FILED FOR RECORD
SKAMANIA CO. WASH
BY Iris Bouma
JUN 3 3 58 PM '96
Q Kenny
AUDITOR
GARY M. OLSON
BOOK 157 PAGE 536

125396 COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, Made and entered into this 21st day of December, 1962, by and between GENE A. BOUMA and IRIS L. BOUMA, husband and wife, of Vancouver, Clark County, Washington,

W I T N E S S E T H :

For and in consideration of the love and affection we each bear one toward the other, and further, in consideration of the mutual helpfulness we have been one to the other in the past, and for and in consideration of the commingling of our joint efforts and earnings and properties heretofore, we do mutually agree, one with the other, that every piece, parcel, lot and tract of land situate in the State of Washington, and each and every parcel of personal property, or mixed property of the parties hereto, wheresoever situate, shall be by us, and all other persons whomsoever, deemed, esteemed, regarded, treated and known as Community Property. In this Agreement so made, one with the other, the date of acquiring, the manner of acquiring, and all statements by either of us heretofore made respecting alleged separate property, or affecting any property, are to be regarded and esteemed as of no effect.

The full intent and purpose of this instrument is to be construed by the Courts, our heirs, executors and assigns, and by all persons whomsoever, as a voluntary conveyance from one to the other, and unitedly to the community, of all our earthly possessions in such form and manner that the same shall from this date be the property of the community of ourselves as husband and wife.

It is further mutually agreed between the said parties to this Agreement that all of the community property of the parties to this Agreement now owned by them, and all community property which may be hereafter acquired by them, or by either of them in any way, shall, upon the death of either member of said community, pass entirely unto the survivor of said community, to

Gary M. Olson, Skamania County Assessor
4/8/96 Parcel # 1-5-20-100-20, 200, 20-30

18095
REAL ESTATE EXCISE TAX

Requested ✓
Indexed ✓
Indirect ✓
Filmed
Mailed

JUN 4 1996
PAID Exempt
SKAMANIA COUNTY TREASURER

the exclusion of all of our children, and of all persons and every other person whomsoever, it being deemed best by both the parties hereto to make such disposition of the said community property, each trusting and confident that the other will make such proper disposition of the said property upon the death of the last survivor of the said community as will do justice to all persons whomsoever.

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands the day and date in this Agreement first above written.

Gene A. Bouma

Iris L. Bouma

STATE OF WASHINGTON,)
:SS.
COUNTY OF CLARK.)

THIS IS TO CERTIFY That upon this 21st day of December, 1962, personally appeared before me, the undersigned authority, GENE A. BOUMA and IRIS L. BOUMA, husband and wife, known to me to be the identical persons named in and who executed the foregoing instrument, and they did acknowledge to me 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 the day and date in this certificate first above written.

Albert M. Nanney
Notary Public in and for the State of Washington, residing at Vancouver therein.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Health

CERTIFICATE OF DEATH

29 — LOCAL FILE NUMBER

BOOK 157 PAGE 538
146

STATE FILE NUMBER

1. Name — First: Gene	Middle: Alan	Last: BOUMA
2. Sex: M	3. Death Date: August 14, 1994	
4. Age Last Birthday: 67	7. Birthdate: 1-18-1927	8. Birthplace: Vancouver, WA
9. Was decedent ever in U.S. Armed Forces?: Yes	10. County of Death: Skamania	
11. City, Town or Location of Death: Washougal	12. Place of Death: M.P. 0.291 Dobbins Rd.	13. Yes
14. Marital Status: Married	15. Surviving Spouse: Iris McNeely	16. Social Security No.: [redacted]
17. Decedent's Education: 12		
18. Usual Occupation: Mechanic	19. Kind of Business or Industry: PUD	20. Hispanic origin: No
21. Race: White		
22. Residence: MP o.29L Dobbins Rd.	23. City/Town: Washougal	24. Inside City Limits: No
25a. County: Skamania	25b. Length of Res. in Co.: 12Yr.	26. State: WA
27. Zip Code: 98671		
28. Father's Name: Herbert Bouma	29. Mother's Name: Lida Langdon	
30. Informant: Iris Bouma-Wife	31. Mailing Address: MP 0.29L Dobbins Rd., Washougal, WA 98671	
32. Burial, Cremation: Cremation	33. Date: 8-16-94	34. Cemetery/Crematory: Park Hill Crematory
35. Location: Vancouver, WA		
36. Funeral Director Signature: X [signature]	37. Name of Facility: Davies Cremation & Burial Services	38. Address of Facility: P.O. Box 29 Ridgefield, WA 98642

39. To the best of my knowledge, death occurred at the time, date and place and was due to the cause(s) stated.

Signature and Title: X Matthew A Cosimo MD

40. Date Signed: 08/15/94 — 41. Hour of Death: 0643

44. Name and Address of Certifier: Matthew Casimo MD 2012 E. McLoughlin Blvd. Vancouver, WA 98661

50. Immediate Cause: a. Adenocarcinoma of Pancreas — Interval between onset and death: 10 months

51. Other significant conditions: Congestive Heart Failure, Atrial Fibrillation

Gary [illegible], [illegible]

Date 6/3/96 — Parcel # 2-5-26-100-00, 300, 900-00

X [signature] MD

63. Date Received: August 22, 1994

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 — DOH 01-003 (5/92)

CERTIFIED

AUG 22 1994

[signature]
Dr. Karen Steingart
Health District Officer
S.W. [illegible]

DD146714

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE. A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:	
THE RECORD NOW SHOWS:	THE TRUE FACT IS: BOOK 157 PAGE 543

I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY

PHONE NUMBER: _____

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE	DATE	ADDRESS

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order.

Birth Certificates

1. Only a parent, legal guardian or the adult (18 or older) may change the birth certificate.
2. All changes must be established by documentary proof submitted with the affidavit.
3. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
4. The proof(s) for names must be five (or more) years old, while proof(s) for dates, places, or ages must have been established within five years of birth.
5. Examples of acceptable documents of proof:

Baptismal Certificate	Marriage Record	School Record
U.S. Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record	
Insurance Records	Your Child's Birth Record	

6. Surname changes require a certified copy of a court ordered name change, except that minor spelling changes may be made with an affidavit and documentary proof.
7. Parent(s) may change their child's given name with only their signature until the child's 18th birthday.

Death Certificate

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.
3. Routine changes will normally be made only during the first year after death. Other changes will be made only for legally important reasons (property, inheritance, etc.) and must be approved by the State Registrar.

Marriage/Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
Center for Health Statistics
1112 Quince Street South
P.O. Box 9709
Olympia, WA 98507-9709

18096
REAL ESTATE EXCISE TAX

JUN 4 1996
PAID Exempt
SKAMANIA COUNTY TREASURER

DO NOT DESTROY

CC360108