

Set 20204

125617

BOOK 158 PAGE 98

AGREEMENT AS TO STATUS OF COMMUNITY PROPERTY

AFTER DEATH OF ONE OF THE SPOUSES

KNOW ALL MEN BY THESE PRESENTS, that this agreement, made and entered into this 17 day of December, 1976, by and between DOUGLAS R. McLAIN and JILL FOLEY McLAIN, husband and wife, residing in Tacoma, Pierce County, Washington,

WITNESSETH:

WHEREAS, the said parties hereto are the owners of certain property, and are desirous that said property, whether community or separate, shall be deemed to be their community property, and are desirous that such property, together with all other property hereafter acquired by them, or either of them, whether real, personal or mixed, shall pass, without delay or expense, upon the death of either to the survivor.

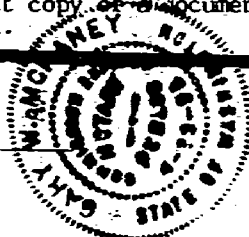
NOW, THEREFORE, for and in consideration of the sum of One Dollar (\$1.00), the receipt of which is hereby acknowledged by each party hereto, and also in consideration of the love and affection that each of said parties has for the other, it is hereby AGREED that all property presently owned by the parties hereto, or either of them, is hereby declared and deemed to be their community property, and in the event of the death of the said DOUGLAS R. McLAIN, while the said JILL FOLEY McLAIN survives, then the whole of said property now owned, together with all other property hereafter acquired by them or either of them, which by this Agreement is hereby made and declared to be their community property, shall at once vest in the said JILL FOLEY McLAIN in fee simple; and in the event of the death of JILL FOLEY McLAIN, while the said DOUGLAS R. McLAIN survives, then the whole of said property now owned, together with all other property hereafter acquired by them, or either of them, which by

State of Washington
County of Pierce

I certify that this is a true and correct copy of a document in the possession of Douglas R. McLain as of this date. 1.

Dated: 7 June 1996

Gary W. McHaney
Gary W. McHaney
Exp: 29 APR 98



Gary H. Martin, Skamania County Assessor
Date 6/28/96 Parcel 2-1-20-4-3
4100

Reviewed ☒
Indexed, Ltr ☒
Indexed ☒
Filed ☒
Noted ☒

this Agreement is hereby made and declared to be their community property, shall at once vest in said DOUGLAS R. McLAIN, in fee simple.

IN WITNESS WHEREOF, the said DOUGLAS R. McLAIN and JILL FOLEY McLAIN, have hereunto set their hands and seals the day and year first above written.

BOOK 158 PAGE 99

FILED FOR RECORD
SKAMIA CO. WASH
BY SEASIDE CO. TITLE

JUN 28 3 35 PM '96

GARY H. OLSON

Douglas R. McLain
DOUGLAS R. McLAIN

Jill Foley McLain
JILL FOLEY McLAIN

STATE OF WASHINGTON)
County of Pierce) ss.

This is to certify that on this 17th day of December, 1976, before me, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared DOUGLAS R. McLAIN and JILL FOLEY McLAIN, husband and wife, to me known to be the individuals described in and who executed the within and foregoing instrument, and acknowledged 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 first above written.

Susan C. Jensen
Notary Public in and for the State of Washington, residing at Gig Harbor.

State of Washington
County of Pierce

I certify that this is a true and correct copy of a document in the possession of Douglas R. McLain as of this date.

Dated: 7 June 1996

Gary W. McHaney
Gary W. McHaney
EXPIRES APR 98

2.

REAL ESTATE EXCISE TAX
18157

JUN 28 1996

PAID exempt
Washington County

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Health

CERTIFICATE OF DEATH

429

146

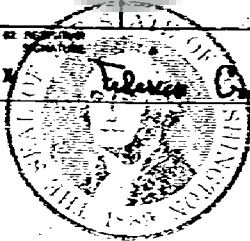
429

LOCAL FILE NUMBER

STATE FILE NUMBER

1. NAME First Middle Last JILL FOLEY McLAIN		2. SEX (M / F) Female	3. DEATH DATE (Mo. Day Yr.) January 24, 1996
4. AGE LAST BIRTHDAY (Yrs.) 48	5. UNDER 1 YEAR MO. DAYS HRS. NO	6. UNDER 1 DAY HRS. NO	7. BIRTHDATE (Mo. Day Yr.) Jan 18, 1948
8. BIRTH-PLACE (City, State or Foreign Country) Seattle, WA		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No	10. COUNTY OF DEATH Pierce
11. CITY, TOWN OR LOCATION OF DEATH Tacoma		12. PLACE OF DEATH—SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSIT 3. IN CARE OF 4. HOSPITAL 5. NURSING HOME 6. OTHER PLACE St. Joseph Medical Center	
13. SNOWING IN LAST 15 YEARS? (Yes / No) No	14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		
15. SURVIVING SPOUSE (If wife, give maiden name) Douglas McLain		16. SOCIAL SECURITY NO. [REDACTED]	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (1-4 or 5-7) 12 5+
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Owner/Operator		19. KIND OF BUSINESS OR INDUSTRY Accounting Firm	
20. Was Decedent of Hispanic origin or descent? (Specify) Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc. (Yes / No) Specify No		21. RACE (Specify) White	
22. RESIDENCE—NUMBER AND STREET 1330 Heatherwood W.		23. CITY/TOWN OR LOCATION Tacoma	24. INSIDE CITY LIMITS? (Yes / No) Yes
25. COUNTY Pierce		26. LENGTH OF RES. IN CO. 35 Yrs	27. ZIP CODE WA 98406
28. FATHER'S NAME—FIRST, MIDDLE, LAST Walter Edmond Foley		29. MOTHER'S NAME—FIRST, MIDDLE, MARRIAGE SURNAME Marjorie Murray	
30. INFORMANT—NAME Douglas R. McLain		31. MAILING ADDRESS—STREET OR RFD NO. CITY OR TOWN, STATE, ZIP 1330 Heatherwood West Tacoma, WA 98406	
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		33. DATE (Mo. Day Yr.) Feb 1, 1996	34. CEMETERY/CREMATORY—NAME Mountain View Memorial Park
35. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		36. NAME OF FACILITY Mountain View Funeral Home	37. ADDRESS OF FACILITY 4100 Stellacoom Blvd. S.W. Tacoma, Washington 98499
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN			
38. 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 <i>[Signature]</i> M.D.			
40. DATE SIGNED (Mo. Day Yr.) 1/29/96		41. HOUR OF DEATH (24 Hrs.) 2200	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) J. Richard Herd, M.D.		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 CAUSE(S) STATED. SIGNATURE AND TITLE X	
44. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) J. Richard Herd, M.D. 209 Martin Luther King Jr. Way Tacoma, WA 98405		45. HOUR OF DEATH (24 Hrs.) 2200	
46. HOUR PROLONGED DEAD (24 Hrs.) 2200		47. HOUR PROLONGED DEAD (24 Hrs.) 2200	
48. MECCORNER FILE NUMBER		49. MECCORNER FILE NUMBER	
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.			
IMMEDIATE CAUSE (Final disease or condition resulting in death) Acute hepatic failure			
DO NOT SIGN THE MODE OF DYING, SUCH AS CARING OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Specify only the condition, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.			
51. OTHER UNDERLYING CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE. Rayman's view, hepatic encephalopathy			
52. ALTOPT? (Yes / No) No	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No	54. DATE RECEIVED (Mo. Day Yr.) FEB - 2 1996	
55. RECORD ARCHIVED? (Yes / No) YES	56. PLACED IN FILE? (Yes / No) YES	57. DATE RECEIVED (Mo. Day Yr.) FEB - 2 1996	

FOR INSTRUCTIONS SEE BACK AND HANDBOOK



BOOK 158 PAGE 100

DOH 01-003 (7/94)

2-7-20-4-3-4100
4/28/96