

127957

BOOK 164 PAGE 143

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FILED FOR RECORD
CLATSOP CO. WASH

Hilma Speights
97 FEB -4 PM 4:42

RETURN ADDRESS

Hilma Speights
3171 Canyon Creek Rd
Washington Dc 98671

AUDITOR
ELIZABETH A. LUCE

FILED FOR RECORD
SKAMANIA CO. WASH

BY *Hilma 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

APR 24 1997

GRANTEE(S)

Hilma L Speights

PAID *240000*

W. R. Olson, 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 name ☒

and date ☒

Witness ☐

Notary ☐

835

BOOK 164 PAGE 694

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT entered into this 22nd 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.

W I T N E S S E T H:

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.

REAL ESTATE EXCISE TAX
18758

APR 24 1997

836

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

Gary M. Martin, Shastana County Assessor
Date 4/24/97, Parcel # 010508, 0409 00
0401 00
0000 00

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

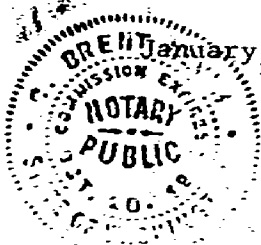
Hilma L. Speights
Party of the Second Part

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 D. Brown
Notary Public in and for the State of Washington, residing at Vancouver, therein.

LOCAL FILE NUMBER		CERTIFICATE OF DEATH		STATE FILE NUMBER	
NAME TORRENCE LEWIS SPEIGHTS		SEX (M/F) Male		DEATH DATE (Mo Day Yr) January 23, 1997	
AGE LAST BIRTHDAY (Yr Mo Day) 71		BIRTH DATE (Mo Day Yr) Jan 27, 1925		BIRTH PLACE (City State & Foreign Country) Ralls, Texas	
CITY/TOWN OR LOCATION OF DEATH Washougal		PLACE OF DEATH—SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 3171 Canyon Creek Rd		COUNTY OF DEATH No	
MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)		SURVIVING SPOUSE (Last name given maiden name) Hilma L. Martenson		SOCIAL SECURITY NO. [REDACTED]	
USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)		KIND OF BUSINESS OR INDUSTRY Building		DECEDENT'S EDUCATION (Specify only highest grade completed) High School Graduate	
RESIDENCE—NUMBER AND STREET 3171 Canyon Creek Rd Washougal		CITY/TOWN OR LOCATION No		INSIDE CITY (Yes/No) COUNTY Skamania	
FATHER'S NAME—FIRST MIDDLE LAST Joshua L. Speights		MOTHER'S NAME—FIRST MIDDLE MAIDEN SURNAME Mae Hamilton		LENGTH OF RES. IN CO. STATE 52yr WA	
BURIAL CREMATION REMOVAL OTHER (Specify) Burial		DATE (Mo Day Yr) Jan 31, 1997		Cemetery or crematory name Willamette National Cemetery	
FLUGEL DIRECTOR SIGNATURE X [Signature]		NAME OF FACILITY Memorial Gardens Mortuary		ADDRESS OF FACILITY 1101 NE 112th Ave Vancouver, WA 98684	
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME DATE AND PLACE AND WAS DUE TO THE CAUSES I STATED SIGNATURE AND TITLE X [Signature] Doctor		ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION IN MY OPINION DEATH OCCURRED AT THE TIME DATE AND PLACE AND WAS DUE TO THE CAUSES I STATED SIGNATURE AND TITLE X [Signature]			
DATE SIGNED (Mo Day Yr) 1/22/97		HOUR OF DEATH (24 Hrs) 2000		DATE SIGNED (Mo Day Yr) [Blank]	
NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Thomas R. Kovaric, M.D.		PRONOUNCED DEAD (Mo Day Yr) [Blank]		HOUR PRONOUNCED DEAD (24 Hrs) [Blank]	
NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Thomas R. Kovaric, M.D. 700 NE 87th Ave Vancouver, WA 98664		MEDICORNER FILE NUMBER [Blank]			
ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:					
IMMEDIATE CAUSE (Final disease or condition resulting in death) Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH [Blank]			
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH [Blank]			
UNDERLYING CAUSE (Disease or injury which initiated events resulting in death, LAST) Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH [Blank]			
OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE					
AGG. SUICIDE FROM UNDET. OR PENDING INVEST. (Specify)		INJURY DATE (Mo Day Yr) [Blank]		HOUR OF INJURY (24 Hrs) [Blank]	
INJURY AT WORK? (Yes/No)		PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (Specify)		LOCATION—STREET OR RD NO. CITY/TOWN STATE [Blank]	
REAL STATE EXCISE TAX 18758		RECORD AMENDMENT (Property tax only) [Blank]		DATE RECEIVED (Mo Day Yr) JAN 27 1997	
TO BE USED ONLY IN CONNECTION WITH CLAIM PENDING BEFORE THE VETERANS ADMINISTRATION FORM 10-103 (8-95)					