

138417

BOOK 200 PAGE 237

RETURN ADDRESS:

LaRae McCaslin
PO Box 84
White Salmon, WA
98612

LaRae McCaslin

JUN 20 11 25 AM '00

P. Lowry

SALMON, WA

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. CPA 8-18-87
2. Death Certificate 10-7-97
- 3.
- 4.

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

1. McCaslin, Michael Alan
2. McCaslin, LaRae Francis
- 3.
- 4.

REAL ESTATE EXCISE TAX

20902

JUN 21 2000

☐ Additional Names on Page _____ of Document.

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

1. McCaslin, LaRae
- 2.
- 3.
- 4.

PAID 1 exempt

W. McNamara, Deputy
SKAMMIA COUNTY TREASURER☐ Additional Names on Page _____ of Document.

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

Govt Lots 3 & 4 Section 2 T3N R10E

☒ Complete Legal on Page 5 of Document.

REFERENCE NUMBER(S) Of Document assigned or released:

☐ Additional Numbers on Page _____ of Document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

3-10-2-204

☐ 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 is made the 18th day of August 1987, at Bingen, Klickitat County, Washington, between MICHAEL ALAN McCASLIN and LaRAE FRANCIS McCASLIN, husband and wife, pursuant to Section 26.16.120 of the Revised Code of Washington.

For good and valuable consideration the parties agree as follows:

1. All property of whatsoever nature or description, whether real or personal, wheresoever situate, now owned or hereafter acquired by MICHAEL ALAN McCASLIN and LaRAE FRANCIS McCASLIN, or by either of them, is and shall be considered community property.

2. That upon the death of MICHAEL ALAN McCASLIN all of his interest in all community property shall immediately vest in LaRAE FRANCIS McCASLIN.

3. That upon the death of LaRAE FRANCIS McCASLIN, all of her interest in all community property shall immediately vest in MICHAEL ALAN McCASLIN.

Dated as first above written.

Michael A. McCaslin
MICHAEL ALAN McCASLIN

LaRae F. McCaslin
LaRAE FRANCIS McCASLIN

Gary H. Martin, Skamania County Assessor
Date 6-20-00 Parcel # 3-10-2-204
464-1

ROBERT D.
WEISFIELD
Attorney-at-Law
P.O. Box 421
(218 E. Steuben)
Bingen, WA 98605
(509) 493-2772

1 STATE OF WASHINGTON)

2 County of Klickitat)

3 I certify that I know or have satisfactory evidence that
4 MICHAEL ALAN McCASLIN and LARAE FRANCIS McCASLIN signed this
5 instrument and acknowledged it to be their free and voluntary act
6 for the uses and purposes mentioned in the instrument.

7 Dated this 18th day of August, 1987.

8 *Harold A. Linn*
9 Notary Public for Washington
10 residing at White Salmon, therein.
11 My commission expires: April 23, 1988.

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26
27 ROBERT D.
WEISFIELD
Attorney-at-Law

28 P.O. Box 421
(218 E. Steuben)
Bingen, WA 98606
(509) 463-2772

McCASLIN
Community Property Agreement
Page 2.

STATE OF Washington)
County of Skamania) ss. CERTIFICATE OF ACKNOWLEDGMENT

Pursuant to RCW 65.08.110 and Evidence Rule 902(h), I Larae McCaslin
(Name of Affiant), hereby certify under oath

that the attached document, which is: Community Property
Agreement between Michael Alan McCaslin and Larae
Francis McCaslin dated 8/18/87
(Identify with particularity the document that is to be filed)

is a true, complete and accurate copy of the original document.

I base this Certificate on the fact that I have viewed the original document and hereby verify that it is a true, complete and accurate duplication of the original.

Dated this 20th day of June, 2000
1999.

Larae McCaslin
(Affiant)

SUBSCRIBED AND SWORN to before me this 20th day of June, 2000.



Peggy B. Lowry
Peggy B. Lowry
Notary Public, State of Washington
Residing at Carson
My Commission Expires: 2/23/00

Attached to and incorporated herein is a copy of the document to be filed with the Skamania County Auditor.

| STATE OF WASHINGTON DEPARTMENT OF HEALTH | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|
| CERTIFICATE OF DEATH | | | | | | | | | | | |
| BOOK 200 PAGE 241 | | | | | | | | | | | |
| LOCAL FILE NUMBER | | | | | | | | | | | |
| 1 NAME First Middle Last Michael Alan McCASLIN | | | | | | | | | | | |
| 2 SEX (M / F) Male | | | | | | | | | | | |
| 3 DEATH DATE (Mo Day Yr) Oct. 5, 1997 | | | | | | | | | | | |
| 4 AGE LAST BIRTHDAY (Yrs) 50 | | | | | | | | | | | |
| 5 UNDER 1 YEAR 6 UNDER 1 DAY 7 BIRTHDATE (Mo Day Yr) 5/9/1947 | | | | | | | | | | | |
| 8 BIRTHPLACE (City, State or Foreign Country) Portland | | | | | | | | | | | |
| 9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes | | | | | | | | | | | |
| 10 COUNTY OF DEATH Klickitat | | | | | | | | | | | |
| 11 CITY, TOWN OR LOCATION OF DEATH White Salmon | | | | | | | | | | | |
| 12 PLACE OF DEATH—BE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 <input type="checkbox"/> HOME 2 <input type="checkbox"/> IN TRANSPORT 3 <input type="checkbox"/> EMERG. W/OUT PTN 4 <input checked="" type="checkbox"/> HOSP 5 <input type="checkbox"/> NIP HOME 6 <input type="checkbox"/> OTHER PLACE Skyline Hospital | | | | | | | | | | | |
| 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) LaRae F. Verley | | | | | | | | | | | |
| 16 SOCIAL SECURITY NO. 531-46-2221 | | | | | | | | | | | |
| 17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (14 or 5+) 2 | | | | | | | | | | | |
| 18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Law Enforcement | | | | | | | | | | | |
| 19 KIND OF BUSINESS OR INDUSTRY U.S. Forest Service | | | | | | | | | | | |
| 20 Was Decedent of Hispanic origin or descent? (Specify) (Yes / No) Specify No | | | | | | | | | | | |
| 21 RACE (Specify) White | | | | | | | | | | | |
| 22 RESIDENCE—NUMBER AND STREET 141 Osterman Rd. | | | | | | | | | | | |
| 23 CITY/TOWN OR LOCATION White Salmon | | | | | | | | | | | |
| 24 INSIDE CITY (Yes / No) No | | | | | | | | | | | |
| 25A COUNTY Skamania | | | | | | | | | | | |
| 25B LENGTH OF RES. IN CO. 50 yrs | | | | | | | | | | | |
| 26 STATE WA | | | | | | | | | | | |
| 27 ZIP CODE 98672 | | | | | | | | | | | |
| 28 FATHER'S NAME—FIRST, MIDDLE, LAST Richard - McCaslin | | | | | | | | | | | |
| 29 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Colleen - Coughlin | | | | | | | | | | | |
| 30 INFORMANT—NAME LaRae F. McCaslin | | | | | | | | | | | |
| 31 MAILING ADDRESS P.O. Box 84 White Salmon, WA 98672 | | | | | | | | | | | |
| 32 BURIAL OR CREMATION (Specify) Burial | | | | | | | | | | | |
| 33 DATE (Mo Day Yr) 10/10/97 | | | | | | | | | | | |
| 34 CEMETERY/CREMATORIUM—NAME White Salmon Cemetery | | | | | | | | | | | |
| 35 LOCATION—CITY/TOWN/STATE White Salmon, WA | | | | | | | | | | | |
| 36 ADDRESS OF FACILITY POB 390 | | | | | | | | | | | |
| 37 FUNERAL DIRECTOR (Specify) GARDNER FUNERAL HOME, INC. White Salmon, WA 98672 | | | | | | | | | | | |
| TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER | | | | | | | | | | | |
| 38 TO THE BEST OF MY KNOWLEDGE, THE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| 40 DATE SIGNED (Mo Day Yr) 10/6/97 | | | | | | | | | | | |
| 41 HOUR OF DEATH (24 Hrs) 1828 | | | | | | | | | | | |
| 42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | | | | | | | | | |
| 43 PRONOUNCED DEAD (Mo Day Yr) | | | | | | | | | | | |
| 44 DATE SIGNED (Mo Day Yr) | | | | | | | | | | | |
| 45 HOUR OF DEATH (24 Hrs) | | | | | | | | | | | |
| 46 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) | | | | | | | | | | | |
| 47 HOUR PRONOUNCED DEAD (24 Hrs) | | | | | | | | | | | |
| 48 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) James G. Janney, III, MD POBox 1519 White Salmon, WA 98672 | | | | | | | | | | | |
| 49 MEDICORNER FILE NUMBER | | | | | | | | | | | |
| 50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH | | | | | | | | | | | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) | | | | | | | | | | | |
| 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. | | | | | | | | | | | |
| A. Concomitant of above 2 liver mets | | | | | | | | | | | |
| B. DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | | |
| C. DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | | |
| D. DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | | |
| 51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN: THE UNDERLYING CAUSE GIVEN ABOVE | | | | | | | | | | | |
| 52 AUTOPSY? (Yes / No) No | | | | | | | | | | | |
| 53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No | | | | | | | | | | | |
| 54 ACC SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify) | | | | | | | | | | | |
| 55 INJURY DATE (Mo Day Yr) | | | | | | | | | | | |
| 56 HOUR OF INJURY (24 Hrs) | | | | | | | | | | | |
| 57 DESCRIBE HOW INJURY OCCURRED | | | | | | | | | | | |
| 58 INJURY AT WORK? (Yes / No) | | | | | | | | | | | |
| 59 PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (Specify) | | | | | | | | | | | |
| 60 LOCATION—STREET OR RFD NO. CITY/TOWN/STATE | | | | | | | | | | | |
| 61 RECORD AMENDMENT (Register use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE | | | | | | | | | | | |
| 62 DATE RECEIVED (Mo Day Yr) OCT 07 1997 | | | | | | | | | | | |

FOR INSTRUCTIONS SEE BACK AND HANDBOOK.

DOH 110-008 (Rev 7/91) (Formerly DSHS 9-150)

DOH 01-003 (8/95)

THIS IS A CERTIFIED COPY OF THE RECORDS OF THE DEPARTMENT OF HEALTH. STATISTICS CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

That portion of Government Lots 3 and 4 in Section 2, Township 3 North, Range 10 East, W.N., Skamania County, Washington, more particularly described as follows:

Commencing at the Northwest corner of said Government Lot 4; thence South $03^{\circ} 05' 33''$ East along the West line of said Government Lot 4, 1288.89 feet to the Southwest corner of said Government Lot 4; thence North $89^{\circ} 09' 21''$ East along the South line of said Government Lot 4, 1188.73 feet; thence leaving said South line at right angles North $00^{\circ} 50' 39''$ West 60 feet to an iron rod and the point of beginning of this description; thence North $38^{\circ} 27' 13''$ East 232.28 feet; thence North $29^{\circ} 30' 33''$ East 142.68 feet to an iron rod; thence North $31^{\circ} 03' 33''$ West 170.06 feet to an iron rod; thence North $07^{\circ} 27' 06''$ West 150.61 feet; thence North $17^{\circ} 06' 41''$ West 662 feet to an iron rod, said point being on the North line of said Government Lot 4; thence North $88^{\circ} 52' 00''$ East along the North line of said Government Lot 4 and along the North line of Government Lot 3 of said Section 2, 491.30 feet to a point North $02^{\circ} 08'$ West from the Northwest corner of a tract of land conveyed to Bernard C. Murphy and Anna C. Murphy by instrument recorded March 21, 1973, in Book 65 of Deeds at pages 28 and 29, records of Skamania County, thence $02^{\circ} 08' 00''$ East to the Northwest corner of said Murphy tract and thence along the West line of said Murphy tract and said West line extended, South $02^{\circ} 08'$ East 1201.74 feet to an iron rod, said point being 96 feet North of the South line of said Government Lot 3; thence South $84^{\circ} 34' 36''$ West 450.63 feet to the point of beginning of this description.

TOGETHER with an easement for ingress and egress 20' in width contiguous to and west of the property line running in a northeasterly direction from the Southwest corner of the above-described property a distance of 374.96 feet, more or less.

EXCEPT any portion thereof lying with that certain tract of land conveyed to Skamania County by deed recorded July 6, 1976, under Auditor's File No. 82452.