

140178

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RETURN ADDRESS:

Frank J. Santos
P O Box 753
Carson, WA 98610

FILED FOR RECORD
SKAMANIA CO. WASH
BY Frank Santos

JAN 24 1 56 PM '01

P. Olson
AUDITOR
GARY H. OLSON

Please Print or Type Information.

Document Title(s) or transactions contained therein:

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

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

1. Santos, Erma Lucille
- 2.
- 3.
- 4.

☐ Additional Names on Page _____ of Document. REAL ESTATE EXCISE TAX

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

1. Santos, Frank J.
- 2.
- 3.
- 4.

21333
JAN 24 2001

PAID W/except
OK, No duty
SKAMANIA COUNTY TREASURER

☐ Additional Names on Page _____ of Document.

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

Lot 12 Columbia Heights recorded in Book 4 of Plats at
Page 136 Records of Skamania County, Washington

☐ 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 COMMUNITY PROPERTY AGREEMENT, entered into this day by and between FRANK J. SANTOS and ERMA LUCILLE SANTOS, husband and wife, of Skamania County, State of Washington.

WITNESSETH:

WHEREAS, the parties hereto are 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, FRANK J. SANTOS and ERMA LUCILLE SANTOS, 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 FRANK J. SANTOS, while the said ERMA LUCILLE SANTOS survives, be vested in ERMA LUCILLE

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SANTOS, absolutely and in fee simple as her sole and separate property; and, in the event of the death of the said ERMA LUCILLE SANTOS, while the said FRANK J. SANTOS survives, then the whole of the community property now owned by us or hereafter acquired by us, including all 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 FRANK J. SANTOS, absolutely and in fee simple as his sole and separate property.

IN WITNESS WHEREOF, the parties have executed this agreement this 9th day of March, 1990.

Frank Joe Santos
Erma Lucille Santos

STATE OF WASHINGTON)
County of Skamania) ss.

I, the undersigned, a Notary Public in and for the State of Washington do hereby certify that on this 9th day of March, 1990, personally appeared before me ERMA LUCILLE SANTOS, to me known to be the individual described in and who executed the foregoing instrument, and acknowledged that she signed and sealed the same as her 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.

Gary H. Martin, Skamania County Assessor

Date 24-01 Parcel # 030829 41370000

John T. Nielsen
Notary Public in and for the
State of Washington, residing
at Stevenson

Commission expires: 4-28-90

STATE OF WASHINGTON)
County of Skamania) ss.

I, the undersigned, a Notary Public in and for the State of Washington do hereby certify that on this 9th day of March, 1990, personally appeared before me FRANK J. SANTOS, to me known to be the individual described in and who executed the foregoing instrument, and acknowledged that he signed and sealed the same as his 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 T. Nielsen
Notary Public in and for the
State of Washington, residing
at Stevenson

Commission expires: 4-28-90

12000377

STATE OF WASHINGTON DEPARTMENT OF HEALTH									
OFFICE USE ONLY		TYPE OR PRINT IN PERMANENT BLACK INK		BOOK 206 PAGE 25		146		STATE FILE NUMBER	
LOCAL FILE NUMBER		CERTIFICATE OF DEATH							
1. NAME		First		Middle		Last		2. SEX (M./F.)	
Erma Lucille SANTOS								F	
3. DEATH DATE (Mo. Day, Yr.)		January 18, 2001							
4. AGE LAST BIRTHDAY (Yr.)		5. UNDER 1 YEAR		6. UNDER 1 DAY		7. BIRTH DATE (Mo. Day, Yr.)		8. BIRTH PLACE (City, State or Foreign Country)	
91						3/15/1909 Eugene, Oregon		No	
9. CITY, TOWN OR LOCATION OF DEATH		10. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME							
White Salmon		11. HOME 2. IN TRANSIT 3. EMERGENCY ROOM 4. HOSP. 5. NURSING HOME 6. OTHER PLACE							
Skyline Hospital									
12. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify)		13. SURVIVING SPOUSE (If wife, give maiden name)		14. SOCIAL SECURITY NO.		15. DECEASED'S EDUCATION (Specify only highest grade completed)		16. COUNTY OF DEATH	
Married		Frank J. Santos				12		Klickitat	
17. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)		18. KIND OF BUSINESS OR INDUSTRY		19. Was Decedent of Hispanic Origin or Ancestry? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.)		20. PLACE (Specify)		21. SMOKING IN LAST 15 YEARS? (Yes/No)	
Seamstress		Garments		No		White		No	
22. RESIDENCE — NUMBER AND STREET		23. CITY/TOWN OR LOCATION		24. HOUSE CITY LIMITS (Yes/No)		25A. COUNTY		25B. LENGTH OF RES. IN CO.	
191 Columbia Dr.		Carson		No		Skamania		27yrs	
26. FATHER'S NAME — FIRST, MIDDLE, LAST		27. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME		28. LOCATION — CITY/TOWN, STATE		29. ADDRESS OF FACILITY		30. ZIP CODE	
John Cobb		Rebecca Linton		Carson, Washington		POB 300 White Salmon, WA		98610	
31. INFORMANT — NAME		32. MAILING ADDRESS		33. STREET OR RFD NO.		34. CITY OR TOWN		35. STATE	
Frank Santos		PO Box 753		Carson, WA		98610			
36. BURIAL, CREMATION, REMOVAL, OTHER (Specify)		37. DATE (Mo. Day, Yr.)		38. CEMETERY/CREMATORY — NAME		39. LOCATION — CITY/TOWN, STATE		40. ADDRESS OF FACILITY	
Burial		01/22/01		Wind River Cemetery		Carson, Washington		POB 300 White Salmon, WA	
41. FUNERAL DIRECTOR'S SIGNATURE		42. NAME OF FACILITY		43. ADDRESS OF FACILITY		44. CITY/TOWN, STATE		45. ZIP CODE	
		Gardner Funeral Home		POB 300 White Salmon, WA		98672			
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN					TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER				
46. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED					47. 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				
48. SIGNATURE AND TITLE					49. SIGNATURE AND TITLE				
Raymond FitzSimmons, M.D.									
50. DATE SIGNED (Mo., Day, Yr.)					51. DATE SIGNED (Mo., Day, Yr.)				
40. 01/18/01					41. 01/18/01				
52. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					53. PRONOUNCED DEAD (Mo., Day, Yr.)				
Raymond FitzSimmons, M.D. POB 1519 White Salmon, WA 98672					42. 01/18/01				
54. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)					55. ME CORONER FILE NUMBER				
Raymond FitzSimmons, M.D. POB 1519 White Salmon, WA 98672									
56. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH									
IMMEDIATE CAUSE (The disease or condition resulting in death)									
A. ALZHEIMERS DEMENTIA									
DUE TO, OR AS A CONSEQUENCE OF									
B. Gary H. Martin, Skamania County Assessor									
C. Date 1-24-01 Parcel # 03 08 29 41 3700 00									
DUE TO, OR AS A CONSEQUENCE OF									
D. 110									
57. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE									
Giant Cell Arteritis									
58. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)									
59. INJURY DATE (Mo. Day, Yr.)									
60. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (Specify)									
61. INJURY AT WORK? (Yes/No)									
62. RECORD AMENDMENT (Registrar use only)									
63. DATE RECEIVED (Mo., Day, Yr.)									
JAN 22 2001									

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