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BOOK 170 PAGE 157

Return Address:

Evalyn M. Parker
PO Box 1779
Longview WA 98632-8099

FILED FOR RECORD
SKAMIA, WASH
BY Evalyn Parker

OCT 21 3 50 PM '97

O. L. Olson
AUDITOR
GARY M. OLSON

Please Print or Type Information.

Document Title(s) or transactions contained therein: 1. <i>Agreement to Status of Community Property</i> 2. <i>Death Certificate</i> 3. 4.	
GRANTOR(S) (Last name, first, then first name and initials) 1. <i>Parker, Arthur Raymond</i> 2. 3. 4. <input type="checkbox"/> Additional Names on page _____ of document.	
GRANTEE(S) (Last name, first, then first name and initials) 1. <i>Parker, Evalyn May</i> 2. 3. 4. <input type="checkbox"/> Additional Names on page _____ of document.	
LEGAL DESCRIPTION (Abbreviated: I.E., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter) <i>Cabin 38 Northwoods</i> <input type="checkbox"/> Complete legal on page _____ of document.	
REFERENCE NUMBER(S) Of Documents assigned or released: <input type="checkbox"/> Additional numbers on page _____ of document.	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER <i>96-000038</i> <input type="checkbox"/> Property Tax Parcel ID is not yet assigned. <input type="checkbox"/> 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.	

Agreement as to Status of Community Property

After Death of One of the Spouses

Know All Men by These Presents:

That this agreement, made and entered into this 20th day of May, 1975,
by and between ARTHUR RAYMOND PARKER
and EVALYN MAY PARKER, husband and wife,
of Silver Creek, Lewis County, State of Washington, WITNESSETH:

That, in consideration of the love and affection that each of said parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted, and promised:

I.
That all property of whatsoever nature or description whether real, personal or mixed and where-soever situated now owned or hereafter acquired by them or either of them shall be considered and is hereby declared to be community property.

II.
That upon the death of either of the aforementioned parties title to all community property as herein defined shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said Arthur Raymond Parker
and Evalyn May Parker have hereunto set their hands
and seals this 20th day of May, 1975.

JUN 25 1975

FILED FOR RECORD
REQUEST OF Bryd Mosen
ROBERT I. VENEZIA, Notary Public
Arthur R. Parker
PO Box 192
Silver Creek, WA 98585
STATE OF WASHINGTON,

Arthur Raymond Parker
Evalyn May Parker

County of Lewis

SS.

This is to certify that on this 25th day of June, 1975, before me
Deborah G. Sprinkle a Notary Public in and for the State of Washington
duly commissioned and sworn, personally came Arthur Raymond Parker
and Evalyn May Parker husband and wife, to me known to be the individuals
described in and who executed the within instrument, and acknowledged to me that they signed
and sealed the same as their free and voluntary act and deed for the uses and purposes therein
mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written.

Deborah G. Sprinkle
Notary Public in and for the State of Washington residing at Silver Creek, Wa.

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

OFFICE USE ONLY

DISTRICT: 688

LOCAL FILE NUMBER

Health

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CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1 NAME First Middle Last Arthur Raymond Parker			2 SEX (M/F) Male		3 DEATH DATE (Mo, Day, Yr) September 12, 1996	
4 AGE LAST BIRTHDAY (Yrs) 66		5 UNDER 1 YEAR MOE DAYS		6 UNDER 1 DAY HOURS MINS		7 BIRTH DATE (Mo, Day, Yr) Oct 21, 1929
8 BIRTH PLACE (City, State or Foreign Country) Ryderwood, WA		9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) No		10 COUNTY OF DEATH Cowlitz		
11 CITY, TOWN OR LOCATION OF DEATH Longview			12 PLACE OF DEATH - IF BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 <input type="checkbox"/> HOME 2 <input type="checkbox"/> IN TRANSIT 3 <input type="checkbox"/> IN CARE OF 4 <input checked="" type="checkbox"/> HOSP 5 <input type="checkbox"/> NURS HOME 6 <input type="checkbox"/> OTHER PLACE St. John Medical Center			
13 SMOKING IN LAST 15 YEARS? (Yes/No) Yes						
14 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		15 SURVIVING SPOUSE (If wife give maiden name) Evalyn May Coleman		16 SOCIAL SECURITY NO [REDACTED]		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) College (14 or 5+) 12
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Heavy Equipment Oper.		19 KIND OF BUSINESS OR INDUSTRY General Construction		20 Was Decedent of Hispanic origin or descent? (Specify) (Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No		21 RACE (Specify) White
22 RESIDENCE - NUMBER AND STREET 38 Northwood		23 CITY/TOWN OR LOCATION Longview		24 INSIDE CITY LIMITS? (Yes/No) No		25A COUNTY Cowlitz
				25B LENGTH OF RES IN CO 12yrs		26 STATE WA
				27 ZIP CODE 98632		
28 FATHER'S NAME - FIRST, MIDDLE, LAST Arthur Curtis Parker			29 MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME Jessie Ada Alexander			
30 INFORMANT - NAME Evalyn Parker		31 MAILING ADDRESS STREET OR RD NO CITY OR TOWN STATE ZIP P.O. Box 1779 Longview WA 98632				
32 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		33 DATE (Mo, Day, Yr) Sept 17, 1996		34 CEMETERY, CREMATORY - NAME Doss Cemetery		
35 LOCATION - CITY/TOWN, STATE Mossyrock, WA		36 ADDRESS OF FACILITY P.O. Box 1003 Chehalis, WA 98532				
37 NAME OF FACILITY Brown Mortuary Service, Inc.						
38 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 Neal Kirkpatrick, M.D.			39 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]			
40 DATE SIGNED (Mo, Day, Yr) 9/16/96			41 HOUR OF DEATH (24 Hrs) 0530			
42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Neal Kirkpatrick, M.D.			43 PROMOUNCED DEAD (Mo, Day, Yr)			
44 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Neal Kirkpatrick, M.D. 1706 Washington Way Longview, WA 98632			45 HOUR OF DEATH (24 Hrs)			
46 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Neal Kirkpatrick, M.D. 1706 Washington Way Longview, WA 98632			47 HOUR PROMOUNCED DEAD (24 Hrs)			
48 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Neal Kirkpatrick, M.D. 1706 Washington Way Longview, WA 98632			49 MEDICORNER FILE NUMBER			
50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.						
IMMEDIATE CAUSE (Final disease or condition resulting in death) Ruptured Aortic Aneurysm		DUE TO, OR AS A CONSEQUENCE OF Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 24 hours		
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIO 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.		DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH 10 yrs		
		DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH		
		DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH		
51 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE Source Generalized Arteriosclerosis - Atherosclerosis						
52 AUTOPSY? (Yes/No) No		53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) No				
54 ACC. SUICIDE, HOMICIDE, OR PENDING INVEST (Specify)		55 INJURY DATE (Mo, Day, Yr)				
56 INJURY AT WORK? (Yes/No)		57 PLACE OF INJURY - AT HOME, FARM, SCHOOL, FACTORY, OFFICE, ETC. LOCATION - STREET OR RD NO, CITY/TOWN, STATE				
58 RECORD AMENDMENT (Register or use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		59 REGISTERED SIGNATURE Thomas A. Bell, M.D.				
60 DATE RECEIVED (Mo, Day, Yr) SEP 18 1996						

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

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