

130394

Return Address:

JAMES H. LAFOLLETTE
782 Little Rock Creek Rd.
Cook, WA 98605

BOOK 172 PAGE 989

FILED FOR RECORD
SKAGHAN CO. WASH
BY James H. LaFollette

FEB 2 1 55 PM '98

P. Johnson
AUDITOR
GARY M. OLSON

Please Print or Type Information.

Document Title(s) or transactions contained therein:	
1. Community Property Agreement 2. Death Certificate 3. 4.	
GRANTOR(S) (Last name, first, then first name and initials)	REAL ESTATE EXCISE TAX
1. 2. June LaFollette 3. 4.	19288 FEB 2 1998 PAID, exempt L. Johnson, Auditor SKAGHAN COUNTY TREASURER
[] Additional Names on page ____ of document.	
GRANTEE(S) (Last name, first, then first name and initials)	
1. 2. James H. LaFollette 3. 4.	
[] Additional Names on page ____ of document.	
LEGAL DESCRIPTION (Abbreviated: I.E., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)	
[] Complete legal on page ____ of document.	
REFERENCE NUMBER(S) Of Documents assigned or released:	
3-9-10-1000-00 1000-70 2-2-98	
[] Additional numbers on page ____ of document.	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER	
[] 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.	

COMMUNITY PROPERTY AGREEMENT

This agreement is made this 27 day of October, 1995 between JAMES H. LAFOLLETTE ("Husband") and JUNE LAFOLLETTE ("Wife"), 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:

Gary H. Martin, Skamania County Assessor

Date 2-2-98 Parcel # 3-1-12-10050

1. PROPERTY COVERED: This Agreement shall apply to all community and separate property now owned or hereafter acquired by Husband and Wife or 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 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 paragraph 2 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 2 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 simultaneous death, if the order of death cannot be ascertained.

5. OPTIONAL REVOCATION BY ONE PARTY: If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 2 and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardian(s), if any, of the person and of 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 own affairs.

PHILLIPS RYMER & SUMMERS
P.O. BOX 708
214 N. STATE STREET
HOOD RIVER, OREGON 97031
(503) 326-4264

6. 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.

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.

IN WITNESS WHEREOF, the said parties have hereunto set their signatures this 27th day of October, 1995.

James H. LaFollette
Husband

June LaFollette
Wife

REAL ESTATE EXCISE TAX

19288

FEB 10 1996

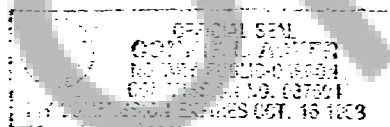
PAID 2000.00
W. H. H. H. H. H.
SEAMANIA COUNTY TREASURER

STATE OF Oregon)
County of Hood River) ss:

On this day personally appeared before me JAMES H. LAFOLLETTE and JUNE LAFOLLETTE, 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.

Given under my hand and official seal on this 27th day of October, 1995.

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



MILLER & SUMMERS
1000 RIVER STREET
HOOD RIVER, OREGON 97031
(503) 336-4204

9200029

CERTIFICATION OF VITAL RECORD

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

BOOK 172 PAGE 992

2024
10, TAG NO.
C3513
LOCAL FILE NUMBER

1. DECEDENT'S NAME June LAFOLLETTE		2. SEX Female		3. DATE OF DEATH (Month, Day, Year) July 7, 1997	
4. SOCIAL SECURITY NUMBER [REDACTED]		5. AGE LAST BIRTHDAY (Years) 50		6. BIRTHPLACE (City and State or Foreign Country) Woodlake, CA	
7. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Other		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Other		9. DATE OF BIRTH (Month, Day, Year) June 26, 1947	
10. FACILITY NAME (If not institution, give street and number) University Hospital South		11. CITY, TOWN, OR LOCATION OF DEATH Portland		12. COUNTY OF DEATH Multnomah	
13. DECEDENT'S USUAL OCCUPATION (Kind and of work done during most of working life) Clerk		14. KIND OF BUSINESS/INDUSTRY Baker's Business		15. MARRIAGE STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
16. RESIDENCE - STATE Washington		17. COUNTY Skamania		18. STREET AND NUMBER 782 Little Rock Creek Road	
19. ZIP CODE 98605		20. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes, if yes specify Cuban, Mexican, Puerto Rican, etc.) No		21. RACE American Indian, Black, White, etc. (Specify) White	
22. FATHER - NAME, Date of Birth, Place of Birth Howard - Bradshaw		23. MOTHER - NAME, Date of Birth, Place of Birth Bertha - Reel		24. INFORMANT - NAME and relationship to decedent James Lafollette, Spouse	
25. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify)		26. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Wilhelm Crematory		27. LOCATION - City or Town, State Portland, Oregon	
28. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Helly Koenig		29. LICENSE NUMBER FOR LICENSEE FS 0391		30. NAME, ADDRESS AND ZIP OF FACILITY Oregon Cremation Company 1634 SE Claybourne Portland, Oregon 97202	
31. DATE OF DEATH (Month, Day, Year) JUL 11 1997		32. DO HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		33. HAS GIFT MADE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
34. TIME OF DEATH 4:56 PM			35. DATE PRONOUNCED DEAD (Month, Day, Year, Hour, Minute) JUL 11 1997		
36. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) JOANNE GUAN, MD 3181 SW Sam Jackson Park Road, Portland, Oregon 97201			37. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) ALAN HUNTER, MD		
38. 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.)					
(a) CNS ANOXIA (b) Metabolic Disorder (c) OTHER SIGNIFICANT CONDITIONS: Coronary contributing to death but not resulting in the underlying cause given in PART I					
39. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Other		40. DATE OF INJURY (Month, Day, Year) JUL 11 1997		41. TIME OF INJURY M <input checked="" type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/>	
42. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) [REDACTED]		43. LOCATION - Street and Number or Rural Route Number, City or Town, State [REDACTED]		44. DESCRIBE HOW INJURY OCCURRED [REDACTED]	

ORIGINAL VITAL STATISTICS COPY

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

DATE ISSUED JUL 11 1997

Hilda Chaski Adams, MPH
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE