

132815

BOOK 181 PAGE 223

## Return Address:

Margaret Woster  
~~P.O. Box 1184~~  
~~Carson, WA 98610~~  
 10150 Old Naches Hwy  
 Naches, WA 98937

FILED FOR RECORD  
 SKAMANA COUNTY WASH  
 BY Margaret Woster

SEP 11 3 26 PM '98

GARY H. OLSON  
 AUDITOR

Please Print or Type Information.

Document Title(s) or transactions contained therein:	
1. <del>Robert</del> CPA	
2. Death cert.	
3.	
4.	
GRANTOR(S) (Last name, first, then first name and initials)	
1. Woster, Robert E.	
2. Woster, Margaret	
3.	
4.	
[ ] Additional Names on page ____ of document.	
REAL ESTATE EXCISE TAX 19762	
GRANTEE(S) (Last name, first, then first name and initials)	
1. Woster, Margaret	
2.	
3.	
4.	
[ ] Additional Names on page ____ of document.	
LEGAL DESCRIPTION (Abbreviated: IE, Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)	
SE4 SE4 Section 25, T4N R7 1/2 EWM	
[ ] 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	
04-75-25-4-0-0200-00	
[ ] Property Tax Parcel ID is not yet assigned.	
[ ] Additional parcel #'s on page ____ of document.	
Gary H. Martin, Skamania County Assessor Date 9-1-98 Parcel # 4725120	
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 this day by and between ROBERT EUGENE WOSTER and MARGARET MARNELL WOSTER, husband and wife, both of Skamania County, Washington,

WITNESSETH:

That whereas said ROBERT EUGENE WOSTER and MARGARET MARNELL WOSTER are the owners of certain community and separate property, and whereas all of the property now owned, or which shall hereafter be acquired by them or either of them, is hereby declared to be the community property of the said ROBERT EUGENE WOSTER and MARGARET MARNELL WOSTER, and whereas said parties are desirous of providing for the disposition of said property upon the death of either, under and by virtue of and in conformity with the provisions of Section 26.16.120, Revised Code of Washington, and to provide that said property and all property of which either may die possessed, both real and personal and wherever situate, shall pass without delay or expense in case of the death of either of the said parties to the survivor;

NOW, THEREFORE, in consideration of the love and affection that each of said parties has for the other, IT IS HEREBY AGREED:

I

That all property of whatsoever nature or description, whether separate or community, whether real, personal or mixed and wheresoever situated now owned or hereafter acquired by them or either of them is hereby conveyed and converted into community property and hereafter shall be deemed community property for all purposes under the laws of the State of Washington.

II

That in case of the death of the said ROBERT EUGENE WOSTER, while the said MARGARET MARNELL WOSTER survives, the whole of the said property hereinbefore described, together with any other property by them hereafter acquired, shall at once vest in the said MARGARET MARNELL WOSTER, in fee simple, as her sole and separate property; and in case of the death of the said MARGARET MARNELL WOSTER, leaving



## Community Property Agreement

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the said ROBERT EUGENE WOSTER surviving, the whole of said property hereinbefore described, together with any other property by them hereafter acquired, shall at once vest in the said ROBERT EUGENE WOSTER, in fee simple, as his sole and separate property.

IN WITNESS WHEREOF, the said parties have hereunto set their hand in duplicate this 10th day of June, 1992.

Robert Eugene Woster      Margaret Marnell Woster

STATE OF WASHINGTON      )  
COUNTY OF CLARK      ) ss.

On this 10th day of June, 1992, before me a Notary Public in and for the State of Washington, personally appeared the above named ROBERT EUGENE WOSTER and MARGARET MARNELL WOSTER, husband and wife, and acknowledged to me that they signed, sealed and executed the above Community Property Agreement as their free act and deed, for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year in the certificate first above written.



Kathleen Williams  
Notary Public in and for the State of  
Washington, Residing at Clma  
My appointment expires: 9-30-94

# CERTIFICATION OF VITAL RECORD

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246931

LD TAG NO.

04732

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

130-

State File Number

1. DECEDENT'S NAME <b>Robert Eugene WOSTER</b>		2. SEX <b>Male</b>		3. DATE OF DEATH (Month, Day, Year) <b>August 30, 1997</b>	
4. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		5. AGE - Last Birthday (Years) <b>82</b>		6. BIRTHPLACE (City and State or Foreign Country) <b>Orchards, WA</b>	
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input checked="" type="checkbox"/> Other		9. DATE OF BIRTH (Month, Day, Year) <b>July 16, 1915</b>	
10. FACILITY NAME (If not institution, give street and number) <b>Village Health Care</b>		11. CITY, TOWN, OR LOCATION OF DEATH <b>Portland</b>		12. COUNTY OF DEATH <b>Multnomah</b>	
13a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Computer Analyst</b>		13b. KIND OF BUSINESS/INDUSTRY <b>Pacific Power &amp; Light</b>		14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>	
15a. RESIDENCE - STATE <b>Washington</b>		15b. COUNTY <b>Skamania</b>		15c. CITY, TOWN, OR LOCATION <b>Carson</b>	
15d. RESIDENCE - ZIP CODE <b>98610</b>		16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		17. RACE American Indian, Black, White, etc. (Specify) <b>White</b>	
18. FATHER - NAME first middle last <b>Ralph O. Woster</b>		19. MOTHER - NAME first middle last <b>Mabel - Cline</b>		20. INFORMANT - NAME and relationship to decedent <b>Margaret Woster--Wife</b>	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Killingsworth Chimes Creamtory</b>		21c. LOCATION - City or Town, State <b>Portland, OR</b>	
22a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSONAL SERVICE SUCH <b>[Signature]</b>		22b. LICENSE NUMBER (If Licensee) <b>1512</b>		22c. NAME, ADDRESS AND ZIP OF FACILITY <b>Gateway Little Chapel of the Chimes 1515 NE 106th Ave. Portland, OR 97220</b>	
23. DATE FILED (Month, Day, Year) <b>SEP 16 1997</b>		24. REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA					
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
27. TIME OF DEATH <b>1645</b>		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <b>[Signature]</b>					
30. DATE SIGNED (Month, Day, Year) <b>9/11/97</b>					
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <b>Gregory Blair, MD 9155 SW Barnes Rd. Ste 830 Portland, OR 97225</b>					
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.					
PART 1 (a) <b>RESPIRATORY FAILURE</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>EMPHYSEMA</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b>ANTI-TRYPSEN DEFICIENCY</b>					
PART 2 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART 1.					
34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		35a. DATE OF INJURY (Month, Day, Year)		35b. TIME OF INJURY	
36. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		37. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
38. LOCATION (Street and Number or Rural Route Number, City or Town, State)		39. ALTOPT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
40. IF YES, what findings considered in determining cause of death?		41. IF YES, what findings considered in determining cause of death?			



ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 3/97

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

SEP 17 1997

DATE ISSUED

**Hilda Chaski Adams, MPH**  
COUNTY REGISTRAR  
MULTNOMAH COUNTY, OREGON



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE