

137106

BOOK 195 PAGE 794

FILED
SKAMANIA COUNTY
BY Sara Frank

DEC 21 4 20 PM '99

O'Leary
GARY H. OLSON

Return Address:

Sara C. Frank
8460 SW Birchwood Rd.
Portland, OR 97225

Document Title(s) or transactions contained herein:

Antenuptial Agreement & Death Certificate

GRANTOR(S) (Last name, first name, middle initial)

Frank, Leonard Keith

REAL ESTATE EXCISE TAX

20601
DEC 27 1999☐ Additional names on page _____ of document.

PAID 1 element

GRANTEE(S) (Last name, first name, middle initial)

Frank, Sara Moore

11/12/99
SKAMANIA COUNTY TREASURER☐ Additional names on page _____ of document.

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

Lot #40 Government Mineral Springs

Gary H. Martin, Skamania County Assessor

Date 12/27/99 Parcel # 96-001040
118☐ 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

96-001040

☐ Property Tax Parcel ID is not yet assigned☐ Additional parcel numbers 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.

ANTENUPTIAL AGREEMENTORIGINAL IN WILL SAFE OF
SCHWABE, WILLIAMSON & WYATT

THIS AGREEMENT, made the 21st day of March,
1989, between LEONARD KEITH FRANK of Portland, Oregon (hereinafter
referred to as "Husband"), and SARA MOORE FRANK of Portland,
Oregon (hereinafter referred to as "Wife").

RECITALS

1. Husband and Wife were married on March 19, 1988,
this being a second marriage for Husband and a second marriage for
Wife.
2. Wife has the following children by her previous
marriage: MITCHELL ALLAN MOORE and SALLY ANN MOORE.
3. Husband has the following children by his previous
marriage: CATHY JO FLANDERS, ERIK KRUSE FRANK, ALISON JONES,
MARK S. FRANK, RANDAL M. FRANK and GEORGE N. FRANK, II.
4. Each party, being mature in years and experienced
in life, has acquired an estate in his or her own name and for his
or her own benefit, and further has acquired obligations in his or
her own name for his or her own benefit. The parties did not
enter into a Prenuptial Agreement before their marriage. However,
the parties still desire to determine and set forth the rights
that each will have in the other's property and estate, and to
that end are entering into this Agreement, by which they fully
intend to be legally bound to the same extent as if they had
entered into this Agreement prior to their marriage.
5. Each party desires to maintain his or her separate
estate without interest in the separate estate of the other and to

the marriage to the extent that both parties specifically signify their mutual intention that such property shall descend or transfer as jointly owned property. The parties intend, during a portion of the duration of the marriage contract, to transfer an undefined portion of their income or assets, or both, into joint holdings, to be used for marital purposes and the purchase of necessities and luxuries related to the marriage. In the event that the marriage dissolves, properties jointly held at the time of dissolution of the marriage shall be divided between the parties in the same proportionate shares as their respective interests appear in the properties based on percentage of contribution in the acquisition of the properties, provided the parties have maintained sufficient records to document such percentages of contribution. If such documentation has not been maintained by the parties, properties jointly held at the time of dissolution of the marriage for which documentation of contribution has not been maintained shall be divided equally between the parties. (In the event of the death of one spouse during the duration of the marriage contract, it is the intention of the parties that properties held jointly with right of survivorship or as tenants by the entirety shall pass to the surviving spouse.)

5. Complete Control. Except as herein provided, each party shall possess complete control of his or her separate property, assets and estate (as set forth in Exhibits A or B), and may enjoy and dispose of such property, assets and estate in the same manner as if they were unmarried.

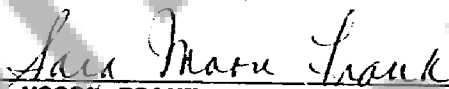
each has made a full disclosure and that the decisions of courts ought not to contravene their express wishes as expressed in this Agreement.

8. Integration Clause. This Agreement constitutes the sole agreement of the parties upon this subject and integrates and supersedes any and all prior agreements, negotiations and understandings relating hereto.

9. Effective Date. This Agreement shall take effect upon the date first written above and shall then bind the parties and their respective heirs, personal representatives, successors in interest and assigns.

IN WITNESS WHEREOF, the parties have executed this Agreement in duplicate on the date first written above.


LEONARD KEITH FRANK


SARA MOORE FRANK

Approved:

Attorney for Leonard Keith Frank


Attorney for Sara Moore Frank

STATE OF OREGON)
) ss.
County of Multnomah)

The foregoing instrument was acknowledged before me this
21st day of March, 1989, by LEONARD KEITH FRANK.

Karen A. Stevenson
NOTARY PUBLIC FOR OREGON
My Commission Expires: 11-15-90



STATE OF OREGON)
) ss.
County of Multnomah)

The foregoing instrument was acknowledged before me this
21st day of March, 1989, by SARA MOORE FRANK.

Karen A. Stevenson
NOTARY PUBLIC FOR OREGON
My Commission Expires: 11-15-90



CERTIFICATION OF VITAL RECORD

PRINT IN
PERMANENT
BLACK INK

278830

Local File Number
1621

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

135

State File Number

| | | | | | |
|---|--|--|--|---|--|
| 1. DECEDENT'S NAME Leonard Keith FRANK | | 2. SEX Male | | 3. DATE OF DEATH (Month, Day, Year) August 15, 1999 | |
| 4. SOCIAL SECURITY NUMBER [REDACTED] | | 5. AGE (at death) 68 | | 6. BIRTHPLACE (City and State or Foreign Country) Beloit, Kansas | |
| 7. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) | | 8. COUNTY OF DEATH Washington | | 9. DATE OF BIRTH (Month, Day, Year) [REDACTED] | |
| 10. FACILITY NAME (If not hospital, give street and number) St. Vincent Hospital | | 11. CITY, TOWN, OR LOCATION OF DEATH Portland | | 12. COUNTY OF DEATH Washington | |
| 13. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Sales | | 14. KIND OF BUSINESS/INDUSTRY Appliance | | 15. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married | |
| 16. RESIDENCE - STATE Oregon | | 17. COUNTY Washington | | 18. CITY, TOWN, OR LOCATION Portland | |
| 19. ZIP CODE 97225 | | 20. STREET AND NUMBER 8460 SW Birchwood Rd. | | 21. DECEDENT'S EDUCATION (Specify only highest grade completed) College (1-4 or 5-6) | |
| 22. FATHER'S NAME (First, middle, last) George M. Frank | | 23. MOTHER'S NAME (First, middle, last) Catherine Wideman | | 24. INFORMANT - Name and relationship to decedent Sara Frank-Wife | |
| 25. METHOD OF DISPOSITION (Check only one) <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify) | | 26. PLACE OF DISPOSITION (Name of cemetery, crematory, etc.) Young's Crematory | | 27. LOCATION - City or town, State Tigard, Oregon | |
| 28. SIGNATURE OF OREGON PERSONAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Christina C. Deffen | | 29. OREGON LICENSE NO. (If Licensed) 1517 | | 30. NAME, ADDRESS AND PHONE OF FUNERAL HOME Young's Funeral Home 11831 SW Pacific Hwy. Tigard, OR 97223 | |
| 31. DATE FILED (Month, Day, Year) AUG 19 1999 | | 32. REGISTRAR'S SIGNATURE James E. Bennett | | 33. COUNTY Washington | |

RESERVED FOR REGISTRAR'S USE

| | | | |
|---|--|---|--|
| 34. TO BE COMPLETED BY CERTIFYING PHYSICIAN | | 35. TO BE COMPLETED ONLY BY MEDICAL EXAMINER | |
| 36. TIME OF DEATH (Month, Day, Year, Hour, Minute) 3:00 PM | | 37. DATE PROLONGED DEAD (Month, Day, Year, Hour, Minute) [REDACTED] | |
| 38. On the basis of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated (Signature) [Signature] | | 39. On the basis of examination and/or investigation, in my opinion death occurred (Signature) [Signature] | |
| 40. DATE SIGNED (Month, Day, Year) 8-15-99 | | 41. DATE SIGNED (Month, Day, Year) [REDACTED] | |
| 42. NAME, TITLE, ADDRESS AND PHONE OF CERTIFYING PHYSICIAN (Type or Print) J. Stuart Morgan M.D. 9250 SE Hall Blvd. Tigard, OR 97223 | | 43. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) [REDACTED] | |
| 44. BASELINE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR 44a, 44b AND 44c) Do not enter mode of death, e.g., Cardiac or Respiratory Arrest. | | 45. INTERVAL BETWEEN ONSET AND DEATH | |
| 44a. Heart failure | | Interval between onset and death | |
| 44b. Acute myocardial infarction | | Interval between onset and death | |
| 44c. Myocardial infarction | | Interval between onset and death | |
| 46. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not resulting in the underlying cause given in PART I) | | 47. Did baseline use contribute to this death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 48. MANNER OF DEATH <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Natural <input type="checkbox"/> Legal Intervention | | 49. DATE OF INJURY (Month, Day, Year) [REDACTED] | |
| 50. TIME OF INJURY [REDACTED] | | 51. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 52. PLACE OF INJURY - In home, hotel, street, factory, office, building, etc. (Specify) [REDACTED] | | 53. LOCATION (Street and Number or Rural Route Number, City or Town, State) [REDACTED] | |

Gary H. Martin, Skamania County Assessor

Date **11/21/99** Parcel **26-001040**

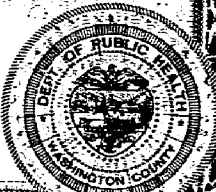


THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE WASHINGTON COUNTY REGISTRAR.

AUG 20 1999

DATE ISSUED:

James E. Bennett
COUNTY REGISTRAR
WASHINGTON COUNTY, OREGON



THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.