE 4

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 fee 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

Witness my hand and seal this 27th day of May, 1935.

Notary Public for the State of Washington, do hereby certify that the foregoing is a true and correct copy of the original instrument, and that the same was duly filed for record in the office of the County Auditor of Skamania County, Washington, on the 27th day of May, 1935.

[Signature]
Notary Public for the State of Washington
J. J. [Signature]

Recorded May 27, 1935 at 11:57 A.M. by Young Jackson.
J. J. [Signature], County Auditor.

FILED FOR RECORD
SKAMANIA CO. WASH
BY Foley & Hagensen

Aug 24 12 01 PM '35
[Signature]
AUDITOR
GARY H. OLSON

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

BOOK 151 PAGE 5
146

LOCAL FILE NUMBER				BOOK 151 PAGE 5			
1 NAME - FIRST, MIDDLE, LAST ALBERT BOYD CUNNINGHAM				2 SEX Male		3 DEATH DATE (Mo., Day, Yr.) 09/07/1991	
4 AGE LAST BIRTHDAY 85				5 UNDER 1 YEAR NONE		6 UNDER 1 DAY NONE	
7 BIRTHDATE (Mo., Day, Yr.) 07/06/1906				8 BIRTH PLACE (Mo., Day, Yr.) Oregon		9 COUNTRY OF BIRTH U.S.A.	
10 COUNTY OF DEATH Clark				11 CITY, TOWN OR LOCATION OF DEATH Washougal			
12 PLACE OF DEATH - (SEE FOR PLACE THEN GIVE ADDRESS OR NEWSPAPER WHERE 12a HOME 12b HOSPITAL 12c OTHER PLACE 3330 H Street				13 SICKNESS IN LAST 13a YES 13b NO			
14 MARRITAL STATUS - (MARRIED, SEPARATED, DIVORCED, WIDOWED) MARRIED				15 SURVIVING SPOUSE (If wife, give maiden name) Eva Hochhalter		16 WED. DOCUMENT YES IN U.S. (MARRIAGE) NO	
17 SOCIAL SECURITY NO. [REDACTED]				18 HIGH SCHOOL GRADUATE YES			
19 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT include "Retired") RETIRED				20 KIND OF BUSINESS OR INDUSTRY Paper Mill		21 RACE (From Census, Asian or Pacific Islander, Am. Ind. or Alaska Nat., Hispanic or Latino, Other) White	
22 RESIDENCE - NUMBER AND STREET 3330 H Street				23 CITY/TOWN OR LOCATION Washougal		24 STATE Washington	
25 ZIP CODE 98671				26 FATHER'S NAME - FIRST, MIDDLE, LAST William Albert Cunningham			
27 MOTHER'S NAME - FIRST, MIDDLE, MARRIAGE NAME Ida May Shockley				28 MARITAL ADDRESS 3330 H Street, Washougal, Washington 98671			
29 DATE (Mo., Day, Yr.) 09/10/1991				30 CEMETERY/INTERMENT - NAME Evergreen Memorial Gardens		31 LOCATION - CITY/TOWN OR STATE Washougal, Washington	
32 FUNERAL DIRECTOR [Signature] LeDeBart				33 NAME OF FACILITY Straub's Funeral Home		34 ADDRESS OR PHONE 325 N. E. 3rd Ave. Camas, WA 98607	
35 TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN 35a TO THE BEST OF HIS KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED 35b SIGNATURE AND TITLE [Signature] 35c DATE SIGNED (Mo., Day, Yr.) 9/8/91 35d HOUR OF DEATH (24 HRS.) 1259 35e NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING PHYSICIAN (Type or Print) Edward M. McAninch - 327 N. E. 5th Ave., Camas, Washington 98607				36 TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER 36a ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED 36b SIGNATURE AND TITLE [Signature] 36c DATE SIGNED (Mo., Day, Yr.) [Blank] 36d HOUR OF DEATH (24 HRS.) [Blank] 36e HOUR PRODUCED DEATH (24 HRS.) [Blank]			
37 IMMEDIATE CAUSE (Final disease or condition resulting in death. Immediately preceding cause, if any, should be listed on line 38. Do not include "Sudden" or "Natural" unless it is the cause of death.) A12 Ischemic heart disease				38 CAUSE OF DEATH (Final disease or condition resulting in death. Immediately preceding cause, if any, should be listed on line 39. Do not include "Sudden" or "Natural" unless it is the cause of death.) A12 Ischemic heart disease		39 OTHER CAUSE (Final disease or condition resulting in death. Immediately preceding cause, if any, should be listed on line 40. Do not include "Sudden" or "Natural" unless it is the cause of death.) A12 Ischemic heart disease	
40 OTHER CAUSE (Final disease or condition resulting in death. Immediately preceding cause, if any, should be listed on line 41. Do not include "Sudden" or "Natural" unless it is the cause of death.) A12 Ischemic heart disease				41 OTHER CAUSE (Final disease or condition resulting in death. Immediately preceding cause, if any, should be listed on line 42. Do not include "Sudden" or "Natural" unless it is the cause of death.) A12 Ischemic heart disease		42 OTHER CAUSE (Final disease or condition resulting in death. Immediately preceding cause, if any, should be listed on line 43. Do not include "Sudden" or "Natural" unless it is the cause of death.) A12 Ischemic heart disease	
43 ACC. INJURY, POI. UNLAW. OR POSSIBLE INJURY (Specify)				44 PLACE OF DEATH - (AT HOME, PUBLIC STREET, PROPERTY, OFFICE, BUS, ETC. Specify)		45 LOCATION - (CITY OR TOWN OR STATE) Washougal, Washington	
46 SIGNATURE OF PHYSICIAN [Signature] Karen Steingart, M.D.				47 DATE SIGNED (Mo., Day, Yr.) SEP 09 1991			

RECORDER'S NOTE:

SEP 17 1991

NOT AN ORIGINAL DOCUMENT

[Signature]
Karen Steingart, M.D.

KAREN STEINGART, M.D.
HEALTH DISTRICT OFFICER

SEAL

DOH 01-000 (7/88)