145966

BOOK 229 PAGE 547

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

SEP 17 2 15 PM '02
P Lowry
AUDITOR
J. MICHAEL GARVISON

WHEN RECORDED RETURN TO:

JOYCE ALICE AVERY
620 – 20TH AVENUE
LONGVIEW, WA 98632

Chicago Title Insurance Company

ORDER NO.: G101261TB
SCR 25055

DOCUMENT TITLE(s)
1. AGREEMENT AS TO STATUS OF COMMUNITY PROPERTY
2.
3.
4.

REFERENCE NUMBER(s) OF DOCUMENTS ASSIGNED OR RELEASED:
☐ Additional reference numbers on page ______ of document
1. NA
2.
3.

REAL ESTATE EXCISE TAX
22502
SEP 17 2002
PAID Exempt
Vicki Clelland
SKAMANIA COUNTY TREASURER

GRANTOR(s): (last name, then first name and initials)
1. MYRL EDWIN AVERY
2. ~~JOYCE ALICE AVERY~~
3.
☐additional names on page ______________ of document

GRANTEE(s): (last name, then first name and initials)
1. ~~MYRL EDWIN AVERY~~
2. JOYCE ALICE AVERY
3.
☐additional names on page ______________ of document

TRUSTEE:
1. NA

Gary H. Martin, Skamania County Assessor
Date 9/17/02 Parcel # 3-8-8-206

LEGAL DESCRIPTION (abbreviated: ie Lot, Block, Plat or Section, Township, Range)
~~NA~~ N1/2 Sec 8 T3N, R8E

☐additional legal description is on page 4 of document

ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER(s):
1. ~~NA~~ 03-08-08-0-0-0206
2.
3.
☐additional legal description is on page ______________ of document

The 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 provided herein.

** TOTAL PAGE.02 **

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9408080-1-7 V-1-183-P-1020

DARLENE P. DEROSIER
COWLITZ CO. AUDITOR

Agreement as to Status of Community Property

After Death of One of the Spouses

AUG 8 10 52 AM '94
Joyce Avery
FILED
REQUEST OF

Know All Men by These Presents:

That this agreement, made and entered into this 28th day of January, 19 74, by and between MYRL EDWIN AVERY and JOYCE ALICE AVERY, husband and wife, of COWLITZ, County, State of Washington, WITNESSETH:

That, 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, it is hereby agreed, covenanted, and promised:

I.

That all property of whatsoever nature or description whether real, personal or mixed and wheresoever situated now owned or hereafter acquired by them or either of them shall be considered and is hereby declared to be community property.

II.

That upon the death of either of the aforementioned parties title to all community property as herein defined shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said MYRL EDWIN AVERY and JOYCE ALICE AVERY have hereunto set their hands and seals this 28th day of January 19 74

Myrl Edwin Avery (SEAL)
Joyce Alice Avery (SEAL)

STATE OF WASHINGTON,
County of Cowlitz } ss.

This is to certify that on this 28th day of January, 19 74, before me SHERRI OLIVER a Notary Public in and for the State of Washington duly commissioned and sworn, personally came MYRL EDWIN AVERY and JOYCE ALICE AVERY husband and wife, to me known to be the individuals described in and who executed the within instrument, and acknowledged to me that they signed and sealed 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.

Sherri Oliver

Notary Public in and for the State of Washington residing at Kelso

AGREEMENT AS TO STATUS OF COMMUNITY PROPERTY
Washington Legal Blank Co., Baltimore, Md.—Form No. 63

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

9408080017

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

514
LOCAL FILE NUMBER

Health
CERTIFICATE OF DEATH

BOOK 229 PAGE 549
146
STATE FILE NUMBER

Field	Entry
1. Name (First, Middle, Last)	MYRL EDWIN AVERY
2. Sex (M/F)	Male
3. Death Date (Mo, Day, Yr)	27 July 1994
4. Age Last Birthday (Yrs)	69
5. Under 1 Year (Mos, Days)	
6. Under 1 Day (Hours, Mins)	
7. Birthdate (Mo, Day, Yr)	17 Feb 1925
8. Birthplace (City, State or Foreign Country)	Shell Rock, Iowa
9. Was decedent ever in U.S. Armed Forces? (Yes/No)	Yes
10. County of Death	Cowlitz
11. City, Town, or Location of Death	Longview
12. Place of Death (1 Home, 2 In Transport, 3 Emerg. Rm/Out Pt, 4 Hosp, 5 Nur Home, Other Place)	Hospice Care Center
13. Smoking in last 15 years? (Yes/No)	No
14. Marital Status (Married, Never Married, Widowed, Divorced)	Married
15. Surviving Spouse (if wife, give maiden name)	Joyce Alice Clarke
16. Social Security No.	485 16 8984
17. Decedent's Education (Elementary/Secondary (0-12), College (1-4 or 5+))	Ten
18. Usual Occupation (Give kind of work done during most of working life. DO NOT USE RETIRED)	Truck Driver/Mechanic
19. Kind of Business or Industry	Ross Simmons Hardwood
20. Was decedent of Hispanic origin or descent? (Yes/No) Specify	No
21. Race (Specify)	Caucasian
22. Residence—Number and Street	630 - 20th Avenue
23. City/Town or Location	Longview
24. Inside City Limits? (Yes/No)	Yes
25A. County	Cowlitz
25B. Length of Res in Co	45 yrs
26. State	Wash.
27. Zip Code	98632
28. Father's Name—First, Middle, Last	Clark E. Avery
29. Mother's Name—First, Middle, Maiden Surname	Eva Lela Walter
30. Informant—Name	Joyce A. Avery
31. Mailing Address (Street or RFD No., City or Town, State, Zip)	630 - 20th Avenue, Longview, Washington 98632
32. Burial, Cremation, Removal, Other (Specify)	Burial
33. Date (Mo, Day, Yr)	01 Aug 1994
34. Cemetery/Crematory—Name	Longview Memorial Park
35. Location—City/Town, State	Longview, Washington
36. Funeral Director Signature	X Mike Nisbet
37. Name of Facility	Columbia Funeral Service
38. Address of Facility	1105 Maple Street, Longview, Washington 98632

TO BE COMPLETED ONLY BY CERTIFYING 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: X Robert [illegible] Pulliam III
40. Date Signed: 7/28/94
41. Hour of Death (24 Hrs): 1000
42. Name and Title of Attending Physician if Other Than Certifier (Type or Print):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

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
44. Date Signed (Mo, Day, Yr):
45. Hour of Death (24 Hrs):
46. Pronounced Dead (Mo, Day, Yr):
47. Hour Pronounced Dead (24 Hrs):

48. Name and Address of Certifier—Physician, Medical Examiner or Coroner (Type or Print): RL Pulliam III MD 748 - 14th Avenue Longview, Washington 98632
49. ME/Coroner File Number:

50. Enter the diseases, injuries, or complications which caused the death.

	Cause	Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death) a.	Cerebrovascular accident	14 days
b. Due to, or as a consequence of		
c. Due to, or as a consequence of		
d. Due to, or as a consequence of		

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.

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, Hom, Undet, 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 bldg, etc. (Specify):
60. Location—Street or RFD No., City/Town, State:

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

61. Record Amendment (Registrar use only): Item / Documentary Evidence / Reviewed By / Date
62. Registrar Signature: X Thomas A. Bell, MD
63. Date Received (Mo, Day, Yr): AUG 02 1994

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev 7/91) (formerly DSHS 9-150)
DOH 01-003 (5.92)

BOOK 229 PAGE 550

CHICAGO TITLE INSURANCE COMPANY

EXHIBIT 'A'

DESCRIPTION: ORDER NO: G101261 TB

A Tract of Land in the North Half of Section 8, Township 3 North, Range 8 East, of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at the North Quarter Corner of Said Section 8; thence South 89°20'55" East along the North line of said section 379.52 feet, more or less, to the centerline of Bear Creek Road; thence along the centerline of Bear Creek Road, South 27°51'17" West 258.55 feet; thence South 26°40'11" West 88.42 feet to the beginning of a curve to the right; thence along the arc of the curve a distance of 291.04 feet through a central angle of 34°11'30" with a radius of 487.71 feet (the long chord of which bears South 43°45'56" West and has a length of 286.74 feet); thence South 60°51' 41" West a distance of 61.60 feet to an iron rod on the line through the center of Section 8; thence South 49°21'59" West a distance of 186.30 feet to an iron rod; thence from the center of Bear Creek Road North 01°34'46" East 672.74 feet to the North line of Section 8; thence along the North line of Section 8 South 89°11'24" East 138.00 feet to North Half Corner of Section 8 and the point of beginning.

SUBJECT TO: Easements, restrictions, reservations, covenants, conditions and agreements of record, if any.