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SKAMANIA CO. WASH  
BY *Transnation*

JUL 7 10 42 AM '98

*G. Larry*  
AUDITOR  
GARY H. OLSON

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 \_\_\_\_\_  
Auditor/Recorder  
By \_\_\_\_\_  
Auditor/Recorder

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 <sup>EJW</sup> County, M.P. 0.11 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, 1994, 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. 1865 Mt. Pleasant Rd.  
Address

Washougal, Wa. 98671

Marilyn Schneider  
Name

M.P. 1865 Mt. Pleasant Rd.  
Address

Washougal, Wa. 98671

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

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2 LOCAL FILE NUMBER

**CERTIFICATE OF DEATH**

STATE FILE NUMBER

1 NAME <b>Richard Francis WANTLAND</b>		2 SEX (M/F) <b>Male</b>	3 DEATH DATE (Mo/Day/Year) <b>January 2, 1997</b>
4 AGE LAST BIRTHDAY (Y/M/D) <b>87</b>	5 UNDER 1 YEAR <b>YES</b>	6 UNDER 1 DAY <b>NO</b>	7 BIRTH DATE (Mo/Day/Year) <b>4/24/1909</b>
8 BIRTH PLACE <b>Canas, WA</b>		9 WAS DECEDENT EVER IN U.S. ARMED FORCES? <b>No</b>	
10 CITY, TOWN, OR LOCATION OF DEATH <b>Washougal</b>		11 PLACE OF DEATH - BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <b>42 Georgine Lane</b>	
12 MARRITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		13 SURVIVING SPOUSE (If wife give maiden name) <b>Emma Josephine Schultz</b>	
14 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Rock Crusher</b>		15 KIND OF BUSINESS OR INDUSTRY <b>County Road Dept.</b>	
16 RESIDENCE - NUMBER AND STREET <b>42 Georgine Lane</b>		17 SOCIAL SECURITY NO. <b>98671</b>	
18 FATHER'S NAME - FIRST MIDDLE LAST <b>Perry Commodore Wantland</b>		19 MOTHER'S NAME - FIRST MIDDLE MAIDEN SURNAME <b>Anna - Strunk</b>	
20 INFORMANT - NAME <b>Josephine Wantland</b>		21 ADDRESS - STREET OR RD NO., CITY OR TOWN, STATE <b>42 Georgine Lane, Washougal, WA 98671</b>	
22 BURIAL OR CREMATION (Specify) <b>Burial</b>		23 DATE (Mo/Day/Year) <b>1/8/1997</b>	
24 CEMETERY/CREMATORY - NAME <b>Evergreen Memorial Gardens</b>		25 LOCATION - CITY/TOWN/STATE <b>Vancouver, WA</b>	
26 FUNERAL HOME OR SIGNATURE <b>C.M. Dewitt</b>		27 NAME OF FUNERAL HOME <b>3 Straub's Funeral Home</b>	
28 ADDRESS OF FUNERAL HOME <b>325 NE 3rd Ave, Canas, WA 98671</b>			

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

38 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  
**Lawrence E Foltz, D.O.**

39 DATE SIGNED (Mo/Day/Year)  
**1-6-97**

40 NAME AND TITLE OF ATTENDING PHYSICIAN OR OTHER HEALTH CARE PROVIDER (Type and Print)  
**Lawrence Foltz, D.O. 11504 SE Hill Plain Blvd. JG Vancouver, WA**

41 ICD-9 CODE OF DEATH (4th Ed)  
**2245**

42 NAME AND TITLE OF 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  
**Lawrence E Foltz, D.O.**

44 DATE SIGNED (Mo/Day/Year)  
**1-6-97**

45 HOUR OF DEATH (24 HR)  
**6:29 AM**

46 NAME AND TITLE OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type and Print)  
**Lawrence Foltz, D.O. 11504 SE Hill Plain Blvd. JG Vancouver, WA**

47 ICD-9 CODE OF DEATH (4th Ed)

48 NAME AND TITLE OF MEDICAL EXAMINER OR CORONER

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

IMMEDIATE CAUSE (If fatal disease or injury, specify date and time)  
**A 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.

**B Advanced Dysphagia**

**C Pneumonia**

50 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE

51 AGE, SEX, RACE, HEIGHT, WEIGHT, HAIR, EYES, SKIN, BLOOD TYPE, AND OTHER PHYSICAL CHARACTERISTICS

52 AUTOPTIC? (Yes/No)  
**No**

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

54 ADE SUICIDE HOW UNDERSTOOD

55 INJURY DATE (Mo/Day/Year)

56 HOUR OF INJURY

57 DISTANCE HOW INJURY OCCURRED

58 INJURY AT WORK? (Yes/No)

59 PLACE OF INJURY - AT HOME, FARM, STREET, OFFICE, LOCATION - STREET OR RD NO., CITY/TOWN/STATE

60 REGISTERED AS DOCUMENTARY (Yes/No)

61 ITEM DOCUMENTARY AGENCY

62 REVIEWED BY

63 DATE

64 SIGNATURE OF REGISTERING OFFICER  
**Lawrence E Foltz, D.O.**

65 DATE  
**1/14/97**

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH THE CENTER FOR STATE RECORDS AND INFORMATION SYSTEMS