

AFTER RECORDING MAIL TO:

Name Geraldine K. Beal
Address P.O. Box 749
City/State Carson, WA. 98610

SCR 26609

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

1. Death Cert
2. Community Property Agreement
- 3.
- 4.

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. Beal, Clay G.
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

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

1. Beal, Geraldine K.
- 2.
- 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)

S25, T3N, R8E

☐ Complete legal description is on page 6 of document

Assessor's Property Tax Parcel / Account Number(s): 03-08-26-0-0-0900-00
03-08-26-0-0-2000-00

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

23677

MAR 02 2004

PAID exempt
Vicki Chellard, Deputy
SKAMANIA COUNTY TREASURER

COPY

Return Address:

COMMUNITY PROPERTY AGREEMENT

I. CONSIDERATION

KNOW ALL MEN BY THESE PRESENTS, That I, CLAY G. BEAL and I, GERALDINE K. BEALS, husband and wife, residing in Carson, Washington, for and in consideration of the love and affection we bear one toward the other and in further consideration of the mutual helpfulness we have been one to the other in the past and for and in consideration of the commingling of our joint efforts and earnings and other considerations we hereby mutually agree, one with the other as follows:

II. AGREEMENT

That one hour prior to the death of either of us, each and every piece, parcel, lot or tract of land which we own jointly or separately and wheresoever located or situated and each and every article of personal property wheresoever situated and each and every article of mixed property wheresoever situated, shall be regarded and treated and known as community property, subject to paragraph IV below.

III. INTENT

The full intent and purpose of this Agreement is to be construed by the Courts, our heirs, executors and assigns and by all other persons whomsoever as a voluntary conveyance from one to another, subject to paragraph IV below.

IV. EFFECTIVENESS

From and after one hour prior to the death of either party the property shall pass to the survivor without delay or expense. In the case of the death of CLAY G. BEAL while GERALDINE K. BEAL survives, the community property as above stated now owned by us or which may hereinafter be acquired by us, it is hereby agreed and understood shall at once vest in GERALDINE K. BEAL in fee simple as her sole and separate property; and in the event of the death of GERALDINE K. BEAL leaving CLAY G. BEAL surviving her, it is hereby agreed and understood that the whole of said property now owned by us or which may hereinafter be acquired by us shall at once vest in CLAY G. BEAL in fee simple as his sole and separate property.

IN WITNESS WHEREOF, the parties hereto, being the said CLAY G. BEAL and GERALDINE K. BEAL, husband and wife, have hereunto set their hands and seals this 2nd day of December, 2002.

Clay G. Beal
CLAY G. BEAL

Geraldine K. Beal
GERALDINE K. BEAL

STATE OF WASHINGTON)
 : ss
COUNTY OF CLARK)

On this day personally appeared before me CLAY G. BEAL and GERALDINE K. BEAL, husband and wife, to me known to be the individuals described in and who executed the within and foregoing instrument, and acknowledged that they and each of them 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 3rd day of December 2002.



Laurie J. Treosti
NOTARY PUBLIC for and for the
State of Washington.
My Commission expires: 10/15/03

STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

30
LOCAL FILE NUMBER

1. NAME First: Clay Middle: Gary Last: BEAL				2. SEX (M / F) Male		3. DEATH DATE (Mo. Day, Yr) October 20, 2003	
4. AGE LAST BIRTHDAY (Yrs) 71		5. UNDER 1 YEAR MOS DAYS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo. Day, Yr) 8/29/1932	
8. BIRTHPLACE (City, State or Foreign Country) Greene, Maine				9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes		10. COUNTY OF DEATH Skamania	
11. CITY, TOWN OR LOCATION OF DEATH Home Valley				12. PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1552 Wind Mountain Road			
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 Kandler		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 4 College (1-4 or 5+): 4	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Forester		19. KIND OF BUSINESS OR INDUSTRY U.S. Forest Service		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 1552 Wind Mountain Road		23. CITY/TOWN, OR LOCATION Home Valley		24. INSIDE CITY LIMITS? (Yes / No) No		25. COUNTY Skamania	
26. LENGTH OF RES. IN CO. 14 yrs		27. STATE WA		28. ZIP CODE 98648			
28. FATHER'S NAME—FIRST, MIDDLE, LAST Clarence Elmer Beal				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Virginia Ellen Fowke			
30. INFORMANT—NAME Gerri Beal		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP PO Box 749 Carson, WA 98610					
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Burial		33. DATE (Mo. Day, Yr) 10/24/2003		34. CEMETERY/CREMATORY—NAME Stevenson Cemetery		35. LOCATION—CITY/TOWN, STATE Stevenson, Washington	
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY Gardner Funeral Home		38. ADDRESS OF FACILITY POB 390 White Salmon, WA 98672			
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
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 <i>[Signature]</i>				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			
40. DATE SIGNED (Mo., Day, Yr) 10/20/03		41. HOUR OF DEATH (24 Hrs.) 0450		44. DATE SIGNED (Mo., Day, Yr)		45. HOUR OF DEATH (24 Hrs.)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				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) Gary Regalbuto, M.D. 1410 May Street Hood River, OR 97031				49. ME/CORONER FILE NUMBER			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Amyotrophic Lateral Sclerosis				INTERVAL BETWEEN ONSET AND DEATH Months	
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.		DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
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) Yes	
54. ACC. SUICIDE, HOMICIDE, 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, HIGHWAY, OFFICE, BLDG, ETC. (Specify) 1889					
60. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		61. SIGNATURE <i>[Signature]</i>		62. DATE RECEIVED (Mo., Day, Yr) 10/28/2003		63. DATE RECEIVED (Mo., Day, Yr) DOH 01-003 (5/99)	



EXHIBIT 'A'

PARCEL I

That portion of the Northwest Quarter of the Southwest Quarter of Section 25, Township 3 North, Range 8 East of the Willamette Meridian, Skamania County, Washington, described as follows:

Beginning at the Quarter corner on the West line of the said Section 25; thence South 50 rods; thence East 29 rods; thence North 50 rods; thence West 29 rods to the Point of Beginning.

PARCEL II

The East 1,085 feet of the Northeast Quarter of the Southeast Quarter of Section 26, Township 3 North, Range 8 East of the Willamette Meridian, Skamania County, Washington.

EXCEPT the Southeast Quarter of the Northeast Quarter of the Southeast Quarter of the said Section 26.

AND EXCEPT that portion thereof conveyed to Theodore A. Maddux and Doris A. Maddux, husband and wife, by Deeds recorded at Page 113 of Book 52 and at Page 796 of Book 62 of Deeds, Records of Skamania County, Washington.

ALSO EXCEPT that portion conveyed to The United States of America as described by instrument recorded November 29, 1990 in Book 121, Page 540, Skamania County Deed Records.

Gary H. Martin, Skamania County Assessor

Date 3-2-04

Parcel # 03 08 26 00

0900 00
2000 00