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FILLED FOR RECORD  
SKAMANIA CO. WASH  
BY *Jacilyn Margison*

SEP 26 4 16 PM '97

*P. Johnson*  
AUDITOR  
GARY M. OLSON

RETURN ADDRESS:  
Edward L. & Jacilyn R. MARGESON  
1707 NW 28<sup>th</sup> Ave  
Camas, WA 98607

BOOK 169 PAGE 444

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Community Property Agreement/Death Certificate
2. Affidavit
- 3.
- 4.

GRANTOR(S) (Last name, first, then first name and initials)

1. Boss, May A.
- 2.
- 3.
- 4.

☐ Additional Names on page \_\_\_\_ of document.

19051

REAL ESTATE EXCISE TAX

GRANTEE(S) (Last name, first, then first name and initials)

1. Boss, Henry T.
- 2.
- 3.
- 4.

SEP 29 1997

PAID exempt

☐ Additional Names on page \_\_\_\_ of document.

SKAMANIA COUNTY TREASURER

LEGAL DESCRIPTION (Abbreviated: I.E., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)

Lot #66 of Recreation Sites. Government Mineral Springs,  
Section 30, Township 5 North, Range 7 E.W.M Gifford Pinchot  
☐ Complete legal on page \_\_\_\_ of document. National Forest

REFERENCE NUMBER(S) Of Documents assigned or released:

☐ Additional numbers on page \_\_\_\_ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER 96-001066

☐ Property Tax Parcel ID is not yet assigned.

☐ Additional parcel #'s on page \_\_\_\_ of document.

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





Affidavit

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Page 2

5. Included among the assets of the community estate of HENRY T. BOSS and MAY A.

BOSS was the following interest in real property situate in Skamania County, Washington:

Lot #66 of Recreation Sites, Government Mineral Springs, Section  
30, Township 5 North, Range 7 E.W.M. Gifford Pinchot National  
Forest.

Assessed Value:	\$5,000.00
Fair Market Value as of date of death:	\$5,000.00

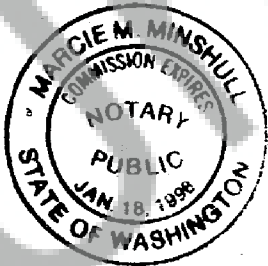
6. The decedent, at the time of death, owned no separate property of any kind nor held any interest in any separate property.

7. All obligations of the marital community composed of HENRY T. BOSS and MAY A. BOSS, husband and wife, and all separate obligations of the said MAY A. BOSS have been paid in full and all expenses of last illness and funeral expenses have been paid.

IN WITNESS WHEREOF, I have hereunto set my hand this 26<sup>th</sup> day of September, 1997.

Henry T. Boss  
HENRY T. BOSS

SUBSCRIBED and SWORN to before me this 26<sup>th</sup> day of September, 1997.



Marcie Minshull  
Notary Public in and for the State of  
Washington, Residing at Washougal.  
My appointment expires: 1-18-98.

8601230051

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COMMUNITY PROPERTY AGREEMENT

This COMMUNITY PROPERTY AGREEMENT entered into this date by and between HENRY T. BOSS and MAY A. BOSS, husband and wife, residents of Clark County, 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 of the parties 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, Henry T. Boss and May A. Boss, 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 does 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 community property, and each of the parties does hereby convey and transfer to the other and to the 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

Gary H. Martin, Skamania County Assessor

Date 9/24/97 Parcel # 96-001066

or created by this agreement, shall at once, in the event of the death of the said Henry T. Boss, while the said May A. Boss survives, be vested in MAY A. BOSS, absolutely and in fee simple as her sole and separate property; and in the event of the death of the said May A. Boss, while the said Henry T. Boss 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 HENRY T. BOSS, absolutely and in fee simple as his sole and separate property.

IN WITNESS WHEREOF, the parties have executed this instrument this 24 day of September, 1971.

Henry T. Boss  
May A. Boss

WITNESSED BY:

[Signature]  
[Signature]

STATE OF WASHINGTON )  
COUNTY OF CLARK ) ss.

THIS IS TO CERTIFY that before me, the undersigned Notary Public, on this 24 day of September, 1971, personally appeared Henry T. Boss and May A. Boss, husband and wife, to me known to be the individuals described in and who executed the foregoing instrument and acknowledged to me that they signed the same as their free and voluntary acts and deeds, for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and date in this Certificate first above written.

[Signature]  
Notary Public in and for the State of Washington,  
residing at [Signature]



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Gary H. Martin, Shastone County Assessor

DATE 9/15/87 PERIOD 96-0010166

1278

## VITAL RECORDS CERTIFICATE OF DEATH

1 NAME FIRST MIDDLE LAST MAY ARDYCE BOSS 2 SEX Female 3 DEATH DATE MO DAY YR Dec. 18, 1985 146-800K 169 PAGE 44

4 RACE WHITE 5 AGE LAST BIRTH DAY YR 64 6 UNDER 1 YEAR 7 UNDER 1 DAY 8 BIRTH DATE MO DAY YR Aug. 28, 1921 9 COUNTY OF DEATH Clark

10 CITY TOWN OR LOCATION OF DEATH Vancouver 11 PLACE OF DEATH St. Joseph Community Hospital 12 RECEIVED EMERGENCY CARE

13 BIRTH STATE - IF NOT IN USA GIVE COUNTRY Washington 14 CITIZEN OF WHAT COUNTRY U.S.A. 15 MARRIED NEVER MARRIED WIDOWED DIVORCED Married 16 SPOUSE IF WIFE GIVE MAIDEN NAME Henry T. Boss 17 WAS DECEDENT EVER IN U.S. ARMED FORCES YES NO No

18 SOCIAL SECURITY NO [REDACTED] 19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED) Ret. Head Cook 20 KIND OF BUSINESS OR INDUSTRY School

21 RESIDENCE NUMBER AND STREET 1823 N. E. Garfield St. 22 CITY/TOWN OR LOCATION Camas 23 INSIDE CITY LIMITS YES NO Yes 24 COUNTY Clark 25 STATE Washington

26 FATHER NAME FIRST MIDDLE LAST Adolph Paris 27 MOTHER MAIDEN NAME FIRST MIDDLE LAST Louise Parris

28 INFORMANT NAME Henry T. Boss - Husband 29 MAILING ADDRESS 1823 N. E. Garfield St., Camas, Washington 98607

30 BURIAL CREMATION REMOVAL OTHER (SPECIFY) Burial 31 DATE MO DAY YR Dec. 21, 1985 32 CEMETERY CREMATORY NAME Camas Cemetery 33 LOCATION CITY TOWN STATE Camas, Washington

34 FUNERAL DIRECTOR SIGNATURE [Signature] 35 NAME OF FACILITY Straub's Funeral Home 36 ADDRESS OF FACILITY 325 N. E. 3rd Ave. Camas, WA 98607

37 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME DATE AND PLACE AND DUE TO THE CAUSE(S) STATED 38 SIGNATURE AND TITLE [Signature] 39 DATE SIGNED MO DAY YR 12-23-85 40 NAME AND TITLE OF ATTENDING PHYSICIAN (OTHER THAN CERTIFYING PHYSICIAN) E. W. Brookings, M.D., 327 N.E. 5th Ave., P.O. Box 1004, Camas, WA 98607

41 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION IN MY OPINION DEATH OCCURRED AT THE TIME DATE AND PLACE AND DUE TO THE CAUSE(S) STATED 42 DATE SIGNED MO DAY YR 12-23-85 43 HOUR OF DEATH (24 HRS) 1:15 P.M. 44 HOUR PRONOUNCED DEAD (24 HRS)

45 NAME AND ADDRESS OF CERTIFIER PHYSICIAN MEDICAL EXAMINER OR CORONER (TYPE OR PRINT) E. W. Brookings, M.D., 327 N.E. 5th Ave., P.O. Box 1004, Camas, WA 98607

46 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A) (B) AND (C)) (A) Hepatitis (B) Cirrhosis (C) Carcinoma, Breast

47 OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH NOT RELATED TO CAUSE GIVEN ABOVE) Carcinoma, Breast 48 AUTOPSY YES NO No 49 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (YES/NO)

50 INJURY AT WORK YES NO 51 PLACE OF INJURY AT HOME FARM STREET FACTORY OFFICE BLDG ETC (SPECIFY) 52 INJURY DATE MO DAY YR 53 HOUR OF INJURY (24 HRS) 54 DESCRIBE HOW INJURY OCCURRED

55 REGISTRAR SIGNATURE [Signature] 56 DATE RECEIVED MO DAY YR DEC 23 1985

57 FOR STATE REGISTRAR USE ONLY 58 ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE 59 DOCUMENTARY EVIDENCE REVIEWED BY DATE

60 SIGNATURE OF REGISTRAR [Signature]

61 THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

DOHS 9-150 (REV. 1-82)

DOH 01-003 (8-96)