

132119

BOOK 179 PAGE 21

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SKAMANIA CO. WASH
BY Transnation

JUL 7 10 42 AM '98

GARY M. OLSON
AUDITOR

Return Address

Name RICHARD WANTLAND
Address 42 GORGENE LANE
City, State, Zip WASHOUGAL, WA 98671

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

1. COMMUNITY PROPERTY AGREEMENT
2. DEATH CERTIFICATE
- 3.
- 4.

Reference Number(s) of Documents assigned or released:
(on page _____ of document(s))

Grantor(s) (Last name first, then first name and initials)

1. WANTLAND, RICHARD JOSEPHINE
- 2.
- 3.
- 4.
5. Additional names on page _____ of document.

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

1. WANTLAND, RICHARD & JOSEPHINE
- 2.
- 3.
- 4.
5. Additional names on page _____ of document.

Legal description (abbreviated: i.e. lot, block, plat or section, township, range)

#2600 SEC 33 T2N R5E W1M
Additional legal is on page _____ of document.

Assessor's Property Tax Parcel/Account Number

02-05-33-2600-00 + 02-05-33-2600-80
Additional legal is 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 provided herein.

WASHINGTON STATE COUNTY AUDITOR/RECORDER'S
INDEXING FORM (Cover Sheet)

Form 7265-2

02-05-33-2600-00
2600-80
6-29-98

REAL ESTATE EXCISE TAX

19630

JUL - 7 1998

PAID exempt

JW

SKAMANIA COUNTY TREASURER

By _____

Printed Name _____

By _____

Printed Name _____

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 21 day of MARCH, 1974, by and between RICHARD F. WANTLAND and E. JOSEPHINE WANTLAND, husband and wife, residing at Washougal, Washington, and/or SKAMAMIA ^{EW} County, M.P. O.11 Georgene Lane 98671.

WITNESSETH:

That whereas it is the desire, purpose and intention of RICHARD F. WANTLAND and E. JOSEPHINE WANTLAND, husband and wife, to jointly enter into an agreement concerning the disposition of the whole of the community property, wheresoever situated, now owned or hereafter at any time acquired by them, to take effect upon the death of either of them whereby all of said property shall pass without delay or expense at the death of either to the survivor. It is understood and agreed that all property owned by the parties herein is concerned as community property and that neither is possessed of any separate property.

Now, therefore, for and in consideration of the love and affection they bear one toward the other, and for and in consideration of the commingling of their joint efforts and earnings and properties heretofore, it is hereby agreed between the undersigned 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 them or either of them including any separate property, shall be considered and is hereby declared to be community property that he or she now own or hereinafter acquire so as to convert the same as community property.

II

That upon the death of either of the parties hereto, title to all community property as defined in the preceding paragraph shall immediately vest in fee simple in the survivor of them absolutely and unconditionally as the separate property and estate of the survivor.

IN WITNESS WHEREOF, the said RICHARD F. WANTLAND and E. JOSEPHINE WANTLAND, husband and wife, have executed this agreement on the day and year first above written.

Richard F. Wantland

RICHARD F. WANTLAND, HUSBAND

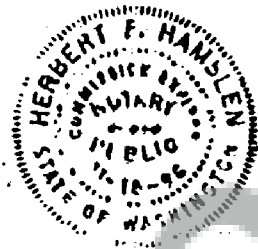
E. Josephine Wantland

E. JOSEPHINE WANTLAND, WIFE

STATE OF WASHINGTON)
County of Clark) ss.

This is to certify that on the 21st day of March, 1974, personally appeared before me RICHARD F. WANTLAND, and E. JOSEPHINE WANTLAND, to me known to be the individuals described in and who executed the foregoing 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.

GIVEN UNDER MY HAND AND OFFICIAL SEAL the day and year first above written.



Herbert F. Hamblen

NOTARY PUBLIC in and for the State of Washington, residing at Carson, Washington
Exp. Nov. 15, 1996

THIS IS TO CERTIFY that the foregoing Community Property Agreement was signed by RICHARD F. WANTLAND, and E. JOSEPHINE WANTLAND, husband and wife, in the presence of us, who at their request and in their presence and in the presence of each other have attested the same and hereto affixed our signatures.

Debra V. Schneider
Name

M.P. 186th Mt. Pleasant Rd.
Address

Washougal, Wa. 98671

Marilyn Schneider
Name

M.P. 186th Mt. Pleasant Rd.
Address

Washougal, Wa. 98671

STATE OF WASHINGTON DEPARTMENT OF HEALTH

BOOK 179 PAGE 24 146 CERTIFICATE OF DEATH

PRICE
\$2.00
ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

2
LOCAL FILE NUMBER

STATE FILE NUMBER

1. NAME First Middle Last Richard Francis WANTLAND		2. SEX (M/F) Male	3. DEATH DATE (Mo/Day/Yr) January 2, 1997
4. AGE LAST BIRTHDAY (Yr/Mo/Ds) 87	5. UNDER 1 YEAR AGE DAYS 87	6. UNDER 1 DAY HOURS 87	7. BIRTH DATE (Mo/Day/Yr) 4/24/1909
8. BIRTH PLACE (City, State or Foreign Country) Camas, WA		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) No	10. COUNTY OF DEATH Skamania
11. CITY, TOWN, OR LOCATION OF DEATH Washougal		12. PLACE OF DEATH - BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. IN MENTAL HOSPITAL 4. IN HOSP. 5. IN NURS. HOME 6. IN OTHER PLACE 42 Georgine Lane	
13. MARITAL STATUS - Married Never Married Widowed Divorced (Specify) Married		14. SURVIVING SPOUSE (If wife give maiden name) Emma Josephine Schultz	
15. SOCIAL SECURITY NO. [REDACTED]		16. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary (1-8) Secondary (9-12) College (13-16) Other (17-20) 10	
17. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Rock Crusher		18. RACE (Specify) White	
19. KIND OF BUSINESS OR INDUSTRY County Road Dept.		20. LENGTH OF RESIDENCE 50 yrs	
21. RESIDENCE - NUMBER AND STREET 42 Georgine Lane		22. CITY/TOWN OR LOCATION Washougal	
23. FATHER'S NAME - FIRST MIDDLE LAST Perry Commadore Wantland		24. MOTHER'S NAME - FIRST MIDDLE MAIDEN SURNAME Anna - Strunk	
25. INFORMANT - NAME Josephine Wantland		26. ADDRESS 42 Georgine Lane Washougal, WA 98671	
27. BURIAL OR CREMATION (Specify) Burial		28. DATE (Mo/Day/Yr) 1/8/1997	
29. CEMETERY OR CREMATORIUM - NAME Evergreen Memorial Gardens		30. LOCATION - CITY/TOWN/STATE Vancouver, WA	
31. FUNERAL HOME OR OTHER PLACE WHERE FUNERAL SERVICES WERE HELD 3 Straub's Funeral Home		32. ADDRESS 325 NE 3rd Ave Camas, WA 98671	
33. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN SIGNATURE AND TITLE Lawrence E. Foltz, D.O. DATE SIGNED (Mo/Day/Yr) 1-6-97		34. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER SIGNATURE AND TITLE [REDACTED] DATE SIGNED (Mo/Day/Yr) [REDACTED]	
35. NAME AND ADDRESS OF CERTIFYING PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Lawrence Foltz, D.O. 11504 SE Hill Plain Blvd. IG Vancouver, WA		36. HOUR OF DEATH (24 Hrs) 2245	
37. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH IMMEDIATE CAUSE (If not cause of death, list on line 38) Advanced Parkinson's Disease DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY FAILURE, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter underlying cause last. Advanced Dysphagia Pneumonia		38. INTERVAL BETWEEN ONSET AND DEATH INTERNAL BETWEEN ONSET AND DEATH	
39. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE		40. AUTOPSY (Yes/No) No	
41. AGE, SEX, RACE, HONOR, UNDER 87 Male White		42. INJURY DATE (Mo/Day/Yr) 1-6-97	
43. PLACE OF INJURY - AT HOME, FARM, STREET, ETC. (Specify) [REDACTED]		44. INJURY AT WORK (Yes/No) No	
45. PLACE OF INJURY - AT HOME, FARM, STREET, ETC. (Specify) [REDACTED]		46. INJURY AT WORK (Yes/No) No	
47. PLACE OF INJURY - AT HOME, FARM, STREET, ETC. (Specify) [REDACTED]		48. INJURY AT WORK (Yes/No) No	
49. PLACE OF INJURY - AT HOME, FARM, STREET, ETC. (Specify) [REDACTED]		50. INJURY AT WORK (Yes/No) No	
51. PLACE OF INJURY - AT HOME, FARM, STREET, ETC. (Specify) [REDACTED]		52. INJURY AT WORK (Yes/No) No	
53. PLACE OF INJURY - AT HOME, FARM, STREET, ETC. (Specify) [REDACTED]		54. INJURY AT WORK (Yes/No) No	
55. PLACE OF INJURY - AT HOME, FARM, STREET, ETC. (Specify) [REDACTED]		56. INJURY AT WORK (Yes/No) No	
57. PLACE OF INJURY - AT HOME, FARM, STREET, ETC. (Specify) [REDACTED]		58. INJURY AT WORK (Yes/No) No	
59. PLACE OF INJURY - AT HOME, FARM, STREET, ETC. (Specify) [REDACTED]		60. INJURY AT WORK (Yes/No) No	
61. PLACE OF INJURY - AT HOME, FARM, STREET, ETC. (Specify) [REDACTED]		62. INJURY AT WORK (Yes/No) No	
63. PLACE OF INJURY - AT HOME, FARM, STREET, ETC. (Specify) [REDACTED]		64. INJURY AT WORK (Yes/No) No	
65. PLACE OF INJURY - AT HOME, FARM, STREET, ETC. (Specify) [REDACTED]		66. INJURY AT WORK (Yes/No) No	
67. PLACE OF INJURY - AT HOME, FARM, STREET, ETC. (Specify) [REDACTED]		68. INJURY AT WORK (Yes/No) No	
69. PLACE OF INJURY - AT HOME, FARM, STREET, ETC. (Specify) [REDACTED]		70. INJURY AT WORK (Yes/No) No	
71. PLACE OF INJURY - AT HOME, FARM, STREET, ETC. (Specify) [REDACTED]		72. INJURY AT WORK (Yes/No) No	
73. PLACE OF INJURY - AT HOME, FARM, STREET, ETC. (Specify) [REDACTED]		74. INJURY AT WORK (Yes/No) No	
75. PLACE OF INJURY - AT HOME, FARM, STREET, ETC. (Specify) [REDACTED]		76. INJURY AT WORK (Yes/No) No	
77. PLACE OF INJURY - AT HOME, FARM, STREET, ETC. (Specify) [REDACTED]		78. INJURY AT WORK (Yes/No) No	
79. PLACE OF INJURY - AT HOME, FARM, STREET, ETC. (Specify) [REDACTED]		80. INJURY AT WORK (Yes/No) No	
81. PLACE OF INJURY - AT HOME, FARM, STREET, ETC. (Specify) [REDACTED]		82. INJURY AT WORK (Yes/No) No	
83. PLACE OF INJURY - AT HOME, FARM, STREET, ETC. (Specify) [REDACTED]		84. INJURY AT WORK (Yes/No) No	
85. PLACE OF INJURY - AT HOME, FARM, STREET, ETC. (Specify) [REDACTED]		86. INJURY AT WORK (Yes/No) No	
87. PLACE OF INJURY - AT HOME, FARM, STREET, ETC. (Specify) [REDACTED]		88. INJURY AT WORK (Yes/No) No	
89. PLACE OF INJURY - AT HOME, FARM, STREET, ETC. (Specify) [REDACTED]		90. INJURY AT WORK (Yes/No) No	
91. PLACE OF INJURY - AT HOME, FARM, STREET, ETC. (Specify) [REDACTED]		92. INJURY AT WORK (Yes/No) No	
93. PLACE OF INJURY - AT HOME, FARM, STREET, ETC. (Specify) [REDACTED]		94. INJURY AT WORK (Yes/No) No	
95. PLACE OF INJURY - AT HOME, FARM, STREET, ETC. (Specify) [REDACTED]		96. INJURY AT WORK (Yes/No) No	
97. PLACE OF INJURY - AT HOME, FARM, STREET, ETC. (Specify) [REDACTED]		98. INJURY AT WORK (Yes/No) No	
99. PLACE OF INJURY - AT HOME, FARM, STREET, ETC. (Specify) [REDACTED]		100. INJURY AT WORK (Yes/No) No	

THIS IS A CONTINUED COPY OF THE RECORD ON FILE WITH THE CENTER FOR RECORDS MANAGEMENT, STATE OF WASHINGTON, OLYMPIA, WA