

Community Property Agreement

123311

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THIS AGREEMENT is made and entered into this 12th day of April, 1985,

by and between WILLIAM DAVID HECKEL and SHERRY ANN HECKEL, husband and wife, of P.O. Box 184, Carson, Skamania County, Washington, pursuant to the provisions of Section 26.16.120, Revised Code of Washington, providing for agreements between husband and wife for the fixing of 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 the said parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and promised as follows:

FIRST: That all prior written community property agreements, if any, between the parties hereto are mutually rescinded.

SECOND: That all property of whatsoever nature or description, whether real, personal or mixed, and wheresoever situated (except real property located outside the State of Washington, and any and all policies of insurance on the life of either party held in the name of the other party), now owned or hereafter acquired by them or either of them, including any separate property, shall be considered, and is hereby declared to be, community property, and each hereby conveys and quit claims to the other his or her interest in any separate property he or she may now own or hereafter acquire so as to convert the same to community property.

THIRD: That upon the death of either of the parties hereto, title to all community property as defined in the preceding paragraph shall vest in fee simple in the survivor of them.

William D. and Sherry A. Heckel
COMMUNITY PROPERTY AGREEMENT - Page 1 OF 2

Registered ☒
Indexed, Dir ☒
Indirect ☒
Filmed ☐
Mailed ☐

17627
REAL ESTATE EXCISE TAX

SEP 14 1985
PAID W. Heckel
SW
SKAMANIA COUNTY TREASURER

Curry H. Martin, Skamania County Auditor
Date 9/14/85 Paid 103173610000000

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FOURTH: Provided, however, that if neither party survives the other by at least sixty (60) days, the above paragraph, THIRD, only, shall be null, void and of no effect.

FIFTH: Provided, further, that in the event of incompetency of either of the parties hereto, the other party may at his or her option terminate or rescind this Agreement by a notarized declaration to that effect and this Agreement shall become null, void and of no effect.

IN WITNESS WHEREOF, the said WILLIAM DAVID HECKEL and SHERRY ANN HECKEL have hereunto set their signatures this 12th day of April, 1995.

William D. Heckel
WILLIAM D. HECKEL, Husband

Sherry A. Heckel
SHERRY A. HECKEL, Wife

STATE OF WASHINGTON)
County of Skamania)

ss.

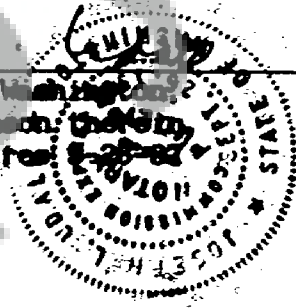
This certifies that on this 12th day of April, 1995, personally appeared before me WILLIAM DAVID HECKEL and SHERRY ANN HECKEL, to me known to be the individuals who executed the foregoing instrument, and acknowledged the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written.

FILED FOR RECORD
SKAMANIA CO. WASH.
BY Sherry A. Heckel

SEP 14 2 03 PM '95
P. Johnson
AUDITOR
GARY M. OLSON

Joseph L. [Signature]
Notary Public for Washington
Residing at Stevenage, WA
My Commission expires: 8-28-97



STATE OF WASHINGTON
DEPARTMENT OF HEALTH



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CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE OR PRINT INTERPRETING BLACK INK

22

LOCAL FILE NUMBER

1 NAME (Last, first, middle) William David HECKEL				2 SEX (M / F) Male		3 BIRTH DATE (Mo, Day, Yr) August 1, 1906	
4 AGE LAST BIRTH 89	5 UNDER 1 YEAR Yes	6 UNDER 1 DAY Yes	7 BIRTH DATE (Mo, Day, Yr) May 14, 1931	8 BIRTH PLACE Polk, Oregon	9 THIS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		10 COUNTY OF DEATH Skamania
11 CITY, TOWN OR LOCATION OF DEATH Stevenson			12 PLACE OF DEATH - If different place than birth place, give address or institution name MP 0.95 Frank Johns Rd			13 BORN IN LAST 10 YEARS? (Yes / No) Yes	
14 MARRIAGE STATUS - Current (Never Married, Widowed, Divorced, Married) Married		15 SURVIVING SPOUSE (If with, give maiden name) Sherry A Lewis		16 SOCIAL SECURITY NO. [REDACTED]		17 DECEDENT'S EDUCATION (Specify only highest grade completed) (Elementary, Secondary, College (1-4 or 5-)) 4	
18 USUAL OCCUPATION (Give kind of work done throughout of working life. DO NOT USE RETIRED) Forester		19 AID OF BUSINESS OR INDUSTRY US Government		20 Was Decedent of Foreign or alien origin or descent? (Specify Yes or No. If Yes, specify Country, Nationality, Place of Birth, etc.) (Yes / No) Specify No		21 RACE (Specify) White	
22 RESIDENCE - Number and street MP 0.95 Frank Johns Rd		23 CITY/TOWN OR LOCATION Stevenson		24 BIRTH CITY, State, Country Polk, Oregon		25 AGE 89 yrs	
26 FATHER'S NAME - First, Middle, Last Arthur E Heckel		27 MOTHER'S NAME - First, Middle, Last Louise - London		28 BIRTH DATE (Mo, Day, Yr) 8/1/06		29 BIRTH PLACE Washington	
30 SPOUSE'S NAME Sherry Heckel		31 BIRTH ADDRESS - Street and No. POB 184 Canon WA 98610		32 CITY OF BIRTH Canon		33 STATE WA	
34 BIRTH CERTIFICATE NO. 01513/95		35 DATE (Mo, Day, Yr) 8/13/95		36 CERTIFYING PHYSICIAN - Name Win-quell Gregory		37 LOCATION OF PHYSICIAN'S OFFICE The Dalles OR	
38 SIGNATURE OF PHYSICIAN <i>[Signature]</i>		39 NAME OF FACILITY GARDNER FUNERAL HOME INC.		40 ADDRESS OF FACILITY POB 380 WHITE SALMON WA 98672		41 CITY OF FACILITY White Salmon	
42 THE TIME AND DATE OF DEATH (Specify time and place) 8/12/95				43 ON THE BASIS OF INFORMATION AND INVESTIGATION, BY SIGNATURE AND TITLE OF THE PHYSICIAN, PLACE AND TIME OF DEATH 1225			
44 DATE BORN (Mo, Day, Yr) 8/12/95				45 TIME OF DEATH (Mo, Day, Yr) 1225			
46 NAME AND TITLE OF ATTENDING PHYSICIAN OR OTHER PERSON COMPETENT TO SIGN Raymond Pitts, MD				47 SIGNATURE OF PHYSICIAN <i>[Signature]</i>			
48 NAME AND ADDRESS OF CORPSE - PERSONAL MEDICAL RECORDS - PROVIDER'S OFFICE Raymond Pitts, MD POB 1519 White Salmon, WA 98672				49 SIGNATURE OF PHYSICIAN <i>[Signature]</i>			
50 CAUSE OF DEATH, MANNER OF DEATH, AND COMPLICATIONS WHICH CAUSED THE DEATH LUNG CANCER							
51 PERIOD BETWEEN ONSET AND DEATH months							
52 PERIOD BETWEEN DEATH AND BURIAL days							
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CERTIFIED

AUG 2 1995

Dr. Karen Stangart
Health District Officer
SN. Wash. Health Dist.

CC137389