

132663

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Return Address:

CECILE E. FARRAR  
131 ORCHARD LANE  
UNDERWOOD WA 98651

FILED FOR RECORD  
SKAMIA CO. WASH  
BY Cecile E. Farrar

AUG 27 11 55 AM '98

AMOSER  
AUDITOR  
GARY M. OLSON

Please Print or Type Information.

Document Title(s) or transactions contained therein:

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

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

1. CLYTON E. FARRAR
- 2.
- 3.
- 4.

☐ Additional Names on page \_\_\_\_\_ of document.

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

1. CECILE E. FARRAR
- 2.
- 3.
- 4.

☐ Additional Names on page \_\_\_\_\_ of document.

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

N 1/2 SE 1/4 SW 1/4 of SECTION 15, TOWNSHIP 3 NORTH  
RANGE 10 E. W. M.

☐ 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

3-10-15-2700

☐ 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, made and entered into this 18th day of August, 1997, by and between CLINTON E. FARRAR and CECILE E. FARRAR, husband and wife, of Underwood, Washington, pursuant to the provisions of Section 26.16.120 of the Revised Code of Washington, 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 love and affection that each of us has for the other, and in consideration of the mutual benefits to be derived by each of us, it is hereby agreed, promised and covenanted as follows:

1. That all property of whatsoever nature and 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.
2. That upon the death of either of us, title to all community property as defined in the preceding paragraph is to vest immediately in fee simple in the survivor.

In Witness Whereof, on the date first above listed we set our hands and seals.

Clinton E. Farrar  
CLINTON E. FARRAR

Cecile E. Farrar  
CECILE E. FARRAR

19736

REAL ESTATE EXCISE TAX

STATE OF WASHINGTON )

County of Klickitat )

) SS.

PAID

AUG 27 1998

Ally Depilly  
SKAMANIA COUNTY TREASURER

03-10-15-00-2700  
8-27-98  
[Signature]

On this day personally appeared before me CLINTON E. FARRAR and CECILE E. FARRAR, to me known to be the individuals described in and who executed the within and

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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 seal this 18<sup>th</sup> day of August, 1997.



Kathleen A. Butcher

Name: Kathleen A. Butcher

Notary Public in and for the State of

Washington, residing at: Cooks

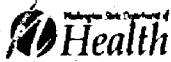
My commission expires: 01/07/01

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

29

LOCAL FILE NUMBER



## CERTIFICATE OF DEATH

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146

STATE FILE NUMBER

1 NAME First Middle Last <b>Clinton Elwin FARRAR</b>			2 SEX (M / F) <b>Male</b>		3 DEATH DATE (Mo, Day, Yr) <b>July 29, 1998</b>												
4 AGE LAST BIRTH DAY (Yr) <b>75</b>		5 UNDER 1 YEAR MOS DAYS HOURS MINS <b>1</b>		6 UNDER 1 DAY HOURS MINS <b>1</b>		7 BIRTH DATE (Mo, Day, Yr) <b>8/15/1922</b>		8 BIRTH PLACE (City, State or Foreign Country) <b>Carthage, NY</b>		9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <b>Yes</b>		10 COUNTY OF DEATH <b>Skamania</b>					
11 CITY, TOWN OR LOCATION OF DEATH <b>Underwood</b>				12 PLACE OF DEATH - BE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 HOME 2 IN TRANSIT 3 IN EMERG. INPAT. 4 IN HOSP. 5 IN NURS. HOME 6 OTHER PLACE <b>131 Orchard Lane</b>				13 SKIPPED IN LAST 15 YEARS? (Yes / No) <b>No</b>									
14 MARITAL STATUS - Married Never Married Widowed Divorced (Specify) <b>Married</b>		15 SURVIVING SPOUSE (If wife, give maiden name) <b>Cecile E. Newell</b>				16 SOCIAL SECURITY NO. <b>[REDACTED]</b>		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) <b>12</b>									
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Electrician/Main.</b>				19 KIND OF BUSINESS OR INDUSTRY <b>U.S. Government</b>				20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify <b>No</b>		21 RACE (Specify) <b>White</b>							
22 RESIDENCE - NUMBER AND STREET <b>131 Orchard Lane</b>			23 CITY/TOWN OR LOCATION <b>Underwood</b>		24 RESIDE CITY LIMITS? (Yes / No) <b>No</b>		25A COUNTY <b>Skamania</b>		25B LENGTH OF RES. ALSO <b>36 yrs</b>		26 STATE <b>WA</b>		27 ZIP CODE <b>98651</b>				
28 FATHER'S NAME - FIRST, MIDDLE, LAST <b>Clinton John Farrar</b>						29 MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME <b>Nina M. Hamilton</b>											
30 INFORMANT - NAME <b>Cecile E. Farrar</b>				31 MAILING ADDRESS STREET OR RD NO. CITY OR TOWN STATE ZIP <b>131 Orchard Lane Underwood, WA 98651</b>													
32 BURIAL CREMATION REMOVAL - OTHER (Specify) <b>Cremation</b>		33 DATE (Mo, Day, Yr) <b>7/31/1998</b>		34 CEMETERY/CREMATORY - NAME <b>Win-quatt Crematory</b>				35 LOCATION - CITY/TOWN, STATE <b>The Dalles, OR</b>									
36 FUNERAL DIRECTOR'S SIGNATURE <i>R. P. Duvick</i>		37 NAME OF FACILITY <b>GARDNER FUNERAL HOME, INC.</b>		38 ADDRESS OF FACILITY <b>POB 390 White Salmon, WA 98672</b>													
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 <i>D. S. Hindahl MD</i>						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 <i>[Signature]</i>											
40 DATE SIGNED (Mo, Day, Yr) <b>1615</b>				41 HOUR OF DEATH (24 Hrs) <b>1615</b>				44 DATE SIGNED (Mo, Day, Yr)				45 HOUR OF DEATH (24 Hrs)					
42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>David Hindahl, M.D.</b>						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) <b>David Hindahl, M.D. POB 1519 White Salmon, WA 98672</b>						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.																	
A <b>I, A myeloma</b>																	
B <b>19736</b>																	
C <b>REAL ESTATE EXCISE TAX</b>																	
D																	
51 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE(S) ABOVE. <b>NO</b>																	
54 ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)				55 INJURY DATE (Mo, Day, Yr)				56 HOUR OF INJURY (24 Hrs)				57 AUTOPSY? (Yes / No) <b>No</b>					
58 INJURY AT WORK? (Yes / No)				59 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG. ETC. (Specify)				60 LOCATION - STREET OR RD NO., CITY/TOWN, STATE				61 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>Yes</b>					
62 RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE				63 SIGNATURE <i>[Signature]</i>				64 DATE RECEIVED (Mo, Day, Yr) <b>8/3/98</b>									

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (Formerly DSHS 9-150)  
DOH 01-003 (8-96)

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