

Doc # 2004154681
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Date: 10/05/2004 12:38P
Filed by: GENERAL PUBLIC
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$24.00

Return Address:

William Andrew Erickson
PO Box 181
Carson, WA 98610

REAL ESTATE EXCISE TAX

24306
OCT 05 2004

PAID EXEMPT
Audrey E. DePinto
SKAMANIA COUNTY TREASURER

Document Title(s) or transactions contained herein:

Community Property Agreement & Death Certificate

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

Erickson, Sally Ann

☐ Additional names on page _____ of document.

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

Erickson, William Andrew

☐ Additional names on page _____ of document.

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

Lot 6 Wells Home Sites Book A Page 102

☒ Complete legal on page 5 of document.

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

03-08-21-3-0-1100-00

☐ Property Tax Parcel ID is not yet assigned

☐ 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 COMMUNITY PROPERTY AGREEMENT, entered into this day by and between **WILLIAM ANDREW ERICKSON** and **SALLY ANN ERICKSON**, husband and wife, of Skamania County, State of Washington.

W I T N E S S E T H:

WHEREAS, the parties hereto are owners of certain real and personal property situate in the State of Washington; and

WHEREAS, it is contemplated by the parties hereto that they may acquire additional property in the future; and

WHEREAS, it is the desire hereto that all of their property shall pass to the survivor without delay or expense in the event of the death of either party;

NOW THEREFORE, WE, WILLIAM ANDREW ERICKSON and SALLY ANN ERICKSON, husband and wife, for and in consideration of the love and affection which we have, one for the other, do hereby mutually agree that all of the property which we now own separately, jointly, or otherwise, and whether real, personal or otherwise, and wheresoever situate, shall be and it is hereby declared to be the community property of the parties, and each of the parties to this agreement do hereby convey and transfer to the other party and to their community all property owned by them, even though the same be held in his or her separate estate; and

WE HEREBY MUTUALLY AGREE that all of the property which shall hereafter be acquired by either of us, whether separately, jointly

3-8-21-3-1100 10-5-04

W.E. H's initials
S.E. W's initials

or otherwise, and of whatsoever nature, and wheresoever situate, shall be and it is hereby declared to be community property, and each of the parties do hereby convey and transfer to the other and to their community, all such property hereafter acquired by either of them, even though the same be acquired in his or her separate estate; and

IT IS FURTHER AGREED that the whole of the community property now owned by us or hereafter acquired by us, including all property the status of which is changed or created by this agreement, shall at once, in the event of the death of **WILLIAM ANDREW ERICKSON**, while the said **SALLY ANN ERICKSON** survives, be vested in **SALLY ANN ERICKSON**, absolutely and in fee simple as her sole and separate property; and, in the event of the death of the said **SALLY ANN ERICKSON**, while the said **WILLIAM ANDREW ERICKSON** survives, then the whole of the community property now owned by us or hereafter acquired by us, including all property now owned by us or hereafter acquired by us, including all property the status of which is changed or created by this agreement, shall at once vest in the said **WILLIAM ANDREW ERICKSON**, absolutely and in fee simple as his sole and separate property.

IN WITNESS WHEREOF, the parties have executed this agreement this 5th day of January, 1996.

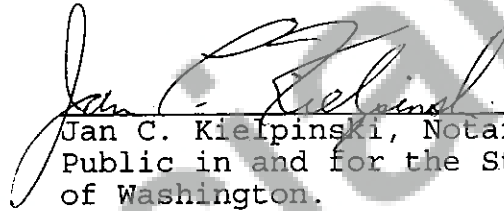
William Andrew Erickson
WILLIAM ANDREW ERICKSON

Sally Ann Erickson
SALLY ANN ERICKSON

STATE OF WASHINGTON)
) ss.
County of Skamania)

I certify that I know or have satisfactory evidence that WILLIAM ANDREW ERICKSON and SALLY ANN ERICKSON are the persons who appeared before me, and said person acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

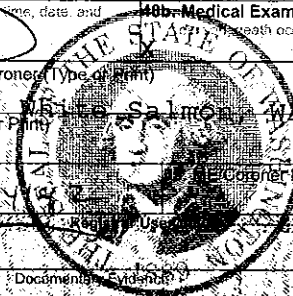
AUDITED this 5th day of January, 1996.


Jan C. Kielinski, Notary
Public in and for the State
of Washington.

Commission expires: 04/28/98

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any)		First	Middle	LAST	Suffix		
Sally Ann		ERICKSON			2. Death Date		
10/01/2004							
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number		6. County of Death	
Female	58	Months	Days	533-42-5703		Skamania	
7. Birthdate	8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)		9. Decedent's Education		
02/04/1946	Bellingham		Washington		3 years college		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.				11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces?	
No				White		No	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)						13b. City or Town	
112 Short Run Road						Carson	
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country		13f. Zip Code + 4	
Skamania				Washington		98610	
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's Name (Give name prior to first marriage)		13g. Inside City Limits?	
36 Years		Married		William Andrew Erickson		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).				18. Kind of Business/Industry (Do not use Company Name)			
Homemaker				Own Home			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Bert G. Blondell				Doris Marie Scott			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number & Street or RFD No. City or Town State Zip			
William Erickson		Husband		PO Box 181 Carson, WA 98610			
24. Place of Death, if Death Occurred in a Hospital:				25. Facility Name (If not a facility, give number & street)			
				112 Short Run Road			
26. State				27. Zip Code			
WA				98610			
28. Method of Disposition		29. Place of Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State			
Cremation		Columbia River Crematory		White Salmon, WA			
31. Name and Complete Address of Funeral Facility						32. Date of Disposition	
Gardner Funeral Home POB 390 White Salmon, WA 98672						10-04-2004	
33. Funeral Director Signature <i>[Signature]</i>							
Cause of Death (See instructions and examples)							
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <i>Chronic obstructive Pulmonary Disease</i>				Interval between Onset & Death	
		Due to (or as a consequence of):				10 years	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b.				Interval between Onset & Death	
		Due to (or as a consequence of):				Interval between Onset & Death	
		c.				Interval between Onset & Death	
		Due to (or as a consequence of):				Interval between Onset & Death	
		d.				Interval between Onset & Death	
		Due to (or as a consequence of):				Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above						36. Autopsy?	
<i>Pulmonary Hypertension which was a result of 34a.</i>						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?			
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death		<input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work?	
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street:						Apt No.	
City or Town:						County:	
State:						Zip Code + 4:	
46. Describe how injury occurred						47. If transportation injury, specify:	
						<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.						48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)						50. Hour of Death (24hrs)	
David S. Hindahl, MD POB 1519 White Salmon, WA 98672						1532	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)						52. Date Certified (MM/DD/YYYY)	
						10-4-04	
53. Title of Certifier		54. License Number		55. Coroner File Number		56. Was case referred to medical examiner?	
Attending Physician		MD 24987				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature X		58. Date Received (MM/DD/YYYY)		59. Record Amendment		60. Documented by	
<i>[Signature]</i>		10/5/04					
61. Item		62. Documented by		63. Reviewed by		Date	



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PARCEL A

Lot 6 of WELLS' HOMESITES according to the official plat thereof on file and of record at Page 102 of Book "A" of Plats, records of Skamania County, Washington.

Unofficial
Copy