

141455

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FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

JUN 21 2 38 PM '01

O. Lowry
AUDITOR
GARY H. OLSON

AFTER RECORDING MAIL TO:

Name *Lois Johnson*
Address *11 Lakeshore Drive*
City/State *Skamania WA 98648*
SCR 23872

Document Title(s): (or transactions contained therein)

1. *Community property Agreement*
- 2.
- 3.
- 4.



First American Title
Insurance Company

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)

1. *Johnson, Neil O.*
2. *Johnson, Lois I.*
- 3.
- 4.

5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1. *Public*
2. *Johnson, Lois I.*
- 3.
- 4.

5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

*LOTS 15 & 16 Block 4 Woodland Marina
Estates, read EBA of 1/28, page 1/4*

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): *02-06-34-1-4-1600*
1700

Gary H. Martin, Skamania County Assessor

Date *6-21-01* Parcel # *02-06-34-1-4-1600*
1700

WA-1

NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

REAL ESTATE EXCISE TAX

21597
JUN 21 2001

PAID *Exempt*
O. DePinto
SKAMANIA COUNTY TREASURER

PAID
JUN 21 2001
JUN 21 2001
JUN 21 2001
JUN 21 2001

COMMUNITY PROPERTY AGREEMENT

This COMMUNITY PROPERTY AGREEMENT executed this date between
NEIL O. JOHNSON and LOIS I. JOHNSON, husband and wife, of Skamania
County, Washington:

WITNESSETH:

WHEREAS, the parties hereto are the owners of real and personal
property situated 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 of the parties 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 NEIL O. JOHNSON and LOIS I. JOHNSON, for and
in consideration of the love and affection we have one for the other,
do hereby mutually agree that all real and personal property which
we now own separately, jointly or otherwise, and wherever situated,
shall be and it is hereby declared to be the community property of
the parties, and each of the parties does hereby convey and transfer
to the other party and to their marital community, all property now
owned by them, even though the same was acquired in his or her sep-
arate 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 whatever nature and wherever situated,
shall be and is hereby declared to be the community property of the
parties, and each of the parties does hereby convey and transfer to
the other and to their marital community all such property hereafter
acquired by either of us, even though the same be acquired in his or
her separate estate, and

WILLIAM B. LAMMERS
ATTORNEY AT LAW
200 N. E. 2nd Ave.
Spokane, Washington 99201
Main 5001 - TeleSpokane 276-1000

-1-

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

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 NEIL O. JOHNSON, while the said LOIS I. JOHNSON survives, be vested in LOIS I. JOHNSON, absolutely and in fee simple as her sole and separate property; and in the event of the death of the said LOIS I. JOHNSON, while the said NEIL O. JOHNSON 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 NEIL O. JOHNSON, absolutely and in fee simple as his sole and separate property.

IN WITNESS WHEREOF, the parties have executed this instrument this 2 day of ^{May} May, 1923.

Neil O. Johnson
Neil O. Johnson

Lois I. Johnson
Lois I. Johnson

STATE OF WASHINGTON)
County of Skamania) ss.

On this day personally appeared before me NEIL O. JOHNSON and LOIS I. JOHNSON, to me known to be the individuals described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 2 day of May, 1923.

Robert C. Johnson
Notary Public in and for the State
of Washington, residing in Washougal

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

BOOK 211

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OFFICE
USE
ONLY

DISTRICT
D-2

COPIES
6

HOSPITAL

OCCURRENCE

RESIDENCE

TRUST

OCCUPATION

TYPE OR PRINT IN PERMANENT BLACK INK

36

LOCAL FILE NUMBER

1 NAME First Middle Last Neil JOHNSON		2 SEX (M/F) Male	3 DEATH DATE (Mo, Day, Yr) Nov. 7, 1999
4 AGE LAST BIRTHDAY (Yr/Mo) 84	5 UNDER 1 YEAR MOS DAYS 7/10/1915	6 UNDER 1 DAY HOURS MINS Beach, ID	7 BIRTH-DATE (Mo, Day, Yr) 7/10/1915
8 BIRTH-PLACE (City, State & Foreign Country) Beach, ID		9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) No	10 COUNTY OF DEATH Skamania
11 CITY, TOWN OR LOCATION OF DEATH Skamania			
12 PLACE OF DEATH (If box for place then give address or institution name) 12a HOME 12b IN TRANSIT 12c EMERG. INULT PTN 12d HOSP 12e IN HOME 12f OTHER PLACE 11 Lakeshore Dr.			
13 SICKING IN LAST 15 YEARS? (Yr/Mo) No		14 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married	
15 SURVIVING SPOUSE (If wife, give maiden name) Lois I. Turli		16 SOCIAL SECURITY NO. [REDACTED]	
17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (K-12) College (13 or 14) 4		18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Pharmacist	
19 KIND OF BUSINESS OR INDUSTRY Pharmacy		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 11 Lakeshore Dr.	
23 CITY/TOWN OR LOCATION Skamania		24 INSIDE CITY/TA COUNTY LIMITS? (Yes/No) No	
25 LENGTH OF RES. IN CO. 26yrs		26 STATE WA	
27 ZIP CODE 98648		28 FATHER'S NAME—FIRST, MIDDLE, LAST Willis Johnson	
29 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Hattie Bubnitz		30 INFORMANT—NAME Lois Johnson	
31 MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 11 Lakeshore Dr. Skamania, WA 98648		32 BURIAL, CREMATION, OR OTHER (Specify) Burial	
33 DATE (Mo, Day, Yr) 1/13/1999		34 CEMETERY/CREMATORIUM—NAME Stevenson Cemetery	
35 LOCATION—CITY/TOWN, STATE Stevenson, Washington		36 ADDRESS OF FACILITY POB 390	
37 FUNERAL DIRECTOR SIGNATURE [Signature]		38 NAME OF FACILITY Gardner Funeral Home	
39 ADDRESS OF FACILITY White Salmon, WA 98672		40 TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN	
41 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 [Signature] DATE SIGNED (Mo, Day, Yr) November 20, 1999 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Bradley Andersen, Coroner, POB 790 Stevenson, WA 98648		42 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 [Signature] DATE SIGNED (Mo, Day, Yr) November 20, 1999 HOUR OF DEATH (24 Hrs) 1201 HOUR PRONOUNCED DEAD (24 Hrs) 1330 MECORONER FILE NUMBER 99-129SK	
43 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH. IMMEDIATE CAUSE (First disease or condition resulting in death) CORONARY OCCLUSION DUE TO, OR AS A CONSEQUENCE OF: Gery H. Martin, Skamania County Assessor Date 6-21-01 Parcel # 02 06 3414 1600 00 DUE TO, OR AS A CONSEQUENCE OF: HD INTERVAL BETWEEN ONSET AND DEATH Minutes INTERVAL BETWEEN ONSET AND DEATH Minutes INTERVAL BETWEEN ONSET AND DEATH Minutes INTERVAL BETWEEN ONSET AND DEATH Minutes 51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH (BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE) NATURAL CAUSES 52. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify) NATURAL CAUSES 53. INJURY AT WORK? (Yes/No) No 54. PLACE OF INJURY—AT HOME, FARM, BUSINESS, OFFICE, OR OTHER (Specify) AT HOME 55. STREET OR RFD NO., CITY/TOWN, STATE 11 Lakeshore Dr. Skamania, WA 56. RECORD AMENDMENT (Physician or Coroner only) REVIEWED BY [Signature] DATE 11/12/99			

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

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

DOH 01-003 (5/98)