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After recording return to:

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FILED FOR RECORD
SKAMAHIA CO. WASH
BY Daniel SeiffertGregory E. Stadter
P.O. Box 61408
Vancouver, Washington 98666-1408

AUG 28 9 22 AM '96

O. Lawry
AUDITOR
GARY M. OLSONCOMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 23rd day of June, 1994, between DANIEL F. SEIFFERT ("Husband") and PATRICIA J. SEIFFERT ("Wife"), husband and wife, both of whom are domiciled in the State of Washington. In consideration of their mutual agreements set forth below, the parties agree as follows:

1. Property Covered: This Agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife (except for acts for which a separate beneficiary designation has been or is hereafter made by Husband or Wife and approved by the other spouse) even though some items may have been or may be purchased or acquired by one or the other or both or may have been or may be registered in the name of one or the other or both. If Husband dies and Wife survives, any separate property of Husband which is owned by Husband at the time of his death (except for assets for which Husband has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of his death, and if Wife dies and Husband survives her, any separate property of Wife which is owned by Wife at the time of her death (except for assets for which Wife has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of her death. All such

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Community Property Agreement - Page 1

AUG 28 1996

PAID 18274
G. Stadter
SKAMAHIA COUNTY TREASURERGREGORY E. STADTER
Attorney at Law
2109 Main Street, Suite 314
P.O. Box 61408
Vancouver, Washington 98666
Telephone: (206) 696-3000

Recorded	<input checked="" type="checkbox"/>
Indexed	<input checked="" type="checkbox"/>
Filed	<input checked="" type="checkbox"/>
Waived	<input type="checkbox"/>

property is referred to in this Agreement as the "described community property".

2. **Vesting at Death of a Spouse:** If Husband dies and Wife survives him, all of the described community property shall vest in Wife as of the moment of Husband's death. If Wife dies and Husband survives her, all of the described community property shall vest in Husband as of the moment of Wife's death.

3. **Disclaimer:** Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, or with reference to specific parts, shares or assets thereof, in which event the interest disclaimed shall pass as if the provisions of paragraph 3 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.

4. **Automatic Revocation:** The provisions of paragraph 3 shall be automatically revoked:

(a) Upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce; or

(b) Upon the establishment of a domicile out of the State of Washington by either party; or

(c) Immediately prior to death, if the order of death cannot be ascertained.

5. **Optional Revocation by One Party:** If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 3 and each party designates the other as attorney-in-fact to become effective upon disability to exercise

such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardians, if any, of the person and of the estate of the disabled person. For the purposes of this paragraph, a spouse shall be deemed disabled if a person duly licensed to practice medicine in the State of Washington signs a statement declaring that the person is unable to manage his or her own affairs.

6. **Powers of Appointment:** This Agreement shall not affect any power of appointment now held by or hereafter given to Husband or Wife or both of them, nor shall it obligate Husband or Wife or both of them to exercise any such power of appointment in any way.

7. **Revocation of Inconsistent Agreements:** To the extent this Agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

Daniel S. Saffert
(Husband)

Debra J. Saffert
(Wife)

Andrew D. Phillips
Witness

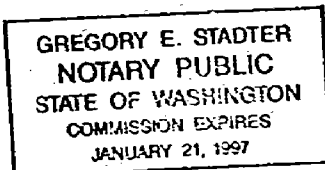
James Earl Mann Cross
Witness

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STATE OF WASHINGTON)
COUNTY OF CLARK) : ss.

On this day personally appeared before me DANIEL F. SEIFFERT, to me known to be the individual described in and who executed the within and foregoing Community Property Agreement, and acknowledged that he signed the same as his free and voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and official seal on this 23rd day of June, 1994.

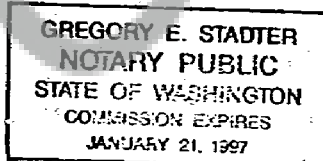


Gregory E. Stadter
NOTARY PUBLIC in and for the
State of Washington, residing
at: Vancouver
Title: attly
My commission expires: 1-21-97

STATE OF WASHINGTON)
COUNTY OF CLARK) : ss.

On this day personally appeared before me PATRICIA J. SEIFFERT, to me known to be the individual described in and who executed the within and foregoing Community Property Agreement, and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and official seal on this 23rd day of June, 1994.



Gregory E. Stadter
NOTARY PUBLIC in and for the
State of Washington, residing
at: Vancouver
Title: attly
My commission expires: 1-21-97

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Community Property Agreement Page 4

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GREGORY E. STADTER
Attorney at Law
1194 Main Street, Suite 314
P.O. Box 61408
Vancouver, Washington 98666
Telephone: (206) 696-3000

CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

Local File Number		State File Number	
1. DECEDENT'S NAME Patricia Joyce SEIFFERT		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) June 25, 1994
4. SOCIAL SECURITY NUMBER [REDACTED]	5. AGE Last Birthday (Years) 57	6. BIRTHPLACE (City and State or Foreign Country) Vancouver, WA	7. DATE OF BIRTH (Month, Day, Year) March 28, 1937
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> U.S. ARMED FORCES <input checked="" type="checkbox"/> HOSPITAL Ripstein <input type="checkbox"/> HOME <input type="checkbox"/> OTHER <input type="checkbox"/> NURSING HOME <input type="checkbox"/> DECEDENT'S HOME <input type="checkbox"/> OTHER (Specify)			
9. FACILITY NAME (If not institution, give street and number) Kaiser Sunnyside Medical Center		10. CITY, TOWN OR LOCATION OF DEATH Clackamas	
11. DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working life. Do not use retired.) owner/operator		12. SPOUSE (If married, tracking) Daniel F. Seiffert	
13. RESIDENCE - STATE Washington		14. RESIDENCE - CITY, TOWN OR LOCATION Vancouver	
15. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		16. ZIP CODE 98661	
17. WAS DECEDENT OF HISPANIC ORIGIN? (Specify last or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes		18. RACE (American Indian, Black, White, etc.) (Specify) White	
19. FATHER - NAME First middle last Daniel Paynter		20. MOTHER - NAME First middle last Ruby Morris	
21. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) Williamette National Cemetery		22. NAME, ADDRESS AND ZIP OF FACILITY Evergreen Staples Funeral Chapel 4700 St. Johns Rd. Vancouver, WA 98661	
23. DATE FILED (Month, Day, Year) JUN 30 1994		24. REGISTRAR'S SIGNATURE Michelle A. Thompson	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			
26. TO BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH 0200 M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 28. To the best of my knowledge, death occurred at the time, date, place and due to the causes and manner stated. (Signature) [Signature] 29. DATE SIGNED (Month, Day, Year) 6/26/94			
30. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 31a. TIME OF DEATH M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 31b. DATE PROHOUNCED DEAD (Month, Day, Year, Hour) M 32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the causes and manner stated. (Signature) 33. DATE SIGNED (Month, Day, Year) 6/26/94			
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) David J. Muller, M.D. 12607 S.E. Mill Plain Blvd. Vancouver, WA 98684			
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR ICD-10, ICD-9, AND ICD-8. Do not enter mode of dying, e.g. Cardiac or Peripartum Arrest) PART I ICD-10: Lung Cancer Right Mainstem bronchus DUE TO, OR AS A CONSEQUENCE OF: ICD-9: Smoking DUE TO, OR AS A CONSEQUENCE OF: ICD-8: Chronic Obstructive Pulmonary Disease PART II OTHER SIGNIFICANT CONDITIONS: Hypertension			
37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide			
38. DATE OF INJURY (Month, Day, Year) M			
39. TIME OF INJURY M			
40. PLACE OF INJURY - At home, farm, street, or city office Building, etc. (Specify) M			
41. DESCRIBE HOW INJURY OCCURRED M			

ORIGINAL VITAL STATISTICS COPY

6-2 Rev 4-92

Gary H. Martin, Clackamas County Assessor
Date 6/28/94

Parcel # 2-7-20-4-3-528

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THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE CLACKAMAS COUNTY REGISTRAR.

DATE ISSUED: JUL 18 1994

Thomas M. Troxel
COUNTY REGISTRAR
CLACKAMAS COUNTY, OREGON



ANY ALTERATION OR ERASURE OF THIS CERTIFICATE

CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

1. DECEDENT'S NAME Patricia Joyce SEIFFERT		2. SEX Female	3. DATE OF DEATH June 25, 1994
4. SOCIAL SECURITY NUMBER 57		5. BIRTHPLACE (City and State or Foreign Country) Vancouver, WA	6. DATE OF BIRTH (Month, Day, Year) March 28, 1937
7. PLACE OF DEATH (Specify only one) Kaiser Sunnyside Medical Center			
8. COUNTY OF DEATH Clackamas			
9. DECEASED'S USUAL OCCUPATION Owner/operator		10. FID OF BUSINESS/INDUSTRY Tropical Fish Store	
11. MARITAL STATUS Married		12. SPOUSE (Name, Relationship, Date of Death) Daniel F. Seiffert	
13. RESIDENCE - STATE Washington		14. CITY, TOWN OR LOCATION OF DEATH Vancouver	
15. INSIDE CITY (UNIT) Clark		16. STREET AND NUMBER 2419 NE 59th St.	
17. RACE White		18. DECEASED'S EDUCATION 12	
19. FATHER - NAME Daniel Paynter		20. MOTHER - NAME Ruby Morris	
21. METHOD OF DISPOSITION Willamette National Cemetery		22. LOCATION OF DISPOSITION Portland, Oregon	
23. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Stanley C. [Signature]</i>		24. LICENSE NUMBER 0316	
25. DATE FILED (Month, Day, Year) JUN 30 1994		26. REGISTRAR'S SIGNATURE <i>Thomas M. Troxel</i>	
27. TIME OF DEATH 0200		28. DATE OF DEATH June 25, 1994	
29. TIME OF DEATH 0200		30. DATE OF DEATH June 25, 1994	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN David J. Muller, M.D. 12607 S.E. Mill Plain Blvd. Vancouver, WA 98684		32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR I, II, III, AND IV) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest		34. INTERVAL BETWEEN ONSET AND DEATH	
I. Lung Cancer Right Mainstem bronchus		Interval between onset and death 2 weeks	
II. Smoking		Interval between onset and death 40+ yrs	
III. Chronic Obstructive Pulmonary Disease		Interval between onset and death 10+ yrs	
IV. Hypertension		Interval between onset and death	
35. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		36. DATE OF INJURY (Month, Day, Year)	
37. TIME OF INJURY		38. INJURY AT WORK?	
39. PLACE OF INJURY (At home, farm, street, factory, office, building, etc. (Specify))		40. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

ORIGINAL VITAL STATISTICS COPY

4-2 Rev 4-92

Gary M. Martin, Clackamas County Assessor

Date **6/26/94** Period **2-7-20-4-3-500**

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THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE CLACKAMAS COUNTY REGISTRAR.

DATE ISSUED **JUL 18 1994**

Thomas M. Troxel
COUNTY REGISTRAR
CLACKAMAS COUNTY, OREGON



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE