

Doc # 2004153863
Page 1 of 4
Date: 07/28/2004 09:22A
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$22.00

AFTER RECORDING MAIL TO:

Name _____

Address _____

City / State _____

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

1. Death Certificate
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. Vraspir, John J.
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

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

1. Vraspir, Bernette
- 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)

SEC 1/4 SEC 5 T1N R5E and SW 1/4 SEC 5 T1N R5E

☐ Complete legal description is on page _____ of document

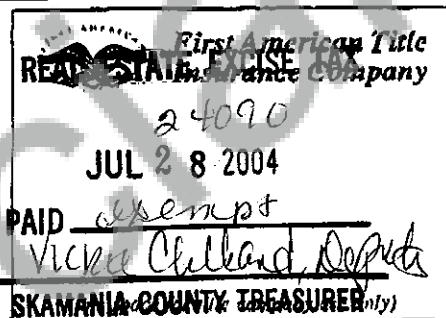
Assessor's Property Tax Parcel / Account Number(s):

01-05-05-0-0-1101-00

and 01-05-05-0-0-0700-00

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.



Return to:
Bernette Vraspir
4069 Hillcrest Ave S.W
Seattle, WA 98116

COMMUNITY PROPERTY AGREEMENT

This agreement is made and entered into by and between John J. Vraspir and Bernette Vraspir, husband and wife, residents at 13310 N. E. Kerr Road, Vancouver, Washington.

It is mutually agreed by and between the parties hereto as follows:

FIRST: The parties hereto have been husband and wife and residents of the state of Washington for many years. By this agreement they desire to avail themselves of the provisions of RCW 26.16.120 concerning agreements between husband and wife, fixing the status and disposition of community property to take effect upon the death of either. For and in consideration of the love and affection they each bear, one toward the other, and in consideration of the mutual helpfulness each has been and will be to the other in the future, and in consideration of the commingling of the joint efforts, earnings and property of the parties, the parties hereby agree that all of the property of whatsoever nature or description, whether real, personal or mixed, tangible or intangible, and wherever situated, now owned and which may hereafter be acquired by either or both of the parties hereto, is declared to be and shall be community property of the parties. It is agreed that the manner and date of acquiring property shall be deemed of no effect, and the parties hereby convert all of their property into community property and convey the same to the community; and all of the property of the parties shall be deemed community property for all purposes under the laws of the state of Washington.

SECOND: Upon the death of John J. Vraspir, leaving Bernette Vraspir surviving, all of the property and property rights owned by John J. Vraspir at the date of his death, whether now owned or hereafter acquired, shall pass to and become the property of Bernette Vraspir and shall become vested in her as her sole and separate property. Upon the death of Bernette Vraspir, leaving John J. Vraspir surviving, all of the property and property rights owned by Bernette Vraspir at the date of her death, whether now owned or hereafter acquired, shall pass to and become the property of John J. Vraspir and shall become vested in

him as his sole and separate property. Immediately upon the death of one spouse, the survivor shall have full power to sell, will, or otherwise to dispose of all property subject to this Community Property Agreement.

THIRD: This agreement is made pursuant to RCW 26.16.120 for the purposes of making all property of the parties, both that which is now owned and that which may hereafter be acquired, community property; and of making provision that upon the death of one of the parties to this agreement, leaving the other surviving, all of the property and property rights belonging to the deceased party at the time of his or her death shall pass to the survivor as the survivor's sole and separate property, to the exclusion of all other persons.

Signed and sealed at Vancouver, Washington, this 20 day of December, 1966.

John J. Vraspir (Seal)
Bernette Vraspir (Seal)

Signed and sealed in the presence of:

Donald Simpson
Agnes Cunnah

STATE OF WASHINGTON)
) :ss
County of Clark)

On this day before me personally appeared John J. Vraspir and Bernette Vraspir, husband and wife, to me known to be the same persons named in and who executed the foregoing instrument, and acknowledged to me that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

WITNESS My hand and notarial seal this 20 day of December, 1966.



Donald Simpson
Notary Public in and for the state of
Washington, residing at Vancouver.

CERTIFICATION OF VITAL RECORD

PRINT IN
PERMANENT
BLACK INK

404332
I.D. TAG NO.

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

Local File Number **006477**

136-

State File Number

DECEDENT

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF DEATH

CAUSE OF DEATH

CAUSE OF DEATH

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1. DECEDENT'S NAME John Joseph VRASPIR				2. SEX M		3. DATE OF DEATH (Month, Day, Year) December 20, 2003	
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE-Last Birthday (Years) 84		5b. Under 1 Year Mos. Days Hours Mins.		6. BIRTHPLACE (City and State or Foreign Country) Willow River, MN	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) Providence Hospital				9c. CITY, TOWN, OR LOCATION OF DEATH Portland		9d. COUNTY OF DEATH Multnomah	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Plant Engineer		10b. KIND OF BUSINESS/INDUSTRY Bag Company		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Bernette Vraspir	
13a. RESIDENCE - STATE WA		13b. COUNTY Skamania		13c. CITY, TOWN OR LOCATION Washougal		13d. STREET AND NUMBER 131 Agate Lane	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 98671		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12							
17. FATHER - NAME first middle last Adolph Vraspir		18. MOTHER - NAME first middle maiden Frances Michna		19. INFORMANT - NAME and relationship to decedent Bernette Vraspir - Wife			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Evergreen Memorial Gardens		20c. LOCATION - City or Town, State Vancouver, WA			
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. OREGON LICENSE NO. (Of Licensee) 1005		22. NAME, ADDRESS AND ZIP OF FACILITY Memorial Gardens Mortuary 1101 NE 112th Ave. Vancouver, WA 98684			
23. DATE FILED (Month, Day, Year) DEC 26 2003				24. REGISTRAR'S SIGNATURE <i>[Signature]</i> RNMS			
RESERVED FOR REGISTRAR'S USE							
TO BE COMPLETED BY CERTIFYING PHYSICIAN							
27. TIME OF DEATH 1000		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		31a. TIME OF DEATH M		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>				32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)			
30. DATE SIGNED (Month, Day, Year) 12/22/03				33. DATE SIGNED (Month, Day, Year) COUNTY			
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Robin Virgin, MD 16811 SE McGillivray Blvd., Vancouver, WA 98683							
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)							
36. 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.)							
PART I (a) Hemorrhagic stroke						Interval between onset and death 1 day	
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(b) Hypertension						20 yrs	
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.						37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
38. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide <input type="checkbox"/> Other		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No		41c. INJURY AT WORK?	
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
RESERVED FOR REGISTRAR'S USE							

CAUSE OF DEATH
INSTRUCTIONS
ON REVERSE SIDE
OF GREEN AND
PINK COPY

ORIGINAL-VITAL STATISTICS COPY

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

DEC 29 2003

DATE ISSUED:

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

[Signature] RNMS
LILA WICKHAM, RNMS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

DOC # 2004153063
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