

148097

BOOK 239 PAGE 410

FILED FOR RECORD  
SKAMANIA COUNTY  
Lorraine Niedert

MAR 25 2 37 PM '03

Gladys

J. MICHAEL JOHNSON

## Return Address:

Lorraine Niedert  
PO Box 82  
Stevenson, WA 98648

Document Title(s) or transactions contained herein:

CPA 2.22.88 Community Property Agreement and  
D.C. 10.3.2002 Death Certificate

GRANTOR(S) (Last name, first name, middle initial)

Niedert, Keith A.

REAL ESTATE EXCISE TAX

22880  
MAR 25 2003☐ Additional names on page of document.

GRANTEE(S) (Last name, first name, middle initial)

Niedert, Lorraine

PAID exemptVickie Clelland, Clerk  
SKAMANIA COUNTY TREASURER☐ Additional names on page of document.

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

Bkg. at a point which is 20.2 feet west of SE corner

☒ Complete legal on page 3 of document.

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

☒ Property Tax Parcel ID is not yet assigned 03-0736-1-42700-00☐ Additional parcel numbers on page 3-25-03 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 and entered into this 22<sup>nd</sup> day of February, 1988, by and between KIETH A. NIEDERT and LORRAINE T. NIEDERT, husband and wife, of Skamania County, State of Washington, pursuant to the provisions of Sec. 26.16.120 of the Revised Code of Washington, permitting agreements between husband and wife, fixing the status and disposition of community property to take effect upon the death of either, WITNESSETH:

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 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.

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, KIETH A. NIEDERT and LORRAINE T. NIEDERT, have hereunto set our hands and seals this 22<sup>nd</sup> day of February, 1988.

Kieth A. Niedert (Seal)  
Lorraine T. Niedert (Seal)

STATE OF WASHINGTON )  
 ) ss.  
County of Skamania )

THIS IS TO CERTIFY that on this 22<sup>nd</sup> day of February, 1988, personally appeared before me KIETH A. NIEDERT and LORRAINE T. NIEDERT, to me known, be the persons described in and 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 first above written.



Shirley A. Patton  
Notary Public in and for the State of Washington, residing at Stevenson



# CERTIFICATION OF VITAL RECORD

BOOK 239 PAGE 412

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

361640

10 TAG NO

2252

LOCAL FILE NUMBER

OREGON DEPARTMENT OF HUMAN SERVICES  
HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

136

State File Number

1. DECEASED'S NAME First: <b>Kieth</b> Middle: <b>Albert</b> Last: <b>NIEDERT</b>		2. SEX <b>Male</b>	3. DATE OF DEATH (Month, Day, Year) <b>Sept. 5, 2002</b>
4. SOCIAL SECURITY NUMBER [REDACTED]		5. AGE Last Birthday (Years) <b>68</b>	6. PLACE OF BIRTH (City and State or Foreign Country) <b>Nisland, S. Dakota</b>
7. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify): <b>St. Vincent Hospital</b>	
9. FACILITY NAME (If not institution give street and number) <b>St. Vincent Hospital</b>		10. CITY, TOWN OR LOCATION OF DEATH <b>Portland</b>	
11. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Maintenance</b>		12. SPOUSE (If Married, Widowed, Divorced, etc.) <b>Lorraine Schmid</b>	
13. RESIDENCE - STATE <b>Washington</b>		14. RESIDENCE - COUNTY <b>Skamania</b>	
15. RESIDENCE - CITY, TOWN OR LOCATION <b>Stevenson</b>		16. DECEASED'S EDUCATION (Specify only highest grade completed) <b>College (14 or 15)</b>	
17. FATHER'S NAME First: <b>Donald</b> Middle: <b>Niedert</b> Last: <b>Niedert</b>		18. MOTHER'S NAME First: <b>Hazel</b> Middle: <b>Greenberg</b> Last: <b>Greenberg</b>	
19. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify): <b>Wind River Memorial Cemetery</b>		20. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>Wind River Memorial Cemetery</b>	
21. SIGNATURE OF ONE OR MORE PERSONS LICENSED OR PERMITTED TO SIGN AS SUCH <i>[Signature]</i>		22. NAME, ADDRESS AND ZIP OF FACILITY <b>Gardner Funeral Home POB 390 White Salmon, WA 98672</b>	
23. DATE FILED (Month, Day, Year) <b>OCT 03 2002</b>		24. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
RESERVED FOR REGISTRAR'S USE			
25. TIME OF DEATH <b>1750</b>		26. DATE OF DEATH (Month, Day, Year) <b>10/11/02</b>	
27. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) <b>James Brauer, M.D. 1021 June St. Hood River, OR 97031</b>		28. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
29. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g., Cardiac or Respiratory Arrest)			
(a) <b>Respiratory Failure</b>			
(b) <b>COPD</b>			
(c) <b>Any other significant conditions contributing to death but not resulting in the underlying cause given in PART I</b>			
<b>Myocardial Infarction</b>			
30. DATE OF DEATH (Month, Day, Year) <b>10/11/02</b>			
31. DATE OF BIRTH (Month, Day, Year) <b>11/11/33</b>			
32. DATE OF DEATH (Month, Day, Year) <b>10/11/02</b>			
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100. DATE OF DEATH (Month, Day, Year) <b>10/11/02</b>			

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev (200)



THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE WASHINGTON COUNTY REGISTRAR.

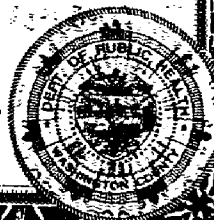
DATE ISSUED:

OCT 03 2002

THIS COPY NOT VALID WITHOUT OREGON STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

*Guadalupe V. Flecher*  
COUNTY REGISTRAR  
WASHINGTON COUNTY, OREGON



the following described real estate, situated in the County of

Skamania

, State of

Beginning at a point which is 20.2 feet west of the southeast corner of a strip of land 150 feet in width cut off the north side of Lot 1 of STEVENSON PARK ADDITION according to the official plat thereof; thence south 42° 09' east to intersection with the west line of Strawberry Road; thence south 00° 36' east 84.7 feet along the west line of Strawberry Road; thence west 185 feet to the initial point of the tract hereby described; thence north 90 feet; thence east 71 feet; thence south 90 feet; thence west 71 feet to the initial point;

SUBJECT TO an easement and right of way for a private road 15 feet in width along the south line of the above described real property.