

FILED FOR RECORD
SKAMANIA CO. WASH.
BY Iris Bouma

JUN 3 3 58 PM '96

Gary Olson

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,

WITNESSETH:

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

19095
REAL ESTATE EXCISE TAX

Received	✓
Entered, Cir.	✓
Indexed	✓
Filed	✓
Mailed	

JUN 4 1996

PAID Exempt

JM
SKAMANIA COUNTY TREASURER

BOOK 157 PAGE 537

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. Brown
Jane L. Brown

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. Kenney
Notary Public in and for the State
of Washington, residing at Vancouver
therein



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

29

LOCAL FILE NUMBER

Health
CERTIFICATE OF DEATH

BOOK 157 PAGE 538
146

STATE FILE NUMBER

1 NAME Gene	2 FIRST MIDDLE Alan	3 LAST BOUMA	4 SEX (M/F) M	5 DEATH DATE (Mo. Day Yr) August 14, 1994
6 AGE LAST BIRTH 67	7 UNDER 1 YEAR No	8 UNDER 1 DAY Yes	9 BIRTHDATE (Mo. Day Yr) 1-18-1927	10 BIRTHPLACE Vancouver, WA
11 CITY/TOWN OR LOCATION OF DEATH Washougal	12 PLACE OF DEATH <input checked="" type="checkbox"/> HOME THEN GIVE ADDRESS OR INSTITUTION NAME M.P. O. 291 Dobbins Rd.			
13 MARRITAL STATUS Married	14 SURVIVING SPOUSE (Name, Spouse's Name) Iris McNeely	15 SOCIAL SECURITY NO.	16 DECEASED'S EDUCATION (Specify only high school completed) Elementary/Secondary (D-U) Yes College (14 or 5+) 12	17 CO. OF DEATH Skamania
18 LEGAL OCCUPATION (Name kind of work done during most of working life. DO NOT USE RETIRED) Mechanic	19 KIND OF BUSINESS OR INDUSTRY PUD	20 MIGRANT HISPANIC ORIGIN (Yes/No) No	21 RACE (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) White	22
23 RESIDENCE - NUMBER AND STREET M.P. o. 29L Dobbins Rd.	24 CITY/TOWN OR LOCATION Washougal	25 RESIDENCE CITY LINE/PT No	26 ZIP CODE 98671	27 STATE WA
28 FATHER'S NAME - FIRST, MIDDLE, LAST Herbert Bouma	29 MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME Lida Langdon			
30 INFORMATION - NAME Iris Bouma-Wife	31 NAME AND ADDRESS MP 0.29L Dobbins Rd.	32 CITY OR TOWN Washougal	33 STATE WA	34 ZIP CODE 98671
35 BURIAL CEMETERY Cremation	36 DATE (Mo. Day Yr) 8-16-94	37 CEMETERY/CREMATORIUM NAME Park Hill Crematory	38 LOCATION - CITY/STATE Vancouver, WA	39
40 FEDERAL DIRECTOR FOR SIGNATURE <i>Matthew A Casimo MD</i>	41 NAME OF FACILITY Davies Cremation & Burial Services	42 ADDRESS OF FACILITY P.O. Box 29 Ridgefield, WA 98642	43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSES STATED SIGNATURE AND TITLE Matthew A Casimo MD	
44 DATE SIGNED (Mo. Day Yr) 08/15/94	45 HOURS OF DEATH (Mo. Day Yr) 0643	46 DATE SIGNED (Mo. Day Yr)	47 HOUR OF DEATH (Mo. Day Yr)	48 HOURS OF DEATH (Mo. Day Yr)
49 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Matthew Casimo MD 2012 E. McLoughlin Blvd. Vancouver, WA	50 PROONOUNCED DEAD (Mo. Day Yr) 98661	51 TIME OF DEATH (Mo. Day Yr) 0643	52 PROONOUNCED DEAD (Mo. Day Yr) 0643	53 MEDICAL RECORD FILE NUMBER 10 months
54. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH A. <i>Aderocarcinoma of Pancreas</i> B. <i>Due to or as a consequence of</i> C. <i>Due to or as a consequence of</i> D. <i>Due to or as a consequence of</i> E. <i>Due to or as a consequence of</i> F. <i>Due to or as a consequence of</i> G. <i>Due to or as a consequence of</i> H. <i>Due to or as a consequence of</i> I. <i>Due to or as a consequence of</i> J. <i>Due to or as a consequence of</i> K. <i>Due to or as a consequence of</i> L. <i>Due to or as a consequence of</i> M. <i>Due to or as a consequence of</i> N. <i>Due to or as a consequence of</i> O. <i>Due to or as a consequence of</i> P. <i>Due to or as a consequence of</i> Q. <i>Due to or as a consequence of</i> R. <i>Due to or as a consequence of</i> S. <i>Due to or as a consequence of</i> T. <i>Due to or as a consequence of</i> U. <i>Due to or as a consequence of</i> V. <i>Due to or as a consequence of</i> W. <i>Due to or as a consequence of</i> X. <i>Due to or as a consequence of</i> Y. <i>Due to or as a consequence of</i> Z. <i>Due to or as a consequence of</i>				
54. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE <i>Congestive Heart Failure, Atrial Fibrillation</i>	55. DATE (Mo. Day Yr) 6/13/94	56. HOUR OF INJURY 0915	57. DATE (Mo. Day Yr) 6/13/94	58. TIME CAUSE REFERRED TO MEDICAL EXAMINER OR CORONER BY CERTIFIER Matthew Casimo, MD
59. INJURY AT WORK (Mo. Day Yr)	60. PLACE OF INJURY - AT HOME, FARM, STREET, ETC. SLOG ETC (Specify)	61. STREET OR RFD NO. CITY/TOWN, STATE	62. DATE RECEIVED (Mo. Day Yr) August 22, 1994	63. DATE RECEIVED (Mo. Day Yr)
64. RECORD NUMBER 140-140714	65. APPROVED REVIEWED BY Karen Stengart	66. DATE 10-14-94	67. DOH 110-008 Rev 7/92 (Amended 9-1989) DOH 01-003 (5/92)	

CERTIFIED

AUG 22 1994

Karen Stengart
Dr. Karen Stengart
Health District Officer
S.W. 140-140714

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
U.S. Census Record Medical Record
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.

School Record
Voter's Registration Card
(if it bears an effective date)

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

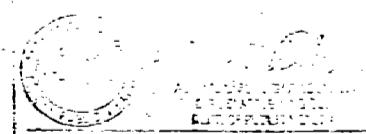
18096

REAL ESTATE EXCISE TAX

JUN 4 1996

Paid Exempt
JW

SKAMANIA COUNTY TREASURER



DO NOT DESTROY

CC360108