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BOOK 168 PAGE 705

FILED FOR RECORD
SKAMANIA CO. WASH
BY Shirley Gallanger

SEP 2 10 24 AM '97

G. Lawry
AUDITOR
GARY M. OLSON

COMMUNITY PROPERTY AGREEMENT

THIS COMMUNITY PROPERTY AGREEMENT, entered into this day by
and between JOSEPH HENRY GALLANGER, SR. and SHIRLEY ANN GALLANGER,
husband and wife, of Skamania County, State of Washington.

Gary H. Martin, Skamania County Assessor

WITNESSE TO Me 9-2-97 Parcel # 2-2-36-2-4-1700

WHEREAS, the parties hereto are 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 property
shall pass to the survivor without delay or expense in the event
of the death of either party;

NOW THEREFORE, WE, JOSEPH HENRY GALLANGER, SR. and SHIRLEY
ANN GALLANGER, 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

Community Property Agreement
Page 1 of Three Pages

X

11/3
Bey

H's initials

W's initials

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 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 community property, and each of the parties do hereby convey and transfer to the other and to their community, all such property hereafter 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 JOSEPH HENRY GALLANGER, SR., while the said SHIRLEY ANN GALLANGER survives, be vested in SHIRLEY ANN GALLANGER, absolutely and in fee simple as her sole and separate property; and, in the event of the death of the said SHIRLEY ANN GALLANGER, while the said JOSEPH HENRY GALLANGER, SR. 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 JOSEPH HENRY GALLANGER, SR., absolutely and in fee simple as his sole and separate property.

IN WITNESS WHEREOF, the parties have executed this agreement this 21ST day of April, 1997.

x Joseph Henry Gallanger Sr.
JOSEPH HENRY GALLANGER, SR.

Shirley A. Gallanger
SHIRLEY ANN GALLANGER

STATE OF WASHINGTON) ss.
County of Skamania)

I certify that I know or have satisfactory evidence that Joseph Henry Gallanger, Sr. and Shirley Ann Gallanger are the persons who appeared before me, and said persons acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED: April 21ST, 1997.

Debra A. [Signature]
Print: Debra A. [Signature]
Notary Public in and for
the State of WASHINGTON
Commission expires: 3/1/99

CERTIFICATION OF VITAL RECORD

BOOK 168 PAGE 708

TYPE OR
PRINT ON
PERMANENT
BLACK INK

G-4048

1.D. TAG NO.

3101-97

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

State File Number

| | | | | | |
|--|--|---|--|---|--|
| 1. DECEDENT'S NAME Joseph Henry GALLANGER | | 2. SEX Male | | 3. DATE OF DEATH, Month, Day, Year August 26, 1997 | |
| 4. SOCIAL SECURITY NUMBER 73 | | 5. AGE, Sex, Race, Date of Birth 73 | | 6. PLACE OF BIRTH, City and State or Foreign Country Lopez Island, WA | |
| 7. DATE OF BIRTH, Month, Day, Year Sept. 25, 1923 | | | | | |
| 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| 9. FACILITY NAME (If not institution, give street and number) Hood River Care Center | | | | | |
| 10. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life) Store Owner | | | | | |
| 11. KIND OF BUSINESS/INDUSTRY Grocery | | | | | |
| 12. MARITAL STATUS, Marital Status, if divorced, divorced (Specify) Married | | | | | |
| 13. SPOUSE (If married, if deceased, deceased (Specify) Shirley Gallanger | | | | | |
| 14. CITY, TOWN, OR LOCATION OF DEATH Hood River | | | | | |
| 15. COUNTY OF DEATH Hood River | | | | | |
| 16. RESIDENCE - STATE, COUNTY, CITY, TOWN OR LOCATION, STREET AND NUMBER Washington Skamania Stevenson 263 Roosevelt St. NW | | | | | |
| 17. ZIP CODE 98643 | | | | | |
| 18. WAS DECEDENT OF HISPANIC ORIGIN? Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | | |
| 19. RACE American Indian, Black, White, etc. (Specify) White | | | | | |
| 20. DECEDENT'S EDUCATION (Specify and highest grade completed) 12 | | | | | |
| 21. FATHER - NAME, first, middle, last Joseph Fargie Gallanger | | | | | |
| 22. MOTHER - NAME, first, middle, last Susan May Cochran | | | | | |
| 23. INFORMANT - NAME and relationship to decedent Joe Gallanger, Son | | | | | |
| 24. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) Win-quatt Crematory | | | | | |
| 25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) The Dalles, OR | | | | | |
| 26. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON IN CHARGE R. J. Dierckx | | | | | |
| 27. LICENSE NUMBER (For Licensee) 1482 | | | | | |
| 28. NAME, ADDRESS AND ZIP OF FACILITY GARDNER FUNERAL HOME, INC. POB 390 White Salmon, WA 98672 | | | | | |
| 29. DATE FILED, Month, Day, Year August 28, 1997 | | | | | |
| 30. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA | | | | | |
| 31. DID GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA | | | | | |
| 32. TO BE COMPLETED BY CERTIFYING PHYSICIAN | | | | | |
| 33. TIME OF DEATH 11:15 P.M. | | | | | |
| 34. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| 35. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED. (Signature) Kimberly Stutzman | | | | | |
| 36. DATE SIGNED, Month, Day, Year 8/28/97 | | | | | |
| 37. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Kimberly Stutzman, M.D. POB 1519 White Salmon, WA 98672 | | | | | |
| 38. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER, Type or Print | | | | | |
| 39. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.) | | | | | |
| PART I (a) Melanotic Bladder Cancer | | | | | |
| PART II (b) Hypertension, Heart | | | | | |
| PART III (c) OTHER SIGNIFICANT CONDITIONS | | | | | |
| 40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Underdetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other | | | | | |
| 41. DATE OF INJURY (Month, Day, Year) | | | | | |
| 42. TIME OF INJURY | | | | | |
| 43. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| 44. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) | | | | | |
| 45. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | | | | |

ORIGINAL VITAL STATISTICS COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE HOOD RIVER COUNTY REGISTRAR.

DATE ISSUED

HOOD RIVER

AUG 28 1997

COUNTY OREGON

Dorothy A. Odell

DOROTHY A. ODELL
COUNTY REGISTRAR
HOOD RIVER COUNTY, OREGON

