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132002

FILED FOR RECORD
SKAMANIA CO. WASH.
BY Helen G. Tennison

JUN 23 2 05 PM '98
R Johnson
AUDITOR
GARY H. OLSON

Return Address:

Helen G Tennison
P.O. Box 460
816 Celilo
N. Bonneville Wa. 98639

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Community Prop. Agreement
2. Death Certificate
3.
4.

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

1. MET. R. Tennison
2.
3.
4.

[ ] Additional Names on page _____ of document.

REAL ESTATE EXCISE TAX
19611
JUN 23 1998
PAID exempt
SKAMANIA COUNTY TREASURER
Gary H. Marshall, Skamania County Assessor
Date 6/23/98

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

1. Helen G. Tennison
2.
3.
4.

[ ] Additional Names on page _____ of document.

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

Lot 16 Block 8 Plat of Relocated North Bonneville

[ ] 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

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

2-7-20-3-4-1600

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.

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INDEXED 177880

COMMUNITY PROPERTY AGREEMENT

KNOW ALL PERSONS BY THESE PRESENTS:

This agreement, made and entered into this 15th day of August, 19 80 by and between Met Tennison and Helen Tennison, husband and wife, of Klickitat County, State of Washington, pursuant to the provisions of §26.16.120RCW, permitting agreements between husband and wife fixing 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 us has for each other, and in consideration of the mutual benefits to be derived by each of us, it is hereby agreed, covenanted, and promised as follows:

I.

That all property of whatsoever nature or description whether real, personal or mixed and wheresoever situated now owned or hereafter acquired by us or either of us, including separate property, shall be considered and is hereby declared to be community property, and each of us hereby conveys and quit claims to the other his or her interest in any separate property he or she now owns or hereafter acquires so as to convert the same to community property.

II.

That upon the death of either of us, title to all community property as herein defined shall immediately vest in fee simple in the survivor.

STATE OF WASH COUNTY OF KLICKITAT
FILED OR RECORDED
Vol 201 of DEEDS Page 409
Request of HELEN TENNISON
On August 19, 9:10 a.m. 80
Nancy L. Evans County Auditor
By Deputy
MET TENNISON
Fee $

IN WITNESS WHEREOF, we Met Tennison and Helen Tennison have hereunto set our hands this 15th day of August, 19 80

Pearl Eakin — WITNESS
Met Tennison — SPOUSE

Susan K. Griffith — WITNESS
Helen Tennison — SPOUSE

STATE OF WASHINGTON,
County of Klickitat } ss.

This is to certify on this 15 day of August, 19 80, before me B. L. Webster a Notary Public in and for the State of Washington duly commissioned and sworn, personally came Met Tennison and Helen Tennison husband and wife, to me known to be the individual described in and who executed the within instrument, and acknowledged to me that they signed 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.

B. L. Webster

Notary Public in and for the State of Washington, residing at Goldendale

B. L. WEBSTER NOTARY PUBLIC STATE OF WASHINGTON

Community Property Agreement
Washington Legal Blank Co., Bellevue, WA Form No. 63 11-78
MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

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12
LOCAL FILE NUMBER

Health
CERTIFICATE OF DEATH

146
STATE FILE NUMBER

FOR VETERANS USE ONLY

OFFICE USE ONLY

1 NAME First	Middle	Last	2 SEX (M or F)	3 DEATH DATE (Mo Day Yr)
Met	Return	TENNISON	Male	February 28, 1998

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
78			01-01-19	Olympia, WA	Yes	Skamania

11 CITY, TOWN OR LOCATION OF DEATH	12 PLACE OF DEATH (Check only one box for place then give address or institution name)	13 SPOUSE IF LIVING? (Yes / No)
North Bonneville	1 ☒ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG RM/OUTPTN 4 ☐ HOSP 5 ☐ NURSING HOME 6 ☐ OTHER PLACE 816 Cellilo	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	Helen (Patterson)	[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)
Law Enforcement Officer	Law Enforcement		White

22 RESIDENCE—NUMBER AND STREET	23 CITY/TOWN OR LOCATION	24 INSIDE CITY LIMITS? (Yes / No)	25A COUNTY	25B LENGTH OF RESIDENCE IN CO	26 STATE	27 ZIP CODE
816 Cellilo	N. Bonneville	Yes	Skamania	2yrs	WA	98639-

28 FATHER'S NAME—FIRST, MIDDLE, LAST	29 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME
Eugh Ambrose Tennison	Lois Erma Brady

30 INFORMANT—NAME	31 MAILING ADDRESS (Street or P.O.)	CITY OR TOWN	STATE	ZIP
Helen Tennison	816 Cellilo/P.O. Box 460	North Bonneville,	WA	98639

32 BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33 DATE (Mo Day Yr)	34 CEMETERY, CREMATORY—NAME	35 LOCATION—CITY/TOWN, STATE
Cremation	3/4/98	Park Hill Crematory	Vancouver, WA

36 FUNERAL DIRECTOR'S SIGNATURE	37 NAME OF FACILITY	38 ADDRESS OF FACILITY
X Leahy-Clark-Hammond	Heritage Cremation, Inc.	1630 SW Morrison St Portland, OR 97205

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): 3-3-98

41 HOUR OF DEATH (24 Hrs): 05:00 A

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

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)
R. Allen LaBerge, MD/875 Rock Creek/Stevenson, WA 98648

49 MEDICAL EXAMINER FILE NUMBER

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

CAUSE OF DEATH

IMMEDIATE CAUSE (Final disease or condition resulting in death)
A Hypoxia — INTERVAL BETWEEN ONSET AND 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

DUE TO, OR AS A CONSEQUENCE OF
B Metastatic Small Cell Lung Cancer — INTERVAL BETWEEN ONSET AND DEATH 1 year

DUE TO, OR AS A CONSEQUENCE OF
C — INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF
D — INTERVAL BETWEEN ONSET AND DEATH

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 (Flag either one only)
ITEM | DOCUMENTARY EVIDENCE | REVIEWED BY | DATE

62 REGISTRAR'S SIGNATURE
X

63 DATE RECEIVED (Mo Day Yr)
MAR 5 1998

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7-91) (formerly DOH 41-005) (8-95)

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