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BOOK 164 PAGE 143

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FILED FOR RECORD  
CLATSOP CO. WASH  
97 FEB -4 PM 4:42

RETURN ADDRESS

*Nelma Speights*  
*3171 Canyon Creek Rd*  
*Washougal Wa 98671*

AUDITOR  
ELIZABETH A. LUCE

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY *Nelma Speights*

APR 24 10 48 AM '97

*Olson*  
AUDITOR  
GARY M. OLSON

Please Print neatly or Type information  
DOCUMENT TITLE(S)

*Community Property Agreement*

REFERENCE NUMBER(S) OF RELATED DOCUMENT(S)

Additional Reference #'s on page \_\_\_\_\_

GRANTOR(S)

*Torrence L Speights*

Additional Grantors on page #  
REAL ESTATE EXCISE TAX  
18758

GRANTEE(S)

*Nelma L Speights*

APR 24 1997

PAID *240000*  
*M. Kamm, Deputy*  
SKAMANIA COUNTY TREASURER  
Additional Grantees on page # \_\_\_\_\_

LEGAL DESCRIPTION (abbreviated form: i.e. lot, block, plat or section, township, range, quarter/quarter)

Additional Legal is on page # \_\_\_\_\_

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

Additional Parcel #'s on page \_\_\_\_\_

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

By name   
Printed   
and date   
Signed   
Date

835

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT entered into this 22<sup>nd</sup> day of January, 1968, by and between TORRENCE L. SPEIGHTS, party of the first part, and HILMA L. SPEIGHTS, his wife, party of the second part, both being residents of Clark County, Washington.

WITNESSETH:

That, WHEREAS, the parties hereto are husband and wife, and are the owners of certain real and personal property located in Clark County, State of Washington, and,

WHEREAS, all the property owned by the parties hereto is the community property of said parties, and being desirous that said property as well as all other property owned by said parties herein or hereinafter acquired by the parties hereto, shall pass without delay or expense in case of the death of either of the said parties to the survivor,

NOW, THEREFORE, in consideration of the love and affection that each of said parties has for the other, it is hereby agreed that in case of the death of TORRENCE L. SPEIGHTS, while the said HILMA L. SPEIGHTS survives, the whole of said property hereinbefore referred to, together with any and all other property of the parties hereto hereafter acquired shall at once pass to and vest in HILMA L. SPEIGHTS in fee simple; and in the event of the death of HILMA L. SPEIGHTS, leaving TORRENCE L. SPEIGHTS surviving her, the whole of said property hereinbefore referred to, together with all property by them subsequently acquired, shall at once vest in TORRENCE L. SPEIGHTS in fee simple.

Gary M. Martin, Blaine County Assessor  
Date 1/24/97 Parcel # 21-01-00-000-0000  
0409 00  
0401 00  
0300 00

REAL ESTATE EXCISE TAX  
18758

APR 24 1997

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PAID: Receipt  
W. V. R. R. R. R.

This contract shall not be considered a Will; it shall not be necessary to probate the same, the only requirement being to place the said contract in full operation is the death of one of the contracting parties hereto, the recording of said contract with the proper recording officer where any or all of said property is located and the recording of an affidavit of the attending physician of the deceased, or in the alternative, the affidavit of the death of the deceased by the undertaker or party in charge of the funeral.

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

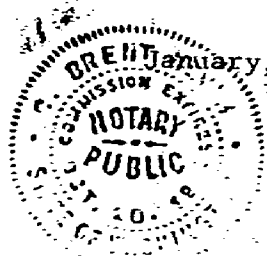
Terrence L. Speights  
Party of the First Part

Hilma L. Speights  
Party of the Second Part

STATE OF WASHINGTON )  
COUNTY OF CLARK ) ss

On this day personally appeared before me TORRENCE L. SPEIGHTS and HILMA L. SPEIGHTS, his wife, to me known to be the individuals described in and who executed the within and foregoing instrument and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 22 day of January, 1968.



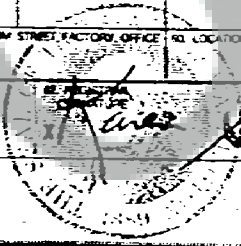
Brent M. [Name]  
Notary Public in and for the State of Washington, residing at Vancouver, therein.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1. NAME <b>TORRENCE LEWIS SPEIGHTS</b>		2. SEX (M / F) <b>Male</b>	3. DEATH DATE (Mo Day Yr) <b>January 23, 1997</b>
4. AGE LAST BIRTH DAY (Yr) <b>71</b>	5. UNDER 1 YEAR <b>MO</b>	6. UNDER 1 DAY <b>HOURS</b>	7. BIRTH DATE (Mo Day Yr) <b>Jun 27, 1925</b>
8. BIRTH PLACE <b>Ralls, Texas</b>		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <b>Yes</b>	10. COUNTY OF DEATH <b>Skamania</b>
11. CITY, TOWN OR LOCATION OF DEATH <b>Washougal</b>		12. PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <b>3171 Canyon Creek Rd</b>	
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		15. SURVIVING SPOUSE (If wife give maiden name) <b>Hilma L. Martenson</b>	16. SOCIAL SECURITY NO. <b>[REDACTED]</b>
17. DECEDENT'S EDUCATION (Specify one highest grade completed) <b>12</b>		18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>General Contractor</b>	
19. KIND OF BUSINESS OR INDUSTRY <b>Building</b>		20. RACE (Specify) <b>White</b>	21. RACE (Specify) <b>White</b>
22. RESIDENCE—NUMBER AND STREET <b>3171 Canyon Creek Rd Washougal</b>		23. CITY/TOWN OR LOCATION <b>No</b>	24. INSIDE CITY/STATE COUNTY <b>Skamania WA</b>
25. FATHER'S NAME—FIRST, MIDDLE, LAST <b>Joshua L. Speights</b>		26. MOTHER'S NAME—FIRST, MIDDLE, MARDEN SURNAME <b>Mae Hamilton</b>	
27. MAILING ADDRESS <b>Hilma L. Speights</b>		28. MAILING ADDRESS <b>3171 Canyon Creek Rd Washougal, WA 98671</b>	
29. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		30. DATE (Mo Day Yr) <b>Jan 31, 1997</b>	31. CEMETERY, CREMATORY—NAME <b>Willamette National Cemetery</b>
32. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		33. NAME OF FACILITY <b>Memorial Gardens Mortuary</b>	
34. ADDRESS OF FACILITY <b>1101 NE 112th Ave Vancouver, WA 98684</b>		35. LOCATION—CITY/TOWN, STATE <b>Portland, OR</b>	
36. SIGNATURE AND TITLE <i>[Signature]</i>		37. SIGNATURE AND TITLE <i>[Signature]</i>	
38. DATE SIGNED (Mo Day Yr) <b>1/22/97</b>		39. HOUR OF DEATH (24 Hrs) <b>2000</b>	
40. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		41. DATE SIGNED (Mo Day Yr)	
42. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>Thomas R. Kovaric, M.D. 700 NE 87th Ave Vancouver, WA 98664</b>		43. HOUR OF DEATH (24 Hrs)	
44. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH		45. MEDICORNER FILE NUMBER	
46. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Congestive Heart Failure</b>		47. INTERVAL BETWEEN ONSET AND DEATH	
48. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. <b>Crown Artery Disease</b>		49. INTERVAL BETWEEN ONSET AND DEATH	
50. UNDERLYING CAUSE (Immediate or final cause which caused death resulting in death, LAST)		51. INTERVAL BETWEEN ONSET AND DEATH	
52. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE		53. INTERVAL BETWEEN ONSET AND DEATH	
54. ADD SUICIDE, HON. UNDET. OR PENDING INVEST. (Specify)		55. AUTOPSY? (Yes / No) <b>No</b>	
56. INJURY DATE (Mo Day Yr)		57. WAS USE REFERRED TO MEDICAL EXAMINER OR CORONERY? (Yes / No) <b>Yes</b>	
58. HOUR OF INJURY (24 Hrs)		59. DATE RECEIVED (Mo Day Yr) <b>JAN 27 1997</b>	
60. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLOG, ETC. (Specify)		61. REAL STATE EXCISE TAX <b>18758</b>	
62. INJURY AT WORK? (Yes / No)		63. RECORD AMENDMENT (Prepare last only) <b>APR 24 1997</b>	
64. PLACE OF INJURY (Specify)		65. DOCUMENTARY EVIDENCE REVIEWED BY <i>[Signature]</i>	
66. LOCATION—STREET OR RD NO CITY/TOWN STATE		67. DATE RECEIVED (Mo Day Yr)	
68. RECORD AMENDMENT (Prepare last only)		69. DATE RECEIVED (Mo Day Yr)	
70. DOCUMENTARY EVIDENCE REVIEWED BY		71. DATE RECEIVED (Mo Day Yr)	
72. DATE RECEIVED (Mo Day Yr)		73. DATE RECEIVED (Mo Day Yr)	

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TO BE USED ONLY IN CONNECTION WITH CLAIM PENDING BEFORE THE VETERANS ADMINISTRATION

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