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S
Vye Blanchard

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WVWSEK

GARY A. OLSON

Return Address: Vye Blanchard
Attorney at Law
5125 S.W. Macadam Avenue, Suite 210
Portland, Oregon 97201

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Document Title(s) or transactions contained herein: Community Property Agreement and Certificate of Death	
GRANTOR(S) (Last name, first name, middle initial) Craine, William J., Sr.	
<input type="checkbox"/> Additional names on page _____ of document.	
GRANTEE(S) (Last name, first name, middle initial) Craine, Geraldine R.	REAL ESTATE EXCISE TAX 21928 NOV 21 2001 PAID <i>Exempt</i>
<input type="checkbox"/> Additional names on page _____ of document.	
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plan or Section, Township, Range, Quarter-Quarter) NW1/4, S34, T2N, R5, EWM.	
SKAMANIA COUNTY TREASURER	
<input checked="" type="checkbox"/> Complete legal on page 4 of document.	
REFERENCE NUMBER(S) of Documents assigned or released:	
<input type="checkbox"/> Additional numbers on page _____ of document.	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER 0205 34 2 0 1600 00	
<input type="checkbox"/> Property Tax Parcel ID is not yet assigned	
<input type="checkbox"/> 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

OF

WILLIAM JOHN CRAINE, SR and GERALDINE RUTH CRAINE

THIS AGREEMENT, made and executed into by and between William John Craine, Sr, and Geraldine Ruth Craine, Vancouver, Clark County, Washington, pursuant to the statutes of the State of Washington providing for agreements between husband and wife for the fixing of the status and disposition of community property to take effect upon the death of either.

WITNESSETH:

Gary H. Martin, Skamania County Assessor
Date 11/26/61 Parcel # 2-534-2-1600

WHEREAS, the parties hereto have been husband and wife since August 26, 1936, and by mutual helpfulness of each to the other have acquired and expect to acquire certain property; and in consideration of the love and affection that each of said parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, the parties do hereby agree, covenant and promise as follows:

1. That all property of whatsoever nature or description, and whether real, personal or mixed and wheresoever situated, owned and acquired by them or either of them prior to the time of death of either of them, including what might be otherwise termed separate property, shall be considered and is hereby declared to be community property upon the death of either of the parties hereto.

2. That in the event of the death of said parties, and for such consideration as hereinbefore stated, upon the death of said William John Craine, Sr, the full ownership of all of such property and property interests then owned by the parties hereto, or either of them, shall at once pass to and vest in the said Geraldine Ruth Craine, and in like manner, upon the death of Geraldine Ruth Craine, the full ownership of all such property and property interests then owned by the parties hereto, or either of them, shall pass to and vest in the said William John Craine, Sr; such vesting in either event shall be subject to the

rights of creditors by law. Provide, further, that in the event of the incompetency of either of the parties hereto, the other party may at his or her option terminate or rescind this Agreement by a notarized declaration to that effect recorded with the County Auditor of Clark, Washington and this Agreement shall become null, void and of no effect.

WITNESS our hands and seals this 20th day of July, 1994.

Witness

WA

William John Craine, SR

Witness

WA

Geraldine R. Craine
Geraldine Ruth Craine

STATE OF WASHINGTON)

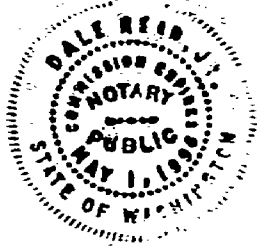
SS.

County of Clark

On this 204 day of DECEMBER, 1994, before me the undersigned, a notary public in and for the State of Washington, duly commissioned and sworn, personally appeared William Craine, SR and Geraldine Craine to me known to be the individuals described in and who executed the foregoing instrument, and acknowledged to me that he signed the said instrument as his free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal hereto affixed this
day and year hereinabove written.

NOTARY PUBLIC in and for the State of
Washington, residing at Vancouver
My Commission Expires 5/1/86



STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

ROOM 677 PAGE 832

1. NAME First: William Middle: John Last: CRAINE, Sr.		2. SEX (M / F) Male	3. DEATH DATE (Mo. Day Yr.) JUN 03, 1996
4. AGE LAST BIRTHDAY (Yr.) 88	5. UNDER 1 YEAR Wks: _____ Days: _____	6. UNDER 1 DAY Hours: _____ Mins: _____	7. BIRTH DATE (Mo. Day Yr.) FEB 14, 1908
8. BIRTHPLACE (City, State or Foreign Country) Vancouver, WA		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No	10. COUNTY OF DEATH Clark
11. CITY, TOWN OR LOCATION OF DEATH Vancouver		12. PLACE OF DEATH—SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSIT 3. <input type="checkbox"/> CARE HOME 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NURS HOME 6. <input type="checkbox"/> OTHER PLACE 123 East 37th Street	
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) Geraldine R. Davis		16. SOCIAL SECURITY NO. [REDACTED]	
17. DECEDENT'S EDUCATION (Specify any highest grade completed) 12		18. USUAL OCCUPATION (Give kind of work done during most of working life DO NOT USE RETIRED) Bookkeeper / Owner	
19. KIND OF BUSINESS OR INDUSTRY Lumber Mill		20. AREA OF DEATH (Specify any highest grade completed) No	
21. RACE (Specify) White		22. RESIDENCE—NUMBER AND STREET 123 East 37th Street	
23. CITY/TOWN OR LOCATION Vancouver		24. INSIDE CITY LIMITS? (Yes / No) Yes	
25. COUNTY Clark		26. STATE WA	
27. ZIP CODE 98663		28. FATHER'S NAME—FIRST, MIDDLE, LAST John S. Craine	
29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Mary Ann Waterson		30. INFORMANT—NAME William J. Craine, Jr. (son)	
31. MAILING ADDRESS—STREET OR RFD NO. CITY OR TOWN STATE ZIP 2712 East Burnside, Portland, Oregon 97214		32. BURIAL CREMATION REMOVAL, OTHER (Specify) Burial	
33. DATE (Mo. Day Yr.) JUN 05, 1996		34. CEMETERY/CREMATORY—NAME Evergreen Memorial Gardens	
35. LOCATION—CITY/TOWN STATE Vancouver, Washington		36. FUNERAL DIRECTOR SIGNATURE [Signature]	
37. NAME OF FACILITY Hamilton-Mylan Funeral Home, Inc.		38. ADDRESS OF FACILITY 302 West 11th Street, Vancouver, Washington 98660	
39. TO BE COMPLETED ONLY BY PHYSICIAN 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 [Signature] M.D.		40. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER 40. 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]	
41. DATE SIGNED (Mo. Day Yr.) June 3, 1996		42. HOUR OF DEATH (24 Hrs.) 0815 HRS	
43. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Daniel J. Moynihan, M.D., 3305 Main Street, Vancouver, Washington 98663		44. MEDICORNER FILE NUMBER (MEDCO Building)	
45. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death) A. CHF DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequitely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. B. AS CVD C. Atrial Fibrillation, Renal Insufficiency			
46. INTERVAL BETWEEN ONSET AND DEATH		47. INTERVAL BETWEEN ONSET AND DEATH	
48. INTERVAL BETWEEN ONSET AND DEATH		49. INTERVAL BETWEEN ONSET AND DEATH	
50. INTERVAL BETWEEN ONSET AND DEATH		51. INTERVAL BETWEEN ONSET AND DEATH	
52. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE Atrial Fibrillation, Renal Insufficiency		53. AUTOPSY? (Yes / No) No	
54. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify) No		55. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes	
56. INJURY AT WORK? (Yes / No) No		57. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, SHIP, NO. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE [REDACTED]	
58. RECORD AMENDMENT (If signature and date only) ITEM DISCREPANCY REVIEWED BY DATE [Signature]		59. DATE RECEIVED (Mo. Day Yr.) JUN 5 1996	



Copy of this Certificate is to be retained by the Registrar
Date **11/20/04** Parcel # **2-5-34-2-1640**