131984

BOOK 178 PAGE 598

FILED FOR RECORD
SKAMANIA CO. WASH
BY Carol O'Connor

JUN 22 12 33 PM '98
O Lowry
AUDITOR
GARY H. OLSON

Return Address:

CAROL M. O'CONNOR
P.O BOX 21
SNOHOMISH, WA 98290

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Death Certificate
2. CPA
3.
4.

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

1. O'Connor, Douglas Leo
2.
3.
4.

[ ] Additional Names on page _____ of document.

REAL ESTATE EXCISE TAX
19609

JUN 22 1998

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

1. OConnor, CAROL M.
2.
3.
4.

[ ] Additional Names on page _____ of document.

PAID Exempt
[illegible], Deputy
SKAMANIA COUNTY TREASURER

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

A tract of land in the NW¼ of the SE¼ of SEC 20, T3N, R8E of the WM, in the County of Skamania, State of Washington as shown as Lots 1 & 2 D.N.D. short plat Recorded in B3 of short plat, P163

[ ] 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

03-08-20-24-0400-00 & 03-08-20-24-0401-00

[ ] 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.

CERTIFIED PUBLIC ACCOUNTANTS
303-6793

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DOUGLAS O'CONNOR, C.P.A. 715 SO BROADWAY EVERETT, WA 98204

306

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 11th day of March, 1983, by and between DOUGLAS L. O'CONNOR and CAROL M. O'CONNOR, pursuant to the provisions of Section 26.16.020, Revised Code of Washington, providing for agreements between husband and wife for the fixing of the status and disposition of community property to take effect upon the death of either.

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 as follows:

FIRST. That all property of whatsoever nature or description, whether real, personal or mixed and wheresoever situated, now owned or hereafter acquired by them, or either of them, including any separate property, shall be considered and is hereby declared to be community property, 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.

SECOND. That in the event either party to this Agreement shall be declared by a court of competent jurisdiction to be mentally incompetent, this agreement is terminated and ceased to bind the parties hereto.

THIRD. That upon the death of either of the parties hereto, title to all community property as defined in Paragraph I herein shall immediately vest in fee simple in the survivor of them.

Gary H. Martin, Skamania County Assessor
Date 6-22-98 Parcel # 03 08 20 2 4 0400 00 / 0401 00
210

Douglas L. O'Connor
DOUGLAS L. O'CONNOR

Carol M. O'Connor
CAROL M. O'CONNOR

STATE OF WASHINGTON)
: ss
COUNTY OF SNOHOMISH)

This certifies that on this 11th day of March, 1983, personally appeared before me DOUGLAS L. O'CONNOR AND CAROL M. O'CONNOR, to me known to be the individuals who executed the foregoing instrument, and acknowledged the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

NOTARY PUBLIC in and for the State of Washington, residing at Everett

RECORDED
1983 MAR 11 PM 3:18

8803110259

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

8803110259 VOL 1780 PAGE 376

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STATE OF WASHINGTON }
COUNTY OF SNOHOMISH } ss.

I, Bob Terwilliger, Snohomish County Auditor, do hereby certify that the foregoing instrument is a true and correct copy of the document now on file or recorded in my office.

In witness whereof, I hereunto set my hand this 23 day of May 19 78

BOB TERWILLIGER, County Auditor

Katherine Deputy

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFIED COPY OF DEATH CERTIFICATE

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TYPE OR PRINT IN PERMANENT BLACK INK

2587 — LOCAL FILE NUMBER

Washington State Department of Health

CERTIFICATE OF DEATH

146 — STATE FILE NUMBER

1. NAME — First	Middle	Last	2. SEX (M / F)	3. DEATH DATE (Mo., Day, Yr.)
Douglas	Leo	O'Connor	Male	March 15, 1995

4. AGE LAST BIRTHDAY (Yrs)	5. UNDER 1 YEAR (MOS. / DAYS)	6. UNDER 1 DAY (HOURS / MINS.)	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
68			Jan. 26, 1927	Arlington, WA.	Yes	King

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH — MARK BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME (1 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG. ROOM/DOA PTS 4 ☒ HOSP. 5 ☐ NURSING HOME 6 ☐ OTHER PLACE)	13. SMOKING IN LAST 15 YEARS? (Yes / No)
Seattle	Virginia Mason Hospital	No

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	Carol M. Longozo	537-24-1894		4 Yrs.

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)
C.P.A.	Self Employed	No	White

22. RESIDENCE — NUMBER AND STREET	23. CITY/TOWN, OR LOCATION	24. INSIDE CITY LIMITS? (Yes / No)	25A. COUNTY	25B. LENGTH OF RES. IN CO	26. STATE	27. ZIP CODE
17320 DeBuque Rd.	Snohomish	No	Snohomish	Life	WA	98290

28. FATHER'S NAME — FIRST, MIDDLE, LAST	29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME
Leo Joseph O'Connor	Anna Eva Gaydeski

30. INFORMANT — NAME	31. MAILING ADDRESS (STREET OR RFD NO. / CITY OR TOWN / STATE / ZIP)
Carol O'Connor	P.O. Box 21; Snohomish; Washington 98290

32. BURIAL/CREMATION/REMOVAL/OTHER (Specify)	33. DATE (Mo., Day, Yr.)	34. CEMETERY/CREMATORY — NAME	35. LOCATION — CITY/TOWN, STATE
Burial	3-20-1995	Arlington Cemetery	Arlington, Washington

36. FUNERAL DIRECTOR SIGNATURE	37. NAME OF FACILITY	38. ADDRESS OF FACILITY
X George Warren	Weiler Funeral Home	327 N. McLeod Ave. Arlington, Washington 98223

FORM 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 Geoffrey Jiranek

40. DATE SIGNED (Mo., Day, Yr.) 3-16-95

41. HOUR OF DEATH (24 Hrs.) 2150

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

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

43. 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

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

45. HOUR OF DEATH (24 Hrs.)

46. PRONOUNCED DEAD (Mo., Day, Yr.)

47. HOUR PRONOUNCED DEAD (24 Hrs.)

48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)
Geoffrey Jiranek; 1100 9th Ave. C3-N; Seattle; WA. 98111

49. ME/CORONER FILE NUMBER

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.	Hepatic Encephalopathy	1 Month
B. DUE TO, OR AS A CONSEQUENCE OF:	Cirrhosis	5 yrs
C. DUE TO, OR AS A CONSEQUENCE OF:		40000
D. DUE TO, OR AS A CONSEQUENCE OF:		40100

Gary H. Martin, Skamania County Assessor
Date 6-29-98 Parcel # 03 08 20 2 4
NO

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

52. AUTOPSY? (Yes / No): No

53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No): No

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)	59a. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE

60. RECORD AMENDMENT (Registrar use only)
ITEM | DOCUMENTARY EVIDENCE | REVIEWED BY | DATE

REGISTRAR

61. DATE RECEIVED (Mo., Day, Yr.): MAR 2 1 1995

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

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

A

DOH 01-003 (7/94)

THE STATE OF WASHINGTON 1889

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