

129996

BOOK 171 PAGE 664

FILED FOR RECORD  
SKAMANIA CO. TITLE

DEC 15 11 22 AM '97

*Chasor*  
AUDITOR  
GARY M. OLSON

**AFTER RECORDING MAIL TO:**

Name Alwina Brand

Address 3778 Salt Road

City/State Golden Valley, AZ 86413

SR 21342

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

1. Death Certificate
- 2.
- 3.
- 4.



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. Brand, Herbert A.
- 2.
- 3.
- 4.
5. ☐ Additional names on page \_\_\_\_\_ of document

REAL ESTATE EXCISE TAX  
19196

DEC 15 1997

PAID *Sept*  
*for Mary Depotis*  
SKAMANIA COUNTY TREASURER

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

1. Brand, Alwina
- 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):

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

**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA  
USE BLACK INK ONLY

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STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Herbert</b>		1B. MIDDLE <b>A.</b>	1C. LAST (FAMILY) <b>Brand</b>
4. RACE <b>Caucasian</b>		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	2A. DATE OF DEATH—MO. DAY, YR. <b>August 18, 1992</b>
8. STATE OF BIRTH <b>N.J.</b>		9. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	3. SEX <b>Male</b>
10A. FULL NAME OF FATHER <b>John Brand</b>		10B. STATE OF BIRTH <b>Germany</b>	11A. FULL MAIDEN NAME OF MOTHER <b>Marie Wegener</b>
12. MILITARY SERVICE? <b>19 50 TO 19 52</b> <input type="checkbox"/> NONE		13. SOCIAL SECURITY NO. <b>[REDACTED]</b>	14. MARITAL STATUS <b>Married</b>
16A. USUAL OCCUPATION <b>Automobile Inspector</b>		16B. USUAL KIND OF BUSINESS OR INDUSTRY <b>Automobile Mechanic</b>	16C. USUAL EMPLOYER <b>City of Los Angeles</b>
18A. RESIDENCE—STREET AND NUMBER OR LOCATION <b>MP. 0-24 R Larch Mountain Rd.</b>		18B. CITY <b>Washougal</b>	18C. ZIP CODE <b>98671</b>
19A. PLACE OF DEATH <b>Kaiser Foundation Hosp.</b>		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA <b>IP</b>	19C. COUNTY <b>Los Angeles</b>
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) <b>(A) Cardiac Arrest</b> <b>(B) Postoperative Septic Shock</b> <b>(C) Pancreatic Malignancy (Carcinoma)</b> <b>None</b>		22. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
23. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 <b>None</b>		24. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
25. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 23? <b>Whipple Procedure 7-2-92</b>		26. LIST TYPE OF OPERATION AND DATE	
27A. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER <b>[Signature]</b>		27B. CERTIFIER'S LICENSE NUMBER <b>G 053653</b>	
27C. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS <b>Richard Saroyan, M.D.</b>		27D. DATE SIGNED <b>8-20-92</b>	
28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER <b>[Signature]</b>		28B. DATE SIGNED	
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined		30A. PLACE OF INJURY	
30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		30C. DATE OF INJURY MONTH DAY, YEAR	
31. HOUR		32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	
33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		34A. DISPOSITION(S) <b>CR/RES</b>	
34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS <b>Residence—MP. 0-24 R Larch Mountain Rd. Washougal, Washington 98671</b>		34C. DATE MO. DAY, YEAR <b>8/25/92</b>	
35A. NAME OF FUNERAL DIRECTOR FOR PERSON ACTING AS SUCH <b>McMorney's Colonial Mortuary</b>		35B. LICENSE NO. <b>FD858</b>	
36. SIGNATURE OF LOCAL REGISTRAR <b>[Signature]</b>		37. SIGNATURE OF STATE REGISTRAR <b>[Signature]</b>	
38. LICENSE NUMBER <b>6165</b>		39. REGISTRATION DATE <b>AUG 21 1992</b>	
40. CENSUS TRACT		41. CENSUS TRACT	

THIS CERTIFIED COPY HAS BEEN ISSUED FREE OF CHARGE ON THE DECLARATION UNDER PENALTY OF PERJURY THAT IT IS TO BE USED IN A CLAIM TO THE FEDERAL GOVERNMENT OR THE STATE OF CALIFORNIA FOR A SERVICE MAN'S VETERANS BENEFITS OF THE RECORD FILED BY THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.



AUG 25 1992

76

Director of Health Services

REAL ESTATE EXCISE TAX

19146

DEC 15 1997

PAID, EXEMPT  
**[Signature]**  
SKAMANIA COUNTY TREASURER

Gary H. Martin, Skamania County Assessor

Date **12/15/97** Parcel # **2-5-28-520, 521**



COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 5th day of June, 1992, between HERBERT A. BRAND, aka HERB BRAND, and ALWINA M. BRAND, husband and wife, both of whom are domiciled in the State of Washington. In consideration of their mutual agreements set forth below, the parties agree as follows:

1. Property Covered: This Agreement shall apply to all community and separate property now owned or hereafter acquired by Husband and Wife of either of them (except for assets for which a separate beneficiary designation has been or is hereafter made by Husband or Wife and approved by the other spouse) even though some items may have been or may be purchased or acquired by one or the other or both or may have been or may be registered in the name of one or the other or both. All such property is declared to be community property of Husband and Wife and is referred to in this Agreement as the "described community property."

2. Vesting at Death of a Spouse: If Husband dies and Wife survives him, all of the described community property shall vest in Wife as of the moment of Husband's death. If Wife dies and Husband survives her, all of the described community property shall vest in Husband as of the moment of Wife's death.

3. Disclaimer: Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, or with reference to specific parts, shares or assets thereof, in which event the interest disclaimed shall pass as if the provisions of this agreement had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.

4. Automatic Revocation: The provisions of paragraph three shall be automatically revoked

(a) Upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce; or

(b) Upon the establishment of a domicile out of the State of Washington by either party; or

(c) Immediately prior to death, if the order of

Initials

Initials

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REAL ESTATE EXCISE TAX

19196

DEC 15 1997

Exempt

PAID

SKAMANIA COUNTY TREASURER

Gary H. Martin, Skamania County Assessor

Date 12/15/97 Parcel # 2-5-18-500, 501


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Attorneys  
101 East Eighth Street  
Suite 250  
Vancouver, WA 98660  
(206) 699-1400

death cannot be ascertained.

5. Powers of Appointment: This Agreement shall not affect any power of appointment now held by or hereafter given to Husband or Wife or both of them, nor shall it obligate Husband or Wife or both of them to exercise any such power of appointment in any way.

6. Optional Revocation Upon Disability: If either spouse becomes disabled, the non-disabled spouse shall have the power to terminate this agreement. Each spouse designates the other as attorney-in-fact upon disability to exercise this power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardians, if any, of the person and the estate of the disabled person. For the purposes of this paragraph, a spouse shall be deemed disabled if a person duly licensed to practice medicine in the State of Washington signs a statement declaring that the person is unable to manage his or her affairs.



7. Revocation of Inconsistent Agreements: To the extent this Agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

  
Herbert A. Brand, aka  
Herb Brand

  
Alwina M. Brand

STATE OF WASHINGTON )  
County of Clark ) S.S.

On this day personally appeared before me Herbert A. Brand, aka Herb Brand, and Alwina M. Brand, to me known to be the individuals described in and who executed the within and foregoing Community Property Agreement, and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

  
Initials  
  
Initials

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Attorneys  
101 East Eighth Street  
Suite 250  
Vancouver, WA 98660  
(206) 699-1400



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Given under my hand and official seal on this 5th day of  
June, 1992.

*Roger J. Sharp*  
Notary Public for the State of  
Washington  
My Commission Expires: 5/1/94

ROGER JAY SHARP  
NOTARY PUBLIC  
STATE OF WASHINGTON  
COMMISSION EXPIRES  
MAY 1, 1994

*AB*  
Initials  
*AB*  
Initials

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