

FILED FOR RECORD
SKAMANIA CO. WASH
BY *Ronald Squires*

OCT 16 9 48 AM '96

O. Lowry
AUDITOR
GARY H. OLSON

126451

COMMUNITY PROPERTY AGREEMENT

BOOK 160 PAGE 88

THIS COMMUNITY PROPERTY AGREEMENT, entered into this day
by and between RONALD SQUIRES, JR. and BETTY ANNE SQUIRES,
husband and wife, of Carson, Skamania County, State of
Washington,

W I T N E S S E T H :

WHEREAS, the parties hereto are the owners of certain
real and personal property situate in the State of Washington;
and

WHEREAS, it is contemplated by the parties hereto that
they may acquire additional property in the future; and

WHEREAS, it is the desire hereto that all of their prop-
erty shall pass to the survivor without delay or expense in
the event of the death of either party,

NOW, THEREFORE, WE, RONALD SQUIRES, JR. and BETTY ANNE
SQUIRES, husband and wife, for and in consideration of the
love and affection which we have, one for the other, do here-
by mutually agree that all of the property which we now own
separately, jointly, or otherwise, and whether real, personal
or otherwise, and wheresoever situate, shall be and it is
hereby declared to be the community property of the parties,
and each of the parties to this agreement do hereby convey
and transfer to the other party and to their community, all
property owned by them, even though the same be held in his
or her separate estate; and

WE HEREBY MUTUALLY AGREE that all of the property which
shall hereafter be acquired by either of us, whether separately,
jointly or otherwise, and of whatsoever nature, and wheresoever
situate, shall be and it is hereby declared to be community
property, and each of the parties do hereby convey and transfer

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H's initials *RS*

W's initials *B.A.S.*

REAL ESTATE EXCISE TAX

18363

OCT 16 1996
PAID *Exempt*
JW
SKAMANIA COUNTY TREASURER

Sealed ☒
Signed, OK ☒
Index ☒
Filed ☒
Filed ☒

Gary H. Olson, Skamania County Assessor
Date *10/16/96* Parcel *5-8-20-4-1-400*
qll 2-7

to the other and to their community, all such property here-
after acquired by either of them, even though the same be
acquired in his or her separate estate; and

IT IS FURTHER AGREED that the whole of the community
property now owned by us or hereafter acquired by us, includ-
ing all property the status of which is changed or created by
this agreement, shall at once, in the event of the death of
RONALD SQUIRES, JR., while the said BETTY ANNE SQUIRES survives
be vested in BETTY ANNE SQUIRES, absolutely and in fee simple
as her sole and separate property; and, in the event of the
death of the said BETTY ANNE SQUIRES, while the said RONALD
SQUIRES, JR., survives, then the whole of the community
property now owned by us or hereafter acquired by us, includ-
ing all property the status of which is changed or created
by this agreement, shall at once vest in the said RONALD
SQUIRES, JR., absolutely and in fee simple as his sole and
separate property.

IN WITNESS WHEREOF, the parties have executed this agree-
ment this 12th day of December 1979.

Ronald Squires Jr.
Betty Anne Squires

STATE OF WASHINGTON)
County of Skamania) ss.

I, the undersigned, a Notary Public in and for the State
of Washington, do hereby certify that on the 12th day of
December, 1979, personally appeared before me RONALD SQUIRES, JR.,
and BETTY ANNE SQUIRES, husband and wife, to me known to be
the individuals described in and who executed the foregoing
instrument, and acknowledged that they signed and sealed the
same as their free and voluntary act and deed, for the uses
and purposes therein mentioned.
GIVEN under my hand and official seal the day and year
last above written.

John C. [Signature]
Notary Public in and for the
State of Washington, residing
at Stevenson.

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H's initials RS

W's initials BAS

| STATE OF WASHINGTON DEPARTMENT OF HEALTH CERTIFICATE OF DEATH | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------|--|
| LOCAL FILE NUMBER | | | | | STATE FILE NUMBER | | | | |
| 1. NAME First Middle Last BETTY ANNE SQUIRES | | 2. SEX (M / F) F | | 3. DEATH DATE (Mo. Day Yr.) April 1, 1993 | | | | | |
| 4. AGE LAST BIRTHDAY (Yr.) 59 | | 5. UNDER 1 YEAR Wks Days Hrs Mins 105 1 11 11 | | 6. UNDER 1 DAY Hrs Mins 11 11 | | 7. BIRTH DATE (Mo. Day Yr.) 2-5-34 | | 8. BIRTH PLACE (City, State or Foreign Country) Belle Plaine, Idaho | |
| 9. PLACE OF DEATH White Salmon | | 10. COUNTY OF DEATH Klickitat | | 11. WAS DECEDENT EVER IN U.S. ARMED FORCES? No | | 12. PLACE OF DEATH (If not at home, give address of institution) Skyline Hospital | | 13. PLACE OF DEATH (If not at home, give address of institution) Skyline Hospital | |
| 14. MARITAL STATUS—Married Never Married, Widowed, Divorced (Specify) Married | | 15. SURVIVING SPOUSE (If wife give maiden name) Ronald Squires | | 16. SOCIAL SECURITY NO. 532-22-0063 | | 17. DECEDENT'S EDUCATION (Specify only highest grade completed) 12th | | 18. RACE (Specify) White | |
| 19. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Homemaker | | 20. KIND OF BUSINESS OR INDUSTRY Own Home | | 21. USUAL PLACE OF EMPLOYMENT (Specify) No | | 22. RESIDENCE—NUMBER AND STREET M.P. 1.12R Smith-Becken Carson | | 23. CITY/TOWN OR LOCATION Carson | |
| 24. FATHER'S NAME—FIRST MIDDLE LAST William Wason | | 25. MOTHER'S NAME—FIRST MIDDLE LAST Mabel Utter Wason | | 26. COUNTY Carson | | 27. STATE Wa. | | 28. ZIP CODE 98610 | |
| 29. INFORMANT—NAME Ronald Squires | | 30. MAILING ADDRESS P.O. Box 414 | | 31. CITY/TOWN Carson | | 32. STATE Wa. | | 33. ZIP 98610 | |
| 34. BURIAL CREMATION REMOVAL OTHER (Specify) Burial | | 35. DATE (Mo. Day Yr.) 4-9-93 | | 36. CEMETERY/CREMATORY—NAME Wind River Cemetery | | 37. LOCATION—CITY/TOWN STATE Carson, Washington | | 38. ADDRESS OF FACILITY GARDNER FUNERAL HOME, INC. White Salmon, Wa. 98672 | |
| 39. SIGNATURE AND TITLE George A. Truckmiller, MD | | 40. DATE SIGNED (Mo. Day Yr.) 4/5/93 | | 41. HOUR OF DEATH (24 Hrs.) 16:58 | | 42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) George A. Truckmiller, MD Skyline Hospital White Salmon, Wa. | | 43. ME/CORONER FILE NUMBER | |
| 44. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. | | 45. 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. | | 46. SIGNATURE AND TITLE George A. Truckmiller, MD | | 47. DATE SIGNED (Mo. Day Yr.) | | 48. HOUR OF DEATH (24 Hrs.) | |
| 49. IMMEDIATE CAUSE (Final disease or condition resulting in death) Cardiopulmonary Arrest | | 50. DO NOT ENTER THE MODE OF DYING, SUCH AS CHOKING OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Separately list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. | | 51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE. | | 52. AUTOPSY? No | | 53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) | |
| 54. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. No | | 55. INJURY DATE (Mo. Day Yr.) | | 56. HOUR OF INJURY (24 Hrs.) | | 57. DESCRIBE HOW INJURY OCCURRED | | 58. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (If not at home, give address of institution) | |
| 59. PLACE OF INJURY (If not at home, give address of institution) | | 60. STREET OR RD. NO., CITY/TOWN STATE | | 61. STREET OR RD. NO., CITY/TOWN STATE | | 62. STREET OR RD. NO., CITY/TOWN STATE | | 63. STREET OR RD. NO., CITY/TOWN STATE | |
| 64. RECEIVED AND CHECKED (Specify use only): RECEIVED DATE APR 08 1993 | | 65. DATE RECEIVED (Mo. Day Yr.) APR 08 1993 | | 66. SIGNATURE AND TITLE George A. Truckmiller, MD | | 67. SIGNATURE AND TITLE George A. Truckmiller, MD | | 68. SIGNATURE AND TITLE George A. Truckmiller, MD | |
| 69. FOR INSTRUCTIONS, SEE BACK AND HANDBOOK | | 70. DISTRICT HEALTH OFFICER | | 71. DISTRICT HEALTH OFFICER | | 72. DISTRICT HEALTH OFFICER | | 73. DISTRICT HEALTH OFFICER | |