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BOOK 164 PAGE 942
FILED FOR RECORD
SKAMANIA CO. WASH
BY *Kielpinski & Assoc.*

MAY 1 4 47 PM '97
O. Lawry
AUDITOR
GARY M. OLSON

AFTER RECORDING MAIL TO:

Kielpinski & Associates, P.C.
P.O. Box 510
Stevenson WA 98648
(509) 427-5665

Document Title(s) or transactions contained therein:

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

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

1. Neisler, Fred Dexter [Deceased]
- 2.
- 3.
- 4.

☐ Additional names on page ____ of document

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

1. Neisler, Mary Ann [Surviving Spouse]
- 2.
- 3.
- 4.

☐ Additional names on page ____ of document

Abbreviated Legal Description: [i.e., lot/block/plat or sec/twp/range/X/X]

☐ Complete legal description is on page ____ of document

Reference Number(s) of Documents Assigned or Released: [Ex/Pg/Aud#]

- 1.
- 2.
- 3.
- 4.

☐ Additional numbers on page ____ of document

Assessor's Property Tax Parcel/Account Number(s):

- 1.
- 2.

☐ Property Tax Parcel ID is not yet assigned

By	_____
Index	_____
Filed	_____
Filed	_____
Filed	_____

sw

COMMUNITY PROPERTY AGREEMENT

THIS COMMUNITY PROPERTY AGREEMENT, entered into this day
by and between FRED DEXTER NEISLER and MARY ANN NEISLER, husband
and wife, of Stevenson, Skamania County, State of Washington,

WITNESSETH:

WHEREAS, the parties hereto are the owners of certain real
and personal property situate in the State of Washington; and

WHEREAS, it is contemplated by the parties hereto that
they may acquire additional property in the future; and

WHEREAS, it is the desire hereto that all of their prop-
erty shall pass to the survivor without delay or expense in
the event of the death of either party,

NOW, THEREFORE, WE, FRED DEXTER NEISLER and MARY ANN
NEISLER, husband and wife, for and in consideration of the love
and affection which we have, one for the other, do hereby
mutually agree that all of the property which we now own
separately, jointly, or otherwise, and whether real, personal
or otherwise, and wheresoever situate, shall be and it is
hereby declared to be the community property of the parties,
and each of the parties to this agreement do hereby convey and
transfer to the other party and to their community, all prop-
erty owned by them, even though the same be held in his or her
separate estate; and

WE HEREBY MUTUALLY AGREE that all of the property which
shall hereafter be acquired by either of us, whether separately,
jointly or otherwise, and of whatsoever nature, and wheresoever
situate, shall be and it is hereby declared to be community
property, and each of the parties do hereby convey and transfer

to the other and to their community, all such property here-
after acquired by either of them, even though the same be
acquired in his or her separate estate; and

IT IS FURTHER AGREED that the whole of the community
property now owned by us or hereafter acquired by us, including
all property the status of which is changed or created by this
agreement, shall at once, in the event of the death of FRED
DEXTER NEISLER, while the said MARY ANN NEISLER survives, be
vested in MARY ANN NEISLER, absolutely and in fee simple as
her sole and separate property; and, in the event of the death
of the said MARY ANN NEISLER, while the said FRED DEXTER NEISLER
survives, then the whole of the community property now owned by
us or hereafter acquired by us, including all property the status
of which is changed or created by this agreement, shall at once
vest in the said FRED DEXTER NEISLER, absolutely and in fee
simple as his sole and separate property.

IN WITNESS WHEREOF, the parties have executed this agree-
ment this 19th day of February, 1981.

Fred Dexter Neisler
Mary Ann Neisler

STATE OF WASHINGTON)
) ss.
County of Skamania)

I, the undersigned, a Notary Public in and for the State
of Washington, do hereby certify that on this 19th day of
February, 1981, personally appeared before me FRED DEXTER
NEISLER and MARY ANN NEISLER, husband and wife, to me known to
be the individuals described in and who executed the foregoing
instrument, and acknowledged that they signed and sealed the
same as their free and voluntary act and deed, for the uses and
purposes therein mentioned.



Witnessed under my hand and official seal the day and year
last above written.

Jan C. Theisen
Notary Public in and for the
State of Washington, residing
at Stevenson.

NEISLER
Community Property Agreement
Page 2 of 2 Pages

H's initials FDN
W's initials MANN

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



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CERTIFICATE OF DEATH

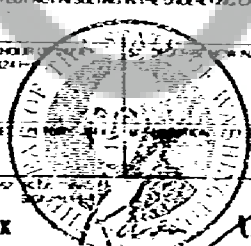
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

13

LOCAL FILE NUMBER

1. NAME First Middle Last Fred Dexter NEISLER		2. SEX (M/F) Male	3. DEATH DATE (Mo Day Yr) April 7, 1997
4. AGE LAST BIRTH DAY (Yr) 65	5. UNDER 1 YEAR MOS DAYS HOURS MINS	6. BIRTH DATE (Mo Day Yr) 5/15/1931	7. BIRTH PLACE (City, State or Foreign Country) Grass Creek, WY
11. CITY, TOWN OR LOCATION OF DEATH Stevenson		12. PLACE OF DEATH (BE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME) 650 Aalvik Road	
14. MARITAL STATUS (Married, Widowed, Divorced, Single) married		15. SURVIVING SPOUSE (If wife give maiden name) Mary Ann Benson	
16. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Ironworker		17. DECEASED'S EDUCATION (Specify only highest grade completed) High School	
18. USUAL BUSINESS OR INDUSTRY Petroleum		19. WAS DECEASED OF HISPANIC ORIGIN OR DESCENT? (Specify) No	
22. RESIDENCE NUMBER AND STREET 650 Aalvik Road		23. CITY, TOWN OR LOCATION Stevenson	
24. FATHER'S NAME - FIRST MIDDLE LAST Thomas Wilburn Neisler		25. MOTHER'S NAME - FIRST MIDDLE MAIDEN SURNAME Myrtle Lorraine Bull	
30. INFORMANT - NAME Mary Ann Neisler		31. MAILING ADDRESS P.O. Box 4 Carson, WA 98610	
32. BURIAL CREMATION REMOVAL (Specify) Cremation		33. DATE (Mo Day Yr) 4/8/97	
34. CEMETERY CREMATORY - NAME Win-quatt Crematory		35. LOCATION - CITY, TOWN, STATE The Dalles, OR	
36. FUNERAL DIRECTOR'S SIGNATURE <i>R. P. Dierckx</i>		37. NAME OF FACILITY GARDNER FUNERAL HOME, INC.	
38. ADDRESS OF FACILITY White Salmon, WA 98672		39. ADDRESS OF FACILITY POB 390	
40. 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>Kimberly Stutzman</i> Kimberly Stutzman, M.D.		41. 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>Stutzman, MD</i> Stutzman, MD	
42. DATE SIGNED (Mo Day Yr) April 8, 1997		43. HOUR OF DEATH (24 Hrs) 0640	
44. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CLERICAL (Type or Print) Kimberly Stutzman, M.D.		45. HOUR OF DEATH (24 Hrs) 0640	
46. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Kimberly Stutzman, M.D. POB 1519 White Salmon, WA 98672		47. HOUR OF DEATH (24 Hrs) 0640	
48. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) Metastatic lung CA (brain metastasis)		49. INTERVAL BETWEEN ONSET AND DEATH 5 months	
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. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		50. INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE		52. AUTOPSY? (Yes/No) No	
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Yes		54. ACCIDENT, SUICIDE, HEAVY UNDERLYING INJURY DATE (Mo Day Yr) April 10, 1997	
55. INJURY AT WORK? (Yes/No) No		56. PLACE OF INJURY - AT HOME, FARM, STREET, BLDG ETC (Specify) Home	
57. INJURY AT WORK? (Yes/No) No		58. PLACE OF INJURY - AT HOME, FARM, STREET, BLDG ETC (Specify) Home	
59. INJURY AT WORK? (Yes/No) No		60. PLACE OF INJURY - AT HOME, FARM, STREET, BLDG ETC (Specify) Home	
61. INJURY AT WORK? (Yes/No) No		62. PLACE OF INJURY - AT HOME, FARM, STREET, BLDG ETC (Specify) Home	
63. INJURY AT WORK? (Yes/No) No		64. PLACE OF INJURY - AT HOME, FARM, STREET, BLDG ETC (Specify) Home	
65. INJURY AT WORK? (Yes/No) No		66. PLACE OF INJURY - AT HOME, FARM, STREET, BLDG ETC (Specify) Home	
67. INJURY AT WORK? (Yes/No) No		68. PLACE OF INJURY - AT HOME, FARM, STREET, BLDG ETC (Specify) Home	
69. INJURY AT WORK? (Yes/No) No		70. PLACE OF INJURY - AT HOME, FARM, STREET, BLDG ETC (Specify) Home	
71. INJURY AT WORK? (Yes/No) No		72. PLACE OF INJURY - AT HOME, FARM, STREET, BLDG ETC (Specify) Home	
73. INJURY AT WORK? (Yes/No) No		74. PLACE OF INJURY - AT HOME, FARM, STREET, BLDG ETC (Specify) Home	
75. INJURY AT WORK? (Yes/No) No		76. PLACE OF INJURY - AT HOME, FARM, STREET, BLDG ETC (Specify) Home	
77. INJURY AT WORK? (Yes/No) No		78. PLACE OF INJURY - AT HOME, FARM, STREET, BLDG ETC (Specify) Home	
79. INJURY AT WORK? (Yes/No) No		80. PLACE OF INJURY - AT HOME, FARM, STREET, BLDG ETC (Specify) Home	
81. INJURY AT WORK? (Yes/No) No		82. PLACE OF INJURY - AT HOME, FARM, STREET, BLDG ETC (Specify) Home	
83. INJURY AT WORK? (Yes/No) No		84. PLACE OF INJURY - AT HOME, FARM, STREET, BLDG ETC (Specify) Home	
85. INJURY AT WORK? (Yes/No) No		86. PLACE OF INJURY - AT HOME, FARM, STREET, BLDG ETC (Specify) Home	
87. INJURY AT WORK? (Yes/No) No		88. PLACE OF INJURY - AT HOME, FARM, STREET, BLDG ETC (Specify) Home	
89. INJURY AT WORK? (Yes/No) No		90. PLACE OF INJURY - AT HOME, FARM, STREET, BLDG ETC (Specify) Home	
91. INJURY AT WORK? (Yes/No) No		92. PLACE OF INJURY - AT HOME, FARM, STREET, BLDG ETC (Specify) Home	
93. INJURY AT WORK? (Yes/No) No		94. PLACE OF INJURY - AT HOME, FARM, STREET, BLDG ETC (Specify) Home	
95. INJURY AT WORK? (Yes/No) No		96. PLACE OF INJURY - AT HOME, FARM, STREET, BLDG ETC (Specify) Home	
97. INJURY AT WORK? (Yes/No) No		98. PLACE OF INJURY - AT HOME, FARM, STREET, BLDG ETC (Specify) Home	
99. INJURY AT WORK? (Yes/No) No		100. PLACE OF INJURY - AT HOME, FARM, STREET, BLDG ETC (Specify) Home	



April 10, 1997

DOH 01-223 (8-95)