

145860

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RETURN ADDRESS:

Mary V. Dodd
16531 WA Riv Rd
Washougal, WA 98671

FILED IN THE CLERK'S OFFICE
SKAMANIA COUNTY WASH

By *Mary Dodd*

SEP 9 11 26 AM '02

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Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. CPA 8.29.91	
2. Death cert 7.16.01	REAL ESTATE EXCISE TAX
3.	22483
4.	

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

1. <i>Dodd, Roy E.</i>	SEP 9 2002
2.	PAID <i>skam pt</i>
3.	<i>Victor Clifton Dept</i>
4.	SKAMANIA COUNTY TREASURER

Additional Names on Page _____ of Document.

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

1. <i>Dodd, Mary V</i>	<input checked="" type="checkbox"/>
2.	<input type="checkbox"/>
3.	<input type="checkbox"/>
4.	<input type="checkbox"/>

Additional Names on Page _____ of Document.

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

Lot 13 of Hideaway on the Washougal according to the official plan thereof on file of Record at Pg 151 of Book A of Plats, Records of Skam Co WA 7/1/11

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. *02-05-14-220109.00*

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, made this 29th day of August, 1991 by and between MARY VAUGHNDELL DODD and ROY EARL DODD, husband and wife, of Vancouver, Washington, pursuant to the provisions of Section 26.16.120 of the Revised Code of Washington, permitting agreements between husband and wife concerning the status and disposition of the whole or any portion of the community property, then owned by them or afterwards to be acquired, to take effect upon the death of either;

W I T N E S S H:

That, in consideration of the love and affection that each of us has for the other, and in consideration of the mutual benefits to be derived by each of us, it is hereby agreed, promised and covenanted as follows:

FIRST: That all property of whatsoever nature or description, whether real, personal or mixed, and wheresoever situated, now owned or hereafter acquired by us or either of us, including separate property, shall be considered and is hereby declared to be community property, and each of us hereby conveys and quitclaims to the other his or her interest in any separate property he or she now owns or hereafter acquires so as to convert the same to community property.

Page 1 of 2 Pages

M. V. D.
Initials
R. E. D.
Initials

Gary H. Martin, Skamania County Assessor

Date 8-29-91 Parcel # 02054320109-00
110

COPY

For Your Information Only

SECOND: That upon the death of either of us, title to all community property as defined in the preceding paragraph, is to vest immediately in fee simple to the survivor.

IN WITNESS WHEREOF, we MARY VAUGHNDELL DODD and ROY EARL DODD, have hereunder set our hands and seals this 29th day of August, 1991.

Mary Vaughndell Dodd
MARY VAUGHNDELL DODD

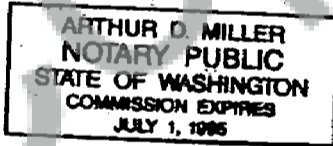
Roy Earl Dodd
ROY EARL DODD

STATE OF WASHINGTON)
) ss
County of Clark)

This certifies that on this 29 day of August, 1991, personally appeared before me MARY VAUGHNDELL DODD and ROY EARL DODD, to me known to be the individuals who executed the foregoing instrument, and acknowledged the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written.

Arthur D. Miller
Notary Public in and for the
State of Washington
My Commission Expires: July 1, 1995



M.V.D.
Initials
R.E.D.
Initials

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



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TYPE OR PRINT IN PERMANENT BLACK INK

26

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: Roy, Middle: Earl, Last: Dodd			2. SEX (M/F) Male	3. DEATH DATE (Mo, Day, Yr) July 13, 2001
4. AGE LAST BIRTH DAY (Yr) 74	5. UNDER 1 YEAR MOS	6. UNDER 1 YEAR DAYS	7. BIRTH DATE (Mo, Day, Yr) 01-27-1927	8. BIRTH PLACE (City, State or Foreign Country) Anatone, Wa.
11. CITY, TOWN OR LOCATION OF DEATH Washougal			12. PLACE OF DEATH - CHECK FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 (HOME) 2 (IN TRANSPORT) 3 (EMERG. ROOM/OUTPAT) 4 (HOSP) 5 (NURSING HOME) 6 (OTHER PLACE) 16531 Washougal River Road	13. COUNTY OF DEATH Skamania
14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	15. SPOUSE'S NAME (If wife, give maiden name) Mary Vaughndell Knight	16. SOCIAL SECURITY NO. 538-14-6848	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary (Specify by 12-12) 9, College (1, 4 or 5-2)	
18. USUAL OCCUPATION (For a kind of work done during most of working life. DO NOT USE RETIRED) Corn Cooker	19. KIND OF BUSINESS OR INDUSTRY Frito Lay	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No	21. RACE (Specify) White	
22. RESIDENCE - NUMBER AND STREET 16531 Washougal River Rd.	23. CITY/TOWN OR LOCATION Washougal	24. ZIP CODE (City Limits) No	25A. COUNTY Skamania	25B. LENGTH OF RES. IN CO. 59yrs.
26. STATE Wa.	27. ZIP CODE 98671	28. FATHER'S NAME - FIRST, MIDDLE, LAST Sidney J. Dodd		
30. INFORMANT - NAME Mary V. Dodd		29. MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME Katherine Mae Caldwell		
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) 07-16-2001	34. CEMETERY/CREMATORY - NAME Portland Memorial Crematory	
35. FUNERAL DIRECTOR'S SIGNATURE Michael J. Hammond		36. NAME OF FACILITY Vancouver Funeral Chapel	35. LOCATION - CITY/TOWN, STATE Portland, Oregon	
37. ADDRESS OF FACILITY 110 E. 12th St., Vancouver, Washington 98660		38. ADDRESS OF FACILITY 110 E. 12th St., Vancouver, Washington 98660		
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 X Dr. David A. Smith, M.D.		43. 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 X Gary H. Martin		
40. DATE SIGNED (Mo, Day, Yr) 7-13-01	41. HOUR OF DEATH (24 Hr) 0200	42. DATE SIGNED (Mo, Day, Yr)	44. HOUR OF DEATH (24 Hr)	45. HOUR OF DEATH (24 Hr)
46. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dr. David A. Smith, M.D., 8614 E. Mill Plain Blvd., Vancouver, Wa. 98664		47. HOUR PRONOUNCED DEAD (24 Hr)	48. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)	49. MEDICORNER FILE NUMBER
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.				
IMMEDIATE CAUSE (Final disease or condition resulting in death) A. Metastatic lung cancer		INTERNAL BETWEEN ONSET AND DEATH 4 mo		
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Separately list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. B. Due to, or as a consequence of: C. Due to, or as a consequence of: D. Due to, or as a consequence of:		INTERNAL BETWEEN ONSET AND DEATH		
51. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE. Gary H. Martin, Skamania County Assessor Date 2-9-02 Parcel #02 05 1422 069 00		INTERNAL BETWEEN ONSET AND DEATH		
54. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo, Day, Yr)	56. HOUR OF INJURY (24 Hr)	57. DESCRIBE HOW INJURY OCCURRED	52. AUTOPSY? (Yes/No) No
58. INJURY AT WORK? (Yes/No)	59. PLACE OF INJURY - AT HOME, FARM, STORE, FACTORY, OFFICE, SCHOOL, OR OTHER (Specify)	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Yes		
61. RECORD AMENDMENT (Physician use only) REASON DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. SIGNATURE AND TITLE X Gary H. Martin, M.D.		63. DATE RECEIVED (Mo, Day, Yr) JUL 16 2001