124079 COMMUNITY PROPERTY AGREEMENT BOOK 154 PAGE 393

KNOW ALL PERSONS BY THESE PRESENTS:

This agreement, made and entered into this 30 day of October 1993, by and between Elwyn Dale Mansour and Elizabeth Mae Mansour, husband and wife, of Skamania County, State of Washington, pursuant to the provisions of §26.16.120RCW, permitting agreements between husband and wife fixing the status and dispostion of community property to take effect upon the death of either. Witnesseth: That, in consideration of the love and affection that each of us has for each other, and in consideration of the mutual benefits to be derived by each of us, it is hereby agreed, covenanted, and promised as follows:

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE
DEC 20 '2 16 PM '95
P. Johnson
AUDITOR
GARY M. OLSON

I.

That all property of whatsoever nature or description whether real, personal or mixed, and wherever situated now owned or hereafter acquired by us or either of us, including separate property, shall be considered and is hereby declared to be community property, and each of us hereby conveys and quit claims to the other his or her interest in any separate property he or she now owns or hereafter acquires so as to convert the same to community property.

II.

That upon the death of either of us, title to all community property as herein defined shall immediately vest in fee simple in the survivor.

IN WITNESS WHEREOF, we Elwyn Dale Mansour and have hereunto set our hands this 30 day of October, 1993

Witness: George A. Young — Spouse: Elwyn Dale Mansour

Witness: George A. Young — Spouse: Elizabeth Mae Mansour

STATE OF WASHINGTON, County of Skamania } ss. (Individual Acknowledgement)

This is to certify on this 30th day of October, 93, before me Sally A. Dudley, a Notary Public in and for the State of Washington duly commissioned and sworn, personally came Elwyn Dale Mansour and Elizabeth Mae Mansour husband and wife, to me known to be the individuals described in and who executed the within instrument, and acknowledged to me that they signed 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.

SALLY A. DUDLEY NOTARY PUBLIC COMMISSION EXPIRES 3/4/95

Sally A. Dudley
Notary Public in and for the State of Wash.
My appointment expires: 3/4/95

Gary H. Martin, Skamania County Assessor
Date 12/20/95 Parcel # 03-7-17-0 1900

Adjusted
Entered
Filed
Mailed

Community Property Agreement
Washington Legal Blank Inc. Issaquah, WA Form No. 63 8/89
MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

Unofficial Copy

CERTIFICATION OF VITAL RECORD

G-4034
I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

BOOK 154 PAGE 394

Local File Number | State File Number

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Elizabeth Mae MANSUR
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 11 1995
4. SOCIAL SECURITY NUMBER: 539 30 9794
5a. AGE - Last Birthday (Years): 60
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Stevenson WA
7. DATE OF BIRTH (Month, Day, Year): July 12 1935
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Providence Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Portland
9d. COUNTY OF DEATH: Multnomah
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Secretary
10b. KIND OF BUSINESS/INDUSTRY: Schools
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): E Dale Mansur
13a. RESIDENCE - STATE: Washington
13b. COUNTY: Skamania
13c. CITY, TOWN, OR LOCATION: Stevenson
13d. STREET AND NUMBER: 11 Stewart Rd
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 98648
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): 2

PARENTS

17. FATHER - NAME first, middle, last: Tillman Herman Young
18. MOTHER - NAME first, middle, maiden: Bessie Alma Ash
19. INFORMANT - NAME and relationship to deceased: Dale Mansur Husband

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Win-quatt Crematory
20c. LOCATION - City or Town, State: The Dalles OR
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: R. P. Quinlan
21b. LICENSE NUMBER (Of Licensee): 1482
22. NAME, ADDRESS AND ZIP OF FACILITY: GARDNER FUNERAL HOME INC. POB 390 WHITE SALMON WA 98672

REGISTRAR

23. DATE FILED (Month, Day, Year): SEP 1 8 1995
24. REGISTRAR'S SIGNATURE
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☒ YES ☐ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 7:45 P.M.
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
30. DATE SIGNED (Month, Day, Year): Sept 13 1995

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Jeffrey I. Menashe, M.D. 5050 NE Hoyt Suite 256 Portland, OR 97213
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.

PART I
(a) METASTATIC SQUAMOUS CELL CANCER OF LUNG — Interval between onset and death: 6 MONTHS
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.

37. Did tobacco use contribute to the death? ☒ Yes ☐ No ☐ Probably ☐ Unk
38. AUTOPSY ☐ Yes ☒ No
39. Did Autopsy findings contribute to death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY
41c. INJURY AT WORK? ☐ Yes ☒ No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

REAL ESTATE EXCISE TAX

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: SEP 1 8 1995

17826

DEC 20 1995

PAID exempt

SKAMANIA COUNTY TREASURER

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

45-2 REV. 1-89

STATE OF OREGON · MULTNOMAH COUNTY OREGON 1854

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VOID

CERTIFICATION OF VITAL RECORD

G-4034
I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

BOOK 154 PAGE 394

Local File Number

State File Number

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Elizabeth Mae MANSUR
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 11 1995
4. SOCIAL SECURITY NUMBER: 539 30 9794
5a. AGE - Last Birthday (Years): 60
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Stevenson WA
7. DATE OF BIRTH (Month, Day, Year): July 12 1935
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Providence Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Portland
9d. COUNTY OF DEATH: Multnomah
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Secretary
10b. KIND OF BUSINESS/INDUSTRY: Schools
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed, Divorced): E Dale Mansur
13a. RESIDENCE - STATE: Washington
13b. COUNTY: Skamania
13c. CITY, TOWN, OR LOCATION: Stevenson
13d. STREET AND NUMBER: 11 Stewart Rd
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 98648
14. WAS DECEDENT OF HISPANIC ORIGIN (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☐ Yes Specify
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): 2

PARENTS

17. FATHER - NAME First Middle Last: Tillman Herman Young
18. MOTHER - NAME First Middle Maiden: Bessie Alma Ash
19. INFORMANT - NAME and relationship to deceased: Dale Mansur Husband

DISPOSITION

20a. METHOD OF DISPOSITION ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Win-quatt Crematory
20c. LOCATION - City or Town, State: The Dalles OR
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: R. P. Gardner
21b. LICENSE NUMBER (Of Licensee): 1482
22. NAME, ADDRESS AND ZIP OF FACILITY: GARDNER FUNERAL HOME INC. POB 390 WHITE SALMON WA 98672

REGISTRAR

23. DATE FILED (Month, Day, Year): SEP 1 8 1995
24. REGISTRAR'S SIGNATURE
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☒ YES ☐ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 7:45 p.m.
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
30. DATE SIGNED (Month, Day, Year): Sept 13, 1995

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Jeffrey I. Menashe, M.D. 5050 NE Hoyt Suite 256 Portland, OR 97213
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.

CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (STATE THE UNDERLYING CAUSE LAST)

PART I
(a) METASTATIC SQUAMOUS CELL CANCER OF LUNG — Interval between onset and death: 6 MONTHS
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.

37. Did tobacco use contribute to the death? ☒ Yes ☐ No ☐ Probably ☐ Unk
38. AUTOPSY ☐ Yes ☒ No
39. Were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY
41c. INJURY AT WORK? ☐ Yes ☒ No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

REAL ESTATE EXCISE TAX

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: SEP 1 8 1995

17826

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

DEC 20 1995
PAID exempt
SKAMANIA COUNTY TREASURER

45-2 REV. 1-89

VOID COPY