

127370

RETURN ADDRESS:

Judith A. Evert
P.O. Box 97
Evert Carson, WA 98610

FILED
SKA
Judith A. Evert

FEB 19 11 23 AM '97

P. Salmon
RECORDED
GARY H. OLSON

BOOK 162 PAGE 719

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. SPA
2. Death Cert.
- 3.
- 4.

GRANTOR(S) (Last name, first, then first name and initials)

1. Robert J Evert
2. J
- 3.
- 4.

☐ Additional Names on page ____ of document.

GRANTEE(S) (Last name, first, then first name and initials)

1. Judith A. Evert
- 2.
- 3.
- 4.

☐ Additional Names on page ____ of document.

LEGAL DESCRIPTION (Abbreviated: I.E., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)

NA

☐ Complete legal on page ____ of document.

REFERENCE NUMBER(S) Of Documents assigned or released:

NA

☐ Additional numbers on page ____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

☐ Property Tax Parcel ID is not yet assigned.

☐ Additional parcel #'s on page ____ of document.

3-8-17-4-4100

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

Registered ☒
Indexed, Dir ☒
Indexed ☒
Filed ☒
Noted ☒

BOOK 162 PAGE 730

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT is executed between ROBERT J. EVERT and JUDITH A. EVERT, husband and wife, residing at Carson, Washington.

1. DECLARATIONS

1.1 Marital Status. The parties hereto are husband and wife, and are residents of the State of Washington.

1.2 Children. The parties have three children, namely: DEBORAH S. HAHN, TIMOTHY J. EVERT and ROBERT F. EVERT.

2. CONSIDERATION

FOR AND IN CONSIDERATION of the love and affection they each bear toward the other, and in consideration of the mutual help each will be to the other in the future, and for the consideration of the commingling of their joint efforts and earnings and property, it is agreed as herein provided.

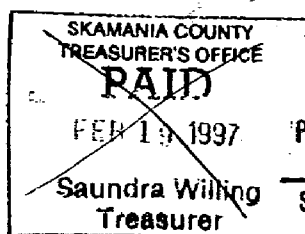
3. AMENDMENTS, ETC.

3.1 Amendments. This agreement may be amended or revoked by written instrument executed and acknowledged by the spouses. No such amendment or revocation by mutual consent of the spouses shall become effective except by written revocation or amendment.

3.2 Effect of Divorce. Unless otherwise provided in the divorce decree or in the property settlement agreement, this agreement shall be revoked by any decree divorcing the spouses.

Gary H. Martin, Skamania County Assessor
Date 2-19-97, Parcel # 3-8-17-4-4100

COMMUNITY PROPERTY AGREEMENT
Page One



REAL ESTATE EXCISE TAX

FEB 19 1997

PAID Exempt

THE LAW OFFICE OF
PHILIP J. HARRIS
SKAMANIA COUNTY TREASURER
214 E. 17th Street
Vancouver, Washington 98663
(206) 694-4301

3.3 Effect of Incompetency. If, prior to the death of either spouse, a legal guardian is appointed over the property of one of the spouses on account of incompetency, the legal guardian may join with the competent spouse in a petition to the court having jurisdiction over the guardianship proceedings for permission to enter into a modification or revocation of this agreement. Hearing on the petition shall be held after giving such notice to all interested parties as may be ordered by the court. If, after the hearing, the court deems the proposed modification or revocation to be fair and equitable and affords reasonable protection towards all parties concerned, it may authorize the guardian to execute such modification or revocation on behalf of the incompetent spouse.

3.4 Effect of Domicile Change. Unless otherwise revoked or modified, this agreement shall remain in full force and effect regardless of the state of residence and/or domicile of the spouses at the time of the death of either or both.

4. VESTING OWNERSHIP ON DEATH

Upon the death of the first spouse, all community property shall become the sole and separate property of the surviving spouse. Immediately upon the death of the one spouse, the survivor shall have the full power to sell, will, or otherwise to dispose of all property subject to this Community Property Agreement.

5. COMMUNITY PROPERTY

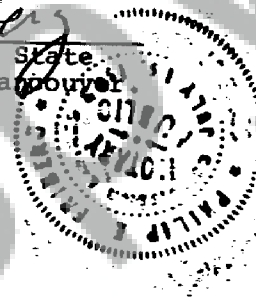
All property, real or personal, located inside or outside the State of Washington, now owned or hereafter acquired, whether separate or community, is hereby conveyed and converted

into community property and hereafter shall be deemed community property for all purposes under the laws of the State of Washington.

Robert J. Ewert
Judith A. Ewert

On this day, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared ROBERT J. EVERT and JUDITH A. EVERT, husband and wife, to me known to be the individuals described in and who executed the foregoing instrument, and each acknowledged to me that he severally signed said instrument as his free and voluntary act and deed for the uses and purposes therein mentioned.

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



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

BOOK 162 PAGE 723

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. THE UN PRINT IN PERMANENT BLACK INK

42

LOCAL FILE NUMBER

| | | | |
|--|--|---|---|
| 1. NAME First Middle Last Robert John EVERT | | 2. SEX (M/F) Male | 3. DEATH DATE (Mo Day Yr) Dec. 23, 1996 |
| 4. AGE LAST BIRTHDAY (Yrs) 67 | 5. UNDER 1 YEAR MOS 8/12/1929 | 6. BIRTHPLACE (City, State or Foreign Country) Dodge, NE | 7. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) Yes |
| 8. CITY, TOWN OR LOCATION OF DEATH Carson | | 9. PLACE OF DEATH (a) BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 71 Vine Maple | |
| 10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married | | 11. SURVIVING SPOUSE (if wife, give maiden name) Judith - Walker | |
| 12. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Engineer | | 13. SOCIAL SECURITY NO. 12 | |
| 14. RESIDENCE—NUMBER AND STREET 71 Vine Maple Loop | | 15. CITY/TOWN OR LOCATION Carson | |
| 16. FATHER'S NAME—FIRST MIDDLE LAST Adolph Frank Evert | | 17. MOTHER'S NAME—FIRST MIDDLE MIDDLE SURNAME Bessie Agnes Stecher | |
| 18. INFORMATION—NAME Judith Evert | | 19. ADDRESS—STREET OR RFD NO. CITY OR TOWN STATE ZIP P.O. Box 97 Carson, WA 98610 | |
| 20. BURIAL CREMATION REMOVAL OTHER (Specify) Cremation | | 21. DATE (Mo Day Yr) 12/26/96 | |
| 22. FUNERAL DIRECTOR'S SIGNATURE <i>K. J. Steiner</i> | | 23. NAME OF FACILITY Win-quatt Crematory | |
| 24. ADDRESS OF FACILITY GARDNER FUNERAL HOME, INC. | | 25. LOCATION—CITY/TOWN STATE The Dalles, OR | |
| 26. ADDRESS OF FACILITY POB 390 | | 27. ADDRESS OF FACILITY White Salmon, WA 98672 | |
| 28. 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>Bradley W. Andersen</i> County Coroner | | 29. 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 <i>Bradley W. Andersen</i> County Coroner | |
| 30. DATE SIGNED (Mo Day Yr) December 31, 1996 | | 31. HOUR OF DEATH (24 Hr) 1335 | |
| 32. NAME AND TITLE OF ATTENDING PHYSICIAN OR OTHER THAN CERTIFIER (Type or Print) BRADLEY W. ANDERSEN, CORONER, P.O. BOX 790, STEVENSON, WA 98648 | | 33. PRONOUNCED DEAD (Mo Day Yr) December 23, 1996 | |
| 34. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH CORONARY OCCLUSION | | 35. MEASUREMENT OF DEATH 96-075SK | |
| 36. IMMEDIATE CAUSE (final disease or condition resulting in death) CORONARY OCCLUSION | | 37. INTERVAL BETWEEN ONSET AND DEATH Minutes | |
| 38. DO NOT ENTER THE MODE OF DEATH, 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. Natural Causes | | 39. INTERVAL BETWEEN ONSET AND DEATH Minutes | |
| 40. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE None | | 41. INTERVAL BETWEEN ONSET AND DEATH Minutes | |
| 42. NOT SIGNED HERE. UNDERLYING INVESTIGATION Natural Causes | | 43. AUTOPSY? No | |
| 44. INJURY AT WORK? (Yes/No) No | | 45. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Yes | |
| 46. PLACE OF INJURY: AT HOME, FARM, STREET, BUILDING, ETC. (Specify) At Home | | 47. DATE RECEIVED (Mo Day Yr) 12/31/96 | |
| 48. RECORD INJURY AT WORK? (Yes/No) No | | 49. DATE RECEIVED (Mo Day Yr) 12/31/96 | |

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES ARE THE ONLY COPIES THAT ARE VALID FOR LEGAL PURPOSES.