

128529

AFTER RECORDING MAIL TO:

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Address POB 129
City/State Stevenson WA 98648

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SKAMANIA CO. WASH
BY Robert K Leick

JUN 30 10 11 AM '97
P. Johnson
AUDITOR
GARY H. OLSON

BOOK 166 PAGE 662

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

1. COMMUNITY PROPERTY AGREEMENT
- 2.
- 3.
- 4.



First American Title
Insurance Company

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

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

1. CLYDE F. COOKE & EVELYN V. COOKE, husband and wife
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

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

- 1.
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

☐ Complete legal description is on page _____ of document

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

18881

NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document for accuracy or completeness of the indexing information provided herein.

REAL ESTATE EXCISE TAX

JUN 27 1997

PAID Exempt

JW

SKAMANIA COUNTY TREASURER

Gary H. Martin, Skamania County Assessor

Date 6-27-97 Parcel # 2-7-21-1-2-700

COMMUNITY PROPERTY AGREEMENT

THIS COMMUNITY PROPERTY AGREEMENT, entered into this day
by and between CLYDE F. COOKE and EVELYN V. COOKE, husband and
wife, of North Bonneville, Washington,

W I T N E S S E T H :

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 pro-
perty shall pass to the survivor without delay or expense in the
event of the death of either party,

NOW, THEREFORE, WE, CLYDE F. COOKE and EVELYN V. COOKE,
husband and wife, for and in consideration of the love and af-
fection which we have one for the other, do hereby mutually a-
gree that all of the property which we now own separately, joint-
ly, 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 the community, all property 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 their communi-
ty property, and each of the parties do hereby convey and trans-
fer to the other and to their community, all such property here-
after acquired by either of them, even though the same be acquir-

COOKE
Community Property Agreement
Page 1 of 2 Pages

H's initials C.F.C.

W's initials E.V.C.

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 CLYDE F. COOKE, while the said EVELYN V. COOKE survives, be vested in EVELYN V. COOKE, absolutely and in fee simple as her sole and separate property; and, in the event of the death of the said EVELYN V. COOKE, while the said CLYDE F. COOKE 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 CLYDE F. COOKE absolutely and in fee simple as his sole and separate property.

Clyde L. Cooke
Evelyn V. Cooke

STATE OF WASHINGTON)
County of Skamania) ss.

I, the undersigned, a Notary Public in and for the State of Washington, do hereby certify that on this 28 day of March, 1973, personally appeared before me CLYDE F. COOKE and EVELYN V. COOKE, 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.

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

Fred Neely
Notary Public in and for the State of
Washington, residing at Stevenson.



Community Property Agreement
Page 2 of 2 Pages

STATE OF WASHINGTON DEPARTMENT OF HEALTH											
36 LOCAL FILE NUMBER					BOOK 166 PAGE 665 146		STATE FILE NUMBER				
1 NAME First Middle Last Clyde Frederick Cooke					2 SEX (M/F) Male		3 DEATH DATE (Mo Day Yr) November 26, 1996				
4 AGE LAST BIRTH DAY (Yr) 86		5 UNDER 1 YEAR YES		6 UNDER 1 DAY HOURS MIN		7 BIRTH DATE (Mo Day Yr) 12/9/1909		8 BIRTH PLACE (City, State or Foreign Country) Lyle, WA			
9 CITY, TOWN OR LOCATION OF DEATH North Bonneville					10 PLACE OF DEATH (If not at home, give address or institution name) 919 Lakeside		11 WAS DECEASET EVER IN U.S. ARMED FORCES? (Yes/No) Yes		12 COUNTY OF DEATH Skamania		
13 SMOKING IN LAST 15 YEARS? (Yes/No) No		14 MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)) Married		15 SURVIVING SPOUSE (If wife, give maiden name) Evelyn - Askelson		16 SOCIAL SECURITY NO. [REDACTED]		17 DECEASET'S EDUCATION (Specify only highest grade completed) 10			
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Logger		19 KIND OF BUSINESS OR INDUSTRY Lumber		20 Was Decedent of Hispanic origin or descent? (Specify Yes/No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No		21 RACE (Specify) White		22 RESIDENCE - NUMBER AND STREET 919 Lakeside			
23 CITY, TOWN OR LOCATION N. Bonneville		24 INSIDE CITY LIMITS? (Yes/No) Yes		25 COUNTY Skamania		26 LENGTH OF RES. IN CO. 46 yrs		27 ZIP CODE WA 98639			
28 FATHER'S NAME - FIRST, MIDDLE, LAST Charlie A. Cooke					29 MOTHER'S NAME - FIRST, MIDDLE, MARRIAGE SURNAME Lotta May Lucas						
30 INFORMANT - NAME Donald Moser					31 MAILING ADDRESS P.O. Box 264 Carson, WA 98610						
32 BURIAL, CREMATION, OR OTHER (Specify) Burial		33 DATE (Mo Day Yr) 12/2/1996		34 CEMETERY, CREMATORIUM, NAME Wind River Memorial Cemetery		35 LOCATION - CITY/TOWN, STATE Carson, WA					
36 FUNERAL DIRECTOR'S SIGNATURE K.P. [Signature]		37 NAME OF FACILITY GARDNER FUNERAL HOME, INC.		38 ADDRESS OF FACILITY White Salmon, WA 98672		39 ADDRESS OF FACILITY POB 390					
39 TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN 39 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 [Signature] 40 DATE SIGNED (Mo, Day, Yr) December 3, 1996 41 HOUR OF DEATH (24 Hrs) 1500					42 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 [Signature] 43 DATE SIGNED (Mo, Day, Yr) November 26, 1996 44 HOUR OF DEATH (24 Hrs) 1610						
45 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Bradley Andersen, Coroner POB 790 Stevenson, WA 98648					46 PHONOUNCED DEAD (Mo, Day, Yr) November 26, 1996					47 HOUR PHONOUNCED DEAD (24 Hrs) 1610	
48 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH IMMEDIATE CAUSE (First disease or condition resulting in death) CORONARY OCCLUSION DO NOT ENTER THE MODE OF DYING, 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 A. DUE TO, OR AS A CONSEQUENCE OF B. DUE TO, OR AS A CONSEQUENCE OF C. DUE TO, OR AS A CONSEQUENCE OF D. DUE TO, OR AS A CONSEQUENCE OF INTERVAL BETWEEN ONSET AND DEATH Undetermined					49 ME/CORONER FREE NUMBER 96-0738K					50 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Yes	
51 ADD SUICIDE, HOMICIDE, OR PENDING INVEST (Specify) Natural		52 INJURY DATE (Mo Day Yr) [REDACTED]		53 HOUR OF INJURY (24 Hrs) [REDACTED]		54 DESCRIBE HOW INJURY OCCURRED [REDACTED]		55 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, BLDG, ETC. (Specify) [REDACTED]			
56 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, BLDG, ETC. (Specify) [REDACTED]		57 LOCATION - STREET OR R.F.D. NO., CITY/TOWN, STATE [REDACTED]		58 RECORD AMBULANCE (Primary use only) ITEM DOCUMENTED REVIEWED BY DATE [REDACTED]		59 REGISTRAR SIGNATURE [Signature]		60 DATE RECEIVED (Mo, Day, Yr) 12/4/96			