

137893

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RETURN ADDRESS:

Leonard Foster
Box - 491

Carson, Wm

Please Print or Type Information.

Document Title(s) or transactions contained therein:

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

REAL ESTATE CHOICE TAX

20780

APR 17 2000

PAID Exempt

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

1. Louise D Foster
- 2.
- 3.
- 4.

SKAMANIA COUNTY TREASURER

☐ Additional Names on Page _____ of Document.

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

1. Leonard L. Foster
- 2.
- 3.
- 4.

☐ Additional Names on Page _____ of Document.

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

East 98 Feet of Lot 6 Pleasant Valley Acres
Twns 3N Range 8E Section 2

☐ Complete Legal on Page _____ of Document.

REFERENCE NUMBER(S) Of Document assigned or released:

Gary H. Martin, Skamania County Assessor

Date 4/17/2000 Parcel # 3-2-213-600☐ Additional Numbers on Page _____ of Document.ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER 03 08 21 3 0060000☐ 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 COMMUNITY PROPERTY AGREEMENT, entered into this day by and between LEONARD LEROY FOSTER and DOROTHY LOUISE FOSTER, husband and wife, of Skamania County, State of Washington.

WITNESSETH:

WHEREAS, the parties hereto are the owners of certain real and personal property situate in the State of Washington; and

WHEREAS, it is contemplated by the parties hereto that they may acquire additional property in the future; and

WHEREAS, it is the desire hereto that all of their property shall pass to the survivor without delay or expense in the event of the death of either party;

NOW THEREFORE, WE, LEONARD LEROY FOSTER and DOROTHY LOUISE FOSTER, husband and wife, for and in consideration of the love and affection which we have, one for the other, do hereby mutually agree that all of the property which we now own separately, jointly, or otherwise, and whether real, personal or otherwise, and wheresoever situate, shall be and it is hereby declared to be the community property of the parties, and each of the parties to this agreement do hereby convey and transfer to the other party and to their community all property owned by them, even though the same be held in his or her separate estate; and

WE HEREBY MUTUALLY AGREE that all of the property which shall hereafter be acquired by either of us, whether separately, jointly or otherwise, and of whatsoever nature, and wheresoever situate, shall be and it is hereby declared to be community property, and each of the parties do hereby convey and transfer to the other and to their community, all such property hereafter acquired by either of

them, even though the same be acquired in his or her separate estate;
and;

IT IS FURTHER AGREED that the whole of the community property now owned by us or hereafter acquired by us, including all property the status of which is changed or created by this agreement, shall at once, in the event of the death of LEONARD LeROY FOSTER, while the said DOROTHY LOUISE FOSTER survives, be vested in DOROTHY LOUISE FOSTER, absolutely and in fee simple as her sole and separate property; and, in the event of the death of the said DOROTHY LOUISE FOSTER, while the said LEONARD LeROY FOSTER survives, then the whole of the community property now owned by us or hereafter acquired by us, including all property the status of which is changed or created by this agreement, shall at once vest in the said LEONARD LeROY FOSTER, absolutely and in fee simple as his sole and separate property.

IN WITNESS WHEREOF, the parties have executed this agreement this 19th day of June, 1989.

Leonard LeRoy Foster
LEONARD LeROY FOSTER
Dorothy Louise Foster
DOROTHY LOUISE FOSTER

STATE OF WASHINGTON)
) ss.
County of Skamania)

I, the undersigned, a Notary Public in and for the State of Washington, do hereby certify that on this 19th day of June, 1989, ~~person~~ appeared before me LEONARD LeROY FOSTER and DOROTHY LOUISE FOSTER, husband and wife, to me known to be the individuals described in and who executed the foregoing instrument, and acknowledged that they signed and sealed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.
GIVEN under my hand and official seal the day and year last above written.

John C. Tiesman
Notary Public in and for the
State of Washington, residing
at Stevenson.

Commission expires: 4-28-90

STATE OF WASHINGTON DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

146

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

28

LOCAL FILE NUMBER

1 NAME First Middle Last Dorothy Louise FOSTER		2 SEX (M/F) Female	3 DEATH DATE (Mo, Day, Yr) October 13, 1996
4 AGE LAST BIRTHDAY (Yr, Mo, Day) 70	5 UNDER 1 YEAR Mo, Day, Yr 12/17/1924	6 BIRTH PLACE (City, State or Foreign Country) Battle Ground, WA	7 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) No
11 CITY, TOWN OR LOCATION OF DEATH Carson		12 PLACE OF DEATH - If other than place of birth, give address or institution name Metzger & Dalen Streets	
14 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		15 SURVIVING SPOUSE (If wife, give maiden name) Leonard L. Foster	16 SOCIAL SECURITY NO. 535-20-3257
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRE) Homemaker		19 NAME OF BUSINESS OR INDUSTRY Own Home	20 Was Decedent of Hispanic origin or descent? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No
22 RESIDENCE - NUMBER AND STREET Metzger & Dalen Sts		23 CITY/TOWN OR LOCATION Carson	24 INSIDE CITY/STATE COUNTRY No Skamania WA
26 FATHER'S NAME - FIRST, MIDDLE, LAST Harold - White		27 MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME Laura E. Johnson	
30 DECEASED'S NAME Leonard L. Foster		31 MAILING ADDRESS P.O. Box 491 Carson, WA 98610	
32 BURIAL, CREMATION, OR OTHER (Specify) Burial		33 DATE (Mo, Day, Yr) 10/16/96	34 CEMETERY/CREMATORIUM/OTHER Wind River Cemetery
36 FUNERAL DIRECTOR'S SIGNATURE <i>R. P. Smith</i>		37 NAME OF FACILITY GARDNER FUNERAL HOME, INC.	38 ADDRESS OF FACILITY POB 390 White Salmon, WA 98672
TO BE COMPLETED ONLY BY PHYSICIAN OR OTHER QUALIFIED PERSON			
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>[Signature]</i> County Coroner			
40 DATE SIGNED (Mo, Day, Yr) October 17, 1996		41 HOUR OF DEATH (24-Hr) 0340	
42 NAME AND TITLE OF ATTENDING PHYSICIAN, OTHER THAN CLERICAL (Type or Print) Bradley Andersen, Cor., Skamania Co. Courthouse		43 PROMULGATED DEAD (Mo, Day, Yr) October 13, 1996	
44 NAME AND ADDRESS OF CERTIFYING PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Bradley Andersen, Cor., Skamania Co. Courthouse		45 HOURS OF DEATH (24-Hr) 0340	
50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death) A. LIVER FAILURE DO NOT ENTER THE MODE OF DYING, SUCH AS CARING OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE IN EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death). B. COLON CANCER METASTASIS C. Gary H. Martin, Skamania County Assessor Date 4/17/2000 Parcel # 3-8-21-3-600		INTERVAL BETWEEN ONSET AND DEATH Undetermined	
51 OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not resulting in the underlying cause given above) Natural		52 AUTOPSY? (Yes/No) No	
54 NOT BURIED, HEIM, UNDER, OR PENDING INVEST (Specify) Natural		55 BUIRY DATE (Mo, Day, Yr) October 18, 1996	
56 BUIRY AT WORK? (Yes/No) No		57 PLACE OF BUIRY - AT HOME, FARM, BLDG, ETC. (Specify) Metzger & Dalen Streets	
58 RECORD AMENDMENT (Registrar Use Only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE <i>[Signature]</i>		59 DATE RECEIVED (Mo, Day, Yr) October 18, 1996	

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH THE CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.