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BOOK 182 PAGE 191

Return Address:

CRYSTAL A. REILLY
PO BOX 98
UNDERWOOD WA
98651

FILED FOR RECORD
SKAMANIA COUNTY, WASH
BY Crystal A. Reilly
Oct 15 11 04 AM '98
A Johnson
AUDITOR
GARY H. OLSON

Please Print or Type Information.

Document Title(s) or transactions contained therein:

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

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

1. DAVID F REILLY
2. CRYSTAL A. REILLY
3.
4.

[ ] Additional Names on page _____ of document.

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

1. CRYSTAL A. REILLY
2. DAVID F. REILLY
3.
4.

[ ] Additional Names on page _____ of document.

REAL ESTATE EXCISE TAX
19515
OCT 15 1998
PAID Exempt
JW
SKAMANIA COUNTY TREASURER

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

LOT 3 ORINGTON HEIGHTS SECTION 21
TOWNSHIP 3N RANGE 10 E

[ ] Complete legal on page _____ of document.

REFERENCE NUMBER(S) Of Documents assigned or released:

Gary H. Martin, Skamania County Assessor
Date 10/15/98 Parcel # 03 10 21 3 2011 00
$10

[ ] 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.

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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COMMUNITY PROPERTY AGREEMENT

Agreement made this 19 day of NOV, 1997, between DAVID F. REILLY ("Husband") and CRYSTAL A. REILLY ("Wife"), husband and wife, both of whom are domiciled in the State of Washington. In consideration of their mutual agreements set forth below, the parties agree as follows:

1. PROPERTY COVERED: This Agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife except for assets for which a separate beneficiary designation has been or is hereafter made by Husband or Wife and approved by the other spouse, even though some items may have been or may be purchased or acquired by one or the other or both or may have been or may be registered in the name of one or the other or both. If Husband dies and Wife survives him, any separate property of Husband which is owned by Husband at the time of his death (except for assets for which Husband has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of his death, and if Wife dies and Husband survives her, any separate property of Wife which is owned by Wife at the time of her death (except for assets for which Wife has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of her death. All such property is referred to in this Agreement as the "described community property."

2. VESTING AT DEATH OF SPOUSE: If Husband dies and Wife survives him, all of the described community property shall vest in Wife as of the moment of

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RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

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Husband's death. If Wife dies and Husband survives her, all of the described community property shall vest in Husband as of the moment of Wife's death.

3. DISCLAIMER: Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, or with reference to specific parts, shares or assets thereof, in which event the interest disclaimed shall pass as if the provisions of paragraph 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.

4. AUTOMATIC REVOCATION: The provisions of paragraph 2 shall be automatically revoked

(a) Upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce; or

(b) Upon the establishment of a domicile out of the State of Washington by either party; or

(c) Immediately prior to death, if the order of death cannot be ascertained.

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5. OPTIONAL REVOCATION BY ONE PARTY: If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 2 and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardian(s), if any, of the person and of the estate of the disabled person. For the purposes of this paragraph, a spouse shall be deemed disabled if a person duly licensed to practice medicine in the State of Washington signs a statement declaring that the person is unable to manage his or her own affairs.

6. POWERS OF APPOINTMENT: This Agreement shall not affect any power of appointment now held by or hereafter given to Husband or Wife or both of

them, nor shall it obligate Husband or Wife or both of them to exercise any such power of appointment in any way.

7. REVOCATION OF INCONSISTENT AGREEMENTS: To the extent this Agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

IN WITNESS WHEREOF, the said DAVID F. REILLY and CRYSTAL A. REILLY have hereunto set their signatures this 19 day of November, 1997.

David F. Reilly
DAVID F. REILLY, Husband

Crystal A. Reilly
CRYSTAL A. REILLY, Wife

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STATE OF WASHINGTON)
) ss:
COUNTY OF KING)

On this day personally appeared before me DAVID F. REILLY and CRYSTAL A. REILLY, to me known to be the individuals described in and who executed the within and foregoing Community Property Agreement, and acknowledged 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 on this 19th day of November 1997.

OFFICIAL SEAL
SHELLEY M ALEXANDER
Notary Public - State of Washington
My Commission Expires 7-6-01

Shelley M. Alexander
Printed Name: Shelley M. Alexander
Notary Public in and for the
State of Washington.
My commission expires: 7-6-01

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NOV 24 '97

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Health BOOK 182 PAGE 196

605 — LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146 — STATE FILE NUMBER

1. NAME: First DAVID, Middle FRANCIS, Last REILLY
2. SEX (M/F): Male
3. DEATH DATE (Mo Day Yr): June 26, 1998
4. AGE LAST BIRTHDAY (Yrs): 59
7. BIRTHDATE (Mo Day Yr): 02/25/1939
8. BIRTHPLACE (City, State or Foreign Country): Baltimore, MD
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No): no
10. COUNTY OF DEATH: Whatcom
11. CITY, TOWN, OR LOCATION OF DEATH: Bellingham
12. PLACE OF DEATH: Hosp — St. Joseph Hospital
13. SMOKING IN LAST 15 YEARS? (Yes/No): Yes
14. MARITAL STATUS: Married
15. SURVIVING SPOUSE: Crystal Ann Beardsley
16. SOCIAL SECURITY NO.: [redacted]
17. DECEDENT'S EDUCATION: Elementary/Secondary (0-12): 12
18. USUAL OCCUPATION: Cable Technician
19. KIND OF BUSINESS OR INDUSTRY: Telephone Company
20. Was Decedent of Hispanic origin or descent? (Yes/No): no
21. RACE: Caucasian
22. RESIDENCE — NUMBER AND STREET: 2315 Williams Street
23. CITY, TOWN, OR LOCATION: Bellingham
24. INSIDE CITY LIMITS? (Yes/No): yes
25a. COUNTY: Whatcom
25b. LENGTH OF RES IN CO: 3 mos
26. STATE: WA
27. ZIP CODE: 98225
28. FATHER'S NAME — FIRST MIDDLE LAST: Francis A. Reilly
29. MOTHER'S NAME — FIRST MIDDLE MAIDEN SURNAME: Helen C. Ingram
30. INFORMANT — NAME: Crystal Ann Reilly
31. MAILING ADDRESS: P.O. Box 98, Underwood, WA 98651
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation
33. DATE (Mo Day Yr): 07/01/1998
34. CEMETERY/CREMATORY — NAME: Greenacres Crematory
35. LOCATION — CITY/TOWN, STATE: Ferndale, Washington
36. FUNERAL DIRECTOR'S SIGNATURE: X Paul V. Spinelli [signature]
37. NAME OF FACILITY: Jones-Moles Funeral Home
38. ADDRESS OF FACILITY: 2465 Lakeway, Bellingham, WA

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

Gary H. Martin, Skamania County Assessor — Date 10/15/98 Parcel # 03102132011000

42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: 3/0

TO BE COMPLETED ONLY BY 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: X [signature]
44. DATE SIGNED: 7/1/98
45. HOUR OF DEATH (24 hrs): 1955
46. PRONOUNCED DEAD (Mo Day Yr): June 26, 1998
47. HOUR PRONOUNCED DEAD (24 hrs): 1955
48. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER): Gary Goldfogel, M.D., M.E., 1500 N. State St., Bellingham, Wa 98225
49. ME/CORONER FILE NUMBER: UTA 4064-98

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

	Cause	Interval between onset and death
a. Immediate cause	Pneumonia	days
b. Due to or as a consequence of	Chest trauma (blunt, closed)	9 days
c. Due to or as a consequence of	2 story fall (unwitnessed)	
d. Due to or as a consequence of		

51. OTHER SIGNIFICANT CONDITIONS: Alzheimer's Dementia
52. AUTOPSY? (Yes/No): No
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No): Yes
54. ACC, SUICIDE, HOM, UNDET, OR PENDING INVEST: Accident
55. INJURY DATE (Mo Day Yr): 6/17/98
56. HOUR OF INJURY: 0933
57. DESCRIBE HOW INJURY OCCURRED: Decedent fell through a glass window 2 stories to the ground.
58. INJURY AT WORK? (Yes/No): No
59. PLACE OF INJURY: Nursinghome - Columbia Place
60. LOCATION: 2315 Williams St, B'ham WA 98225
61. RECORD AMENDMENT
62. REGISTRAR: X Charles R. Benjamin [signature]
63. DATE RECEIVED: JUL - 1 1998