129766

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Return Address:
Edgar Kinkead
162 Archer Mtn Rd
Skamania WA 98648

FILED FOR RECORD
SKAMANIA CO. WASH
BY Edgar Kinkead
Nov 14 12 00 PM '97
O Lowry
AUDITOR
GARY M. OLSON

P'ease Print or Type Information.

Document Title(s) or transactions contained therein:
1. Community property Agreement
2. Certificate of Death
3.
4.

GRANTOR(S) (Last name, first, then first name and initials)
1. Kinkead, Patricia Margaret
2.
3.
4.
[ ] Additional Names on page _____ of document.

19146
REAL ESTATE EXCISE TAX
NOV 14 1997
PAID exempt
dw
SKAMANIA COUNTY TREASURER

GRANTEE(S) (Last name, first, then first name and initials)
1. Kinkead Edgar H
2.
3.
4.
[ ] Additional Names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)
T3N R6E S28 E½-W½-W½-SE¼-SW¼
North of Existing Road
[ ] Complete legal on page _____ of document.

REFERENCE NUMBER(S) Of Documents assigned or released:

[ ] Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER 02 06 28 00 00140000

[ ] Property Tax Parcel ID is not yet assigned.
[ ] Additional parcel #'s on page _____ of document.

Gary M. Martin, Skamania County Assessor
Date 11-14-97 Parcel # 02 06 28 00 140 00

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

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 21st day of June, 1984, by and between EDGAR H. KINKEAD and PATRICIA M. KINKEAD, husband and wife, of Skamania County, Washington pursuant to the provision of Section 26.16.120 of the Revised Code of Washington, providing for agreement between husband and wife, for the fixing of the status and disposition of community property to take effect upon the death of either,

W I T N E S S E T H:

That for and in consideration of mutual love and affection which each of the parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is agreed, convenented and promised as follows:

I.

That all of the property of whatever nature or kind or description, whether real, personal or mixed, and wheresoever situated, now owned or hereafter acquired by them or either of them, shall be considered and is hereby declared to be the community property of the parties.

II.

That it is agreed by and between the parties hereto that this indenture entitled Community Property Agreement shall have the effect, in addition, of covering any form of personal property and fixing the status and disposition thereto as community property to all stocks, bonds, household goods, or any other personal property of any nature, character or description.

that it is hereby covenanted and agreed that upon the death of either of the parties hereto, title to all of their community property shall immediately vest in fee simple in the survivor of them, and each hereby conveys and quitclaims to the other his or her interest in any separate property he or she may now own or hereafter acquire, so as to convert the same to community property.

Edgar H. Kinkead
EDGAR H. KINKEAD

Patricia M. Kinkead
PATRICIA M. KINKEAD

STATE OF WASHINGTON)
) ss
County of Skamania)

On this day personally appeared before me EDGAR H. KINKEAD and PATRICIA M. KINKEAD, to me known to be the individuals described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 21 day of June, 1984.

JOHN THOMAS DAY NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES JULY 11, 1985

John Thomas Day
Notary Public for Washington
residing at Stevenson therein.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

15

Health

CERTIFICATE OF DEATH

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1 NAME	First	Middle	Last	2 SEX (M / F)	3 DEATH DATE (Mo. Day Yr)
	Patricia	Margaret	KINKEAD	Female	July 1, 1992

4 AGE LAST BIRTH Day (Yrs)	5 UNDER 1 YEAR Mos / Days	6 UNDER 1 DAY Hours / Min	7 BIRTHDATE (Mo Day Yr)	8 BIRTHPLACE (City, State or Foreign Country)	9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No)	10 COUNTY OF DEATH
67			2/19/1925	ElDarodo, AR	Yes	Skamania

11 CITY, TOWN OR LOCATION OF DEATH	12 PLACE OF DEATH (X BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME) 1 (X) HOME 2 ( ) INPATIENT 3 ( ) EMERG ROOM/OTH 4 ( ) HOSP 5 ( ) NURSING HOME 6 ( ) OTHER PLACE	13 SMOKING (IN LAST 15 YEARS? (Yes / No)
Skamania	MP 0.16R Archer Mountain Road	Yes

14 MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify))	15 SURVIVING SPOUSE (If wife, give maiden name)	16 SOCIAL SECURITY NO	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
Married	Edgar H. Kinkead	[redacted]	12	

18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	19 KIND OF BUSINESS OR INDUSTRY	20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify	21 RACE (Specify)
Licensed Prac. Nurse	Health Care	No	White

22 RESIDENCE: STREET AND NUMBER	23 CITY, TOWN, OR LOCATION	24 INSIDE CITY LIMITS?	25A COUNTY	25B LENGTH OF RES IN CO.	26 STATE	27 ZIP CODE
MP 0.16R Archer Mt.	Rd. Skamania	(No)	Skamania	12 yrs	WA	98648

28 FATHER'S NAME - FIRST, MIDDLE, LAST	29 MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME
W.F. Pawledge	Anna Graham

30 INFORMANT'S NAME	31 MAILING ADDRESS (STREET OR RFD NO.)	CITY OR TOWN	STATE	ZIP
Edgar Kinkead	MP 0.16R Archer Mt. Rd.	Skamania,	WA	98648

32 BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33 DATE (Mo. Day Yr)	34 CEMETERY OR CREMATORY NAME	35 LOCATION - CITY, TOWN, STATE
Burial	7/4/92	White Salmon Cemetery	White Salmon, WA

36 FUNERAL DIRECTOR'S SIGNATURE	37 NAME OF FACILITY	38 ADDRESS OF FACILITY
X [signature]	GARDNER FUNERAL HOME, INC.	Box 390 White Salmon, WA 98672

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
X

40 DATE SIGNED (Mo., Day, Yr.)

41 HOUR OF DEATH (24 Hrs.)

42 NAME AND TITLE OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (Type or Print)

43 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)

TO BE COMPLETED ONLY BY **MEDICAL EXAMINER OR CORONER**

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
X [signature]
County Coroner

44 DATE SIGNED (Mo., Day, Yr.)
July 9, 1992

45 HOUR OF DEATH (24 Hrs.)
0104

46 PRONOUNCED DEAD (Mo., Day, Yr.)
July 1, 1992

47 HOUR PRONOUNCED DEAD (24 Hrs.)
0200

48 ME/CORONER FILE NUMBER

49 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)
Robert Leick, Coroner Skamania Co. Courthouse Stevenson, WA

50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH

IMMEDIATE CAUSE (Final disease or condition resulting in death)

DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC 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.

		INTERVAL BETWEEN ONSET AND DEATH
A	CORONARY OCCLUSION	Undetermined
	DUE TO, OR AS A CONSEQUENCE OF	
B		
	DUE TO, OR AS A CONSEQUENCE OF	
C		
	DUE TO, OR AS A CONSEQUENCE OF	
D		

51 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE

52 AUTOPSY? (Yes / No)	53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
No	Yes

54 ACC, SUICIDE, HOM, UNDET, OR PENDING INVEST (Specify)	55 INJURY DATE (Mo. Day Yr.)	56 HOUR OF INJURY (24 Hrs.)	57 DESCRIBE HOW INJURY OCCURRED

58 INJURY AT WORK? (Yes / No)	59 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)	60 LOCATION - STREET OR RFD NO., CITY/TOWN, STATE

61 RECORD AMENDMENT (Reg. Sta. use only) ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY	DATE	62 REGISTRAR SIGNATURE	63 DATE RECEIVED (Mo., Day, Yr.)
				X [signature]	July 9, 1992

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

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DOH 01-003 (7/89)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE IN VITAL RECORDS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL