

127557

BOOK 163 PAGE 311

## RETURN ADDRESS:

ARTHUR C Beagle  
7704 NELSON AVE  
VANCOUVER WA 98661

FILED FOR RECORD  
SKAMANIA COUNTY WASH

BY Arthur Beagle

MAR 12 1 28 PM '97

GARY H. OLSON

Please Print or Type Information.

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

1. Community Property Agreement &
2. Death Certificate
- 3.
- 4.

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

1. Beagle, Dolores
- 2.
- 3.
- 4.

☐ Additional Names on page \_\_\_\_ of document.

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

1. Beagle ARTHUR C
- 2.
- 3.
- 4.

☐ Additional Names on page \_\_\_\_ of document.

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

T11 N R5E SECTION 15  
SW1/4 - SW1/4 & SE1/4 - SW1/4

☐ Additional Names on page \_\_\_\_ of document.

## REAL ESTATE EXCISE TAX

18659

## REFERENCE NUMBER(S) Of Documents assigned or released:

MAR 12 1997

PAID exempt

☐ Additional Names on page \_\_\_\_ of document.W. V. M. Deputy  
SKAMANIA COUNTY TREASURER

## ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

07 05 00 00 2000 00  
07 05 15 43 0100 00 THAR 0800 00

☐ Property Tax Parcel ID is not yet assigned.☐ Additional Names on page \_\_\_\_ of document.

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.

90206

G 559475

757982

COMMUNITY AGREEMENT

THIS AGREEMENT, Made and entered into this 11<sup>th</sup> day of August, 1970,  
by and between ARTHUR CHARLES BEAGLE and DOLORES YVONNE BEAGLE, husband and  
wife, of 319 N. W. 79th Street, Vancouver, Clark County, Washington,

WITNESSETH:

For and in consideration of the love and affection we each bear one  
toward the other, and, further, in consideration of the mutual helpfulness we  
have been one to the other in the past, and for and in consideration of the  
commingling of our joint efforts and earnings and properties heretofore, we do  
mutually agree, one with the other, that every piece, parcel, lot and tract of  
land situate in the State of Washington, and each and every parcel of personal  
property, or mixed property of the parties hereto wheresoever situate, shall be  
by us, and all other persons whomsoever, deemed, esteemed, regarded, treated  
and known as Community Property. In this Agreement so made, one with the other,  
the date of acquiring, the manner of acquiring, and all statements by either  
of us heretofore made respecting alleged separate property, or affecting any  
property, are to be regarded and esteemed as of no effect.

The full intent and purpose of this instrument is to be construed by  
the Courts, our heirs, executors and assigns, and by all persons whomsoever, as  
a voluntary conveyance from one to the other, and unitedly to the community, of  
all our earthly possessions in such form and manner that the same shall from  
this date be the property of the community of ourselves as husband and wife.

It is further mutually agreed between the said parties to this Agreement  
that all of the community property of the parties to this Agreement now owned by  
them, and all community property which may be hereafter acquired by them, or by  
either of them in any way, shall, upon the death of either member of said community,

Gary H. Martin, Bismarck County Recorder  
Date 8/19/70 Per 02050000 2000 00 7241 0800 00  
110 070573 430100

202000

757983

pass entirely unto the survivor of said community, to the exclusion of all of our children, and of any child or children that may be hereafter born to or be adopted by us, and of all persons and every other person whomsoever, it being deemed best by both the parties hereto to make such disposition of the said community property, each trusting and confident that the other will make such proper disposition of the said property upon the death of the last survivor of the said community as will do justice to all persons whomsoever.

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands the day and date in this Agreement first above written.


*[Signature]*  
*Dolores Yvonne Beagle*

STATE OF WASHINGTON )  
 : ss  
 County of Clark )

THIS IS TO CERTIFY That upon this 11<sup>th</sup> day of August, 1970, personally appeared before me, the undersigned authority, ARTHUR CHARLES BEAGLE and DOLORES YVONNE BEAGLE, husband and wife, known to me to be the identical persons named in and who executed the foregoing instrument, and they did acknowledge to me that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and date in this certificate first above written.

FILED FOR RECORD  
 CLARK CO. WASH.  
*Thomas Lodge*  
 Aug 19 12 50 PM '70  
 AUDITOR DON BUNKER  
*Cty* *1*

*[Signature]*  
 Notary Public in and for the State of  
 Washington, residing at Vancouver, therein.  


# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

LOCAL FILE NUMBER

BOOK 163 PAGE 314

1. NAME First Middle Last <b>Dolores Yvonne BEAGLE</b>		2. SEX (M / F) <b>Female</b>	3. DEATH DATE (Mo. Day, Yr.) <b>May 12, 1993</b>
4. AGE LAST BIRTHDAY (Yr.) <b>60</b>	5. UNDER 1 YEAR Mo. Days Hours Mins <b>1</b>	6. UNDER 1 DAY Hours Mins <b>1</b>	7. BIRTH DATE (Mo. Day, Yr.) <b>Aug 8, 1932</b>
8. BIRTH PLACE (City, State or Foreign Country) <b>Coos Bay, Or</b>		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <b>No</b>	
10. CITY, TOWN OR LOCATION OF DEATH <b>Vancouver</b>		11. PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <b>7704 NE 61st Ave</b>	
12. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) <b>married</b>		13. SMOKING IN LAST 15 YEARS? (Yes / No) <b>No</b>	
14. SURVIVING SPOUSE (If wife, give maiden name) <b>Arthur C. Beagle</b>		15. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
16. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Accountant</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>12</b>	
18. KIND OF BUSINESS OR INDUSTRY <b>Clark County</b>		19. RACE (Specify) <b>White</b>	
20. RESIDENCE—NUMBER AND STREET <b>7704 NE 61st Ave</b>		21. CITY, TOWN OR LOCATION <b>Vancouver</b>	
22. INSIDE CITY LIMITS? (Yes / No) <b>No</b>		23. COUNTY <b>Clark</b>	
24. LENGTH OF RES IN CO. <b>37yr</b>		25. STATE <b>WA</b>	
26. ZIP CODE <b>98661</b>		27. FATHER'S NAME—FIRST, MIDDLE, LAST <b>Elmer L. Linn</b>	
28. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME <b>Loretta M. Smith</b>		29. MAILING ADDRESS <b>7704 NE 61st Ave Vancouver, WA 98661</b>	
30. DATE (Mo. Day, Yr.) <b>5/14/93</b>		31. CEMETERY/CREMATORY—NAME <b>Uniservice Crematorium</b>	
32. CREMATION <b>Cremation</b>		33. NAME OF FACILITY <b>Memorial Gardens Mortuary</b>	
34. LOCATION—CITY/TOWN, STATE <b>Portland, Oregon</b>		35. ADDRESS—STREET OR RFD NO., CITY/TOWN, STATE <b>101 NE 112th Ave Vancouver, WA 98684</b>	
36. 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> <b>TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN</b>			
37. 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>[Signature]</i> <b>TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER</b>			
38. DATE SIGNED (Mo., Day, Yr.) <b>5/13/93</b>		39. HOUR OF DEATH (24 Hrs.) <b>1225</b>	
40. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Paul Wallace, M.D.</b>		41. HOUR OF DEATH (24 Hrs.) <b>1225</b>	
42. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>Paul Wallace, M.D. 3414 N. Kaiser Center Dr Portland, OR 97227</b>		43. HOUR OF DEATH (24 Hrs.) <b>1225</b>	
44. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (First disease or condition resulting in death) <b>Metastatic Carcinoma of the Colon</b>			
DO NOT ENTER THE MODE OF DYING, SUCH AS CHOKING OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Give UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		INTERVAL BETWEEN ONSET AND DEATH <b>3 1/2 YEARS</b>	
A. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
B. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
C. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
D. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE.			
52. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify) <b>No</b>	53. INJURY DATE (Mo. Day, Yr.)	54. HOUR OF INJURY (24 Hrs.)	55. DESCRIBE HOW INJURY OCCURRED
56. INJURY AT WORK? (Yes / No) <b>No</b>	57. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)	58. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE	
59. RECORD AMBUSHMENT (Reporter use only) ITEM DISCUSS EVIDENCE REVIEWED BY DATE		60. DATE RECEIVED (Mo., Day, Yr.) <b>MAY 14 1993</b>	

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev 7/91) (Formerly OSHS 9-150)

DOH 01-003 (5-92)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH THE CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.