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BOOK 196 PAGE 289

RETURN ADDRESS:

Harland Hartley
PO Box 875
Stevenson, WA 98648

FILED
SK
BY Harland Hartley
JAN 26 10 45 AM '00
P. Lawry
GARY L. OLSON

Please Print or Type Information.

REAL ESTATE EXCISE TAX

Document Title(s) or transactions contained therein:

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

20638
JAN 26 2000PAID Exempt

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

SKAMIA COUNTY TREASURER

1. Hartley, Anna R.
- 2.
- 3.
- 4.

☐ Additional Names on Page _____ of Document.

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

1. Hartley, Harland M.
- 2.
- 3.
- 4.

☐ Additional Names on Page _____ of Document.

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

☐ Complete Legal on Page _____ of Document.

REFERENCE NUMBER(S) Of Document assigned or released:

☐ Additional Numbers on Page _____ of Document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

☐ 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.

COMMUNITY PROPERTY AGREEMENT

This agreement made and entered into this 23rd day of November 1962 by and between Harland M. Hartley and Anna R. Hartley, husband and wife, residing now in Klickitat County, State of Washington,

WITNESSETH:

That whereas the parties hereto are husband and wife and desire hereby to fix the status of their property regardless of how acquired, as community property and to provide for the disposition thereof upon the death of either as provided under the terms and provisions of section 26,16,120 of the Revised Code of Washington;

Now, therefore, in consideration of the love and affection that each of said parties has for the other, it is hereby agreed that all and the whole of the property belonging to us or either of us or hereafter acquired by us or either of us, regardless of the source or method of acquisition, is and shall be community property and it is hereby agreed that in case of the death of either of us, title to all of their property, real or personal, shall vest in the survivor without the intervention of any court under the terms and provision of the above statute.

To further the intents and purposes of the parties hereto, Harland M. Hartley does hereby give, convey and transfer to Harland M. Hartley and Anna R. Hartley, as husband and wife, all separate property now owned or hereafter acquired by the said Harland M. Hartley, and Anna R. Hartley does hereby give, convey and transfer unto Harland M. Hartley and Anna R. Hartley as husband and wife, all separate property now owned or hereafter acquired by the said Anna R. Hartley.

Executed this 23rd day of November 1962.

Harland M. Hartley
Anna R. Hartley

STATE OF WASHINGTON)
County of Klickitat) ss.

On this day there personally appeared before me
Harland M. Hartley and Anna R. Hartley

to me known to be the persons described in and who executed the
foregoing instrument and who acknowledged to me that they signed
said instrument freely and voluntarily for the uses and purposes
therein mentioned.

Given under my hand and official seal this 23rd
day of November 1962.

Gary H. Martin, Shamrock County Assessor

Book 1-26-2000 Page 203 4236 14 36200
110

Gary H. Martin
Notary Public for Washington
Goldendale, Washington.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

BOOK 196 PAGE 292

TYPE OR PRINT IN PERMANENT BLACK INK

2051
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME - First: Anna, Middle: Rose, Last: HARTLEY		2. SEX (M / F): Female	3. DEATH DATE (Mo Day Yr): Dec. 21, 1999
4. AGE LAST BIRTHDAY (Yr): 69	5. UNDER 1 YEAR: MOS: DAYS: HOURS: MINS:	7. BIRTHDATE (Mo Day Yr): 9/23/1930	8. BIRTHPLACE (City, State or Foreign Country): Ridgefield, WA
9. CITY, TOWN OR LOCATION OF BIRTH: Vancouver		10. COUNTY OF BIRTH: Clark	11. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): No
12. PLACE OF DEATH - 30 BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 1. HOME 2. IN TRANSPORT 3. IN HOME 4. IN HOSP. 5. IN NURSING HOME 6. OTHER PLACE: Rose Vista Nursing Home		13. SMOKING IN LAST 15 YEARS? (Yes / No): No	
14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married	15. SURVIVING SPOUSE (If wife give maiden name): Harland M. Hartley	16. SOCIAL SECURITY NO.: 539-30-7507	17. DECEDENT'S EDUCATION (Specify only highest grade completed): College (14 or 16)
18. USUAL OCCUPATION (Specify kind of work done during most of working life. DO NOT USE RETIRED): Registered Nurse	19. KIND OF BUSINESS OR INDUSTRY: Health Care	20. WAS DECEDENT OF HISPANIC ORIGIN OR DESCENT? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.): No	21. RACE (Specify): White
22. RESIDENCE - NUMBER AND STREET: 274 NW Loop Rd.	23. CITY/TOWN OR LOCATION: Stevenson	24. COUNTY: Skamania	25. LENGTH OF RES. IN CO.: 25 yrs
26. FATHER'S NAME - FIRST, MIDDLE, LAST: Mike Steudler	27. MOTHER'S NAME - FIRST, MIDDLE, LAST: Rose Burd	28. STATE: WA	29. ZIP CODE: 98648
30. MAILING ADDRESS: Harland Hartley, PO Box 875, Stevenson, WA 98648		31. LOCATION - CITY/TOWN, STATE: The Dalles, Oregon	
32. BURIAL, CREMATION, OR OTHER (Specify): Cremation		33. DATE (Mo Day Yr): 12/23/1999	
34. CREMATION FACILITY - NAME: Win-quatt Crematory		35. ADDRESS OF FACILITY: POB 390, White Salmon, WA 98672	
36. FUNERAL DIRECTOR'S SIGNATURE: <i>[Signature]</i>		37. NAME OF FACILITY: Gardner Funeral Home	
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: <i>Ray FitzSimmons MD</i>		39. 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): 12/23/99	41. HOUR OF DEATH (24 Hrs): 16:15	42. DATE SIGNED (Mo Day Yr):	43. HOUR OF DEATH (24 Hrs):
44. NAME AND TITLE OF ATTENDING PHYSICIAN (If other than certifier) (Type or Print):		45. PRONOUNCED DEAD (Mo Day Yr):	46. HOUR PRONOUNCED DEAD (24 Hrs):
47. NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner or Coroner) (Type or Print): Raymond FitzSimmons, M.D., POB 1519 White Salmon, WA 98672		48. MEDICORNER FILE NUMBER:	
49. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.			
IMMEDIATE CAUSE (Final disease or condition resulting in death): A. LUNG CANCER		INTERVAL BETWEEN ONSET AND DEATH: MONTHS	
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.		INTERVAL BETWEEN ONSET AND DEATH:	
B. DUE TO OR AS A CONSEQUENCE OF: Gary H. Martin, Skamania County Assessor		INTERVAL BETWEEN ONSET AND DEATH:	
C. DUE TO OR AS A CONSEQUENCE OF: Date 1-26-2000 Parcel # 03 07 36 14 3690 00		INTERVAL BETWEEN ONSET AND DEATH:	
D. DUE TO OR AS A CONSEQUENCE OF: AD		INTERVAL BETWEEN ONSET AND DEATH:	
50. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:		51. AUTOPSY? (Yes / No): No	52. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No): No
53. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify):	54. INJURY DATE (Mo Day Yr):	55. DESCRIBE HOW INJURY OCCURRED:	
56. INJURY AT WORK? (Yes / No):	57. PLACE OF INJURY - AT HOME, FARM, BLDG, ETC. (Specify):	58. STREET, PLACE OR OFFICE NO.: STREET OR RD NO., CITY/TOWN, STATE:	
59. RECORD AMENDMENT (Registrar use only): ITEM: DOCUMENTARY EVIDENCE: REVIEWED BY: DATE:		60. DATE RECEIVED (Mo Day Yr): DEC 23 1999	

