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FILED
SM
BY Robert Luck

FEB 12 3 44 PM '97

GARY M. OLSON
AUDITOR

AFTER RECORDING MAIL TO:

Name ROBERT K. LEICK, Attorney at Law

Address POB 129

City/State Stevenson WA 98648

Document Title(s): (or transactions contained therein)

1. Death Certificate of Donald C. Niedert
2. Community Property Agreement
- 3.
- 4.



this space for title company use only

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)

1. Niedert, Donald Claire
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1. Niedert, Mabel
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

N/A

REAL ESTATE EXCISE TAX

18601

FEB 12 1997

PAID Exempt
W. J. P. Deputy
SKAMANIA COUNTY TREASURER

NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

Gary H. Martin, Skamania County Assessor

Date 2-12-97 Parcel # 3-1-36-1-4-3090 2600

2-7-20-208

Registered
Indexed, Dir
Index

COMMUNITY PROPERTY AGREEMENT

This agreement made and entered into this 11th day of October, 1996, by and between DONALD C. NIEDERT and MABEL NIEDERT, husband and wife, residing in Skamania County, State of Washington, pursuant to the provisions of Sec. 26.16.120 of the Revised Code of Washington, permitting agreements between husband and wife, fixing the status and disposition of community property to take effect upon the death of either,

WITNESSETH:

That in consideration of the love and affection that each of us has for the other, and in consideration of the mutual benefits to be derived by each of us, it is hereby agreed, promised and covenanted as follows:

First: That all property of whatsoever nature or description, whether real, personal or mixed, and wheresoever situated, now owned or hereafter acquired by either of us, including separate property, shall be considered and is hereby declared to be community property, and each of us hereby conveys and quit claims to the other his or her interest in any separate property he or she now owns or hereafter acquires so as to convert the same to community property.

Second: That upon the death of either of us, title to all community property as defined in the preceding paragraph is to vest immediately in fee simple to the survivor.


IN WITNESS WHEREOF, we, DONALD C. NIEDERT and MABEL NIEDERT, have hereunto set our hands and seals this 11th day of October, 1996.


DONALD C. NIEDERT


MABEL NIEDERT

REAL ESTATE EXCISE TAX
18601

FEB 12 1997

PAID exempt

SKAMANIA COUNTY TREASURER

STATE OF WASHINGTON)
County of Skamania)

I certify that I know or have satisfactory evidence that MABEL NIEDERT is the person who appeared before me, and said MABEL NIEDERT acknowledged that she signed this instrument and

DONALD C. NIEDERT and MABEL NIEDERT
Community Property Agreement
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Gary H. Martin, Skamania County Assessor
Date 2-12-97 Parcel # 9-9-36-1-4-3090
2-7-20020800

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acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 11th day of October, 1996.

Winifred L. Lerna
Notary Public for Washington
residing at White Salmon, therein.
My commission expires: 04-23-2000

STATE OF WASHINGTON)

County of Skamania)

I certify that I know or have satisfactory evidence that DONALD C. NIEDERT is the person who appeared before me and that said person was unable to write his name or to make a mark and is otherwise competent, and said person orally directed me to write his signature on this instrument on his behalf under authority of RCW 64.08.100, and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 11th day of October, 1996.

Winifred L. Lerna
Notary Public for Washington
residing at White Salmon, therein.
My commission expires: 04-23-2000

DONALD C. NIEDERT and MABEL NIEDERT
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CERTIFICATION OF VITAL RECORD

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228154
ID TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH 136

Local File Number

State File Number

1. DECEDENT'S NAME First: Donald Middle: Claire Last: NIEDERT		2. SEX male	3. DATE OF DEATH (Month, Day, Year) December 12, 1996
4. SOCIAL SECURITY NUMBER [REDACTED]		5. AGE (Years) 88	6. BIRTHPLACE (City and State or Foreign Country) Sturgis, SD
7. DATE OF BIRTH (Month, Day, Year) August 3, 1908		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <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) Providence Medical Center		10. CITY, TOWN, OR LOCATION OF DEATH Portland	
11. COUNTY OF DEATH Multnomah		12. MARITAL STATUS - Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced (Specify):	
13. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Judge		14. KIND OF BUSINESS/INDUSTRY District Court	
15. RESIDENCE - STATE Washington		16. COUNTY Skamania	
17. CITY, TOWN OR LOCATION Stevenson		18. STREET AND NUMBER 261 Frank Johns Avenue	
19. ZIP CODE 98648		20. RACE American Indian, Black, White, etc. (Specify) White	
21. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary 10-12 College 1 & 2 or 3 & 4		22. INFORMANT - NAME and relationship to decedent Mabel Niedert, Wife	
23. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH K.P. Ilverick		24. LICENSE NUMBER 1482	
25. DATE FILED (Month, Day, Year) DEC 20 1996		26. NAME, ADDRESS AND ZIP OF FACILITY GARDNER FUNERAL HOME, INC. POB 390 White Salmon, WA 98672	
27. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		28. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA	

29. TIME OF DEATH 0838		30. DATE OF DEATH DEC 12 1996	
31. SIGNATURE OF CERTIFYING PHYSICIAN Richard Harris, M.D.		32. DATE SIGNED (Month, Day, Year) DEC 18 1996	
33. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Richard Harris, M.D. 2220 SW 1st Portland, OR 97201		34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
35. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c). Do not enter mode of dying e.g. Cardiac or Respiratory Arrest)			
PART I (a) Cardio-respiratory failure		Interval between onset and death	
(b) Gram-negative septicemia		Interval between onset and death	
(c) Ischemic bowel disease		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I Emphysema			
36. 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"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		37. DATE OF INJURY (Month, Day, Year)	
38. TIME OF INJURY		39. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
40. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		41. LOCATION (Street and Number or Rural Route Number, City or Town, State)	



ORIGINAL-VITAL STATISTICS COPY

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

DEC 20 1996

DATE ISSUED

HILDA CHASKI ADAMS, MPH
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON



Gary H. Martin, Skamania County Assessor

Date: 3-7-36-1-4-3090
2-7-29-208