

Doc # 2004154869  
Page 1 of 4  
Date: 10/20/2004 10:34A  
Filed by: GENERAL PUBLIC  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
J. MICHAEL GARVISON  
AUDITOR  
Fee: \$22.00

Return Address:

Shirley M Cummings  
P.O. Box 41  
Stevenson WA 98648-0041

Document Title(s) or transactions contained herein:

Community Property Agreement  
Certificate of Death

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

Cummings, Raymond C

REAL ESTATE EXCISE TAX

24344

OCT 20 2004

☐ Additional names on page \_\_\_\_\_ of document.

PAID exempt

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

Cummings, Shirley M

Vickie Clelland  
SKAMANIA COUNTY TREASURER

☐ Additional names on page \_\_\_\_\_ of document.

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

Part of NE 1/4 - NE 1/4 of Section 2 Township 2 N  
Range 7 E

☐ Complete legal on page \_\_\_\_\_ of document.

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page \_\_\_\_\_ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

02 07 02 11 0500 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 SURVIVORSHIP AGREEMENT

THIS AGREEMENT is made and entered into this 30th day of July, 1982, by and between Shirley M. Cummings, and Raymond C. Cummings, husband and wife, pursuant to the statutes of the state of Washington in such case made and provided, for the purpose of establishing the status of all property owned by the parties upon the demise of either;

NOW, THEREFORE, in consideration of the promises of each to the other, and also in consideration of the love and affection that each bears to the other, it is hereby mutually agreed:

That upon the death of either of them, but not prior to such death, all property, real, personal and mixed, of whatsoever kind or nature, owned by the parties, and whether originally acquired as separate property or community property, and all property hereafter acquired by the parties from any source whatsoever, shall be considered as community property and shall, upon such death, immediately become the sole property of the survivor of them.

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands this 30th day of July, 1982.

Raymond C. Cummings  
RAYMOND C. CUMMINGS

Gary H. Martin, Skamania County Assessor

Date 10/20/2009 Parcel # 22-02-03-11-0500-00

Shirley M. Cummings  
SHIRLEY M. CUMMINGS

Star Lee Corner  
WITNESS

Suzie Harmon  
WITNESS

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

34

LOCAL FILE NUMBER

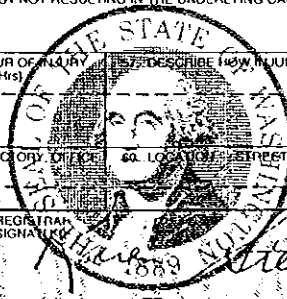


## CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First Middle Last <b>Raymond Charles CUMMINGS</b>				2. SEX (M/F) <b>M</b>		3. DEATH DATE (Mo, Day, Yr) <b>Aug. 16, 2001</b>	
4. AGE LAST BIRTHDAY (Yrs) <b>68</b>		5. UNDER 1 YEAR MOS DAYS HOURS MINS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) <b>4/24/1933</b>	
8. BIRTHPLACE (City, State or Foreign Country) <b>Carson, WA</b>				9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) <b>Yes</b>		10. COUNTY OF DEATH <b>Skamania</b>	
11. CITY, TOWN OR LOCATION OF DEATH <b>Stevenson</b>				12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. RMOUT PTN <input type="checkbox"/> HOSP. <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE <b>1165 Ryan Allen Road</b>			
13. SMOKING IN LAST 15 YEARS? (Yes/No) <b>No</b>							
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) <b>Married</b>		15. SURVIVING SPOUSE (If wife, give maiden name) <b>Shirley Mae Perron</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+)	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Logger</b>		19. KIND OF BUSINESS OR INDUSTRY <b>Timber</b>		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes/No) Specify: <b>No</b>		21. RACE (Specify) <b>White</b>	
22. RESIDENCE — NUMBER AND STREET <b>1165 Ryan Allen Rd.</b>		23. CITY/TOWN, OR LOCATION <b>Stevenson</b>		24. INSIDE CITY LIMITS? (Yes/No) <b>Yes</b>		25A. COUNTY <b>Skamania</b>	
25B. LENGTH OF RES. IN CO <b>8 yrs</b>		26. STATE <b>WA</b>		27. ZIP CODE <b>98648</b>			
28. FATHER'S NAME — FIRST, MIDDLE, LAST <b>Charles Edward Cummings</b>				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME <b>Dora Bell Small</b>			
30. INFORMANT — NAME <b>Shirley Cummings</b>		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP <b>PO Box 41 Stevenson, WA 98648</b>					
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) <b>Cremation</b>		33. DATE (Mo, Day, Yr) <b>8/22/2001</b>		34. CEMETERY/CREMATORY — NAME <b>Win-quatt Crematory</b>		35. LOCATION — CITY/TOWN, STATE <b>The Dalles, OR</b>	
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY <b>Gardner Funeral Home</b>		38. ADDRESS OF FACILITY <b>POB 390 White Salmon, WA 98672</b>			
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 <b>X</b>				40. DATE SIGNED (Mo., Day, Yr) <b>August 21, 2001</b>			
41. HOUR OF DEATH (24 Hrs.) <b>2310</b>				42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Peter Banks, Dep. Coroner</b>			
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 <i>[Signature]</i> <b>Dep. Coroner</b>				44. DATE SIGNED (Mo., Day, Yr) <b>August 16, 2001</b>			
45. HOUR OF DEATH (24 Hrs.) <b>2310</b>				46. PRONOUNCED DEAD (Mo., Day, Yr) <b>August 16, 2001</b>			
47. HOUR PRONOUNCED DEAD (24 Hrs.) <b>2310</b>				48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>Peter Banks, Dep. Coroner PO Box 790 Stevenson, WA 98648</b>			
49. ME/CORONER FILE NUMBER <b>2001-169SK</b>							
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death). <b>Natural</b>		A. MEDICAL COMPLICATIONS RELATED TO MULTIPLE DUE TO, OR AS A CONSEQUENCE OF: <b>MYELOMA CANCER</b>				INTERVAL BETWEEN ONSET AND DEATH <b>9 Yrs.</b>	
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.		B. DUE TO, OR AS A CONSEQUENCE OF: <b>Gary H. Martin, Skamania County Assessor</b>				INTERVAL BETWEEN ONSET AND DEATH	
		C. DUE TO, OR AS A CONSEQUENCE OF: <b>Date 10-20-04 Parcel # 020702 11050000</b>				INTERVAL BETWEEN ONSET AND DEATH	
		D. DUE TO, OR AS A CONSEQUENCE OF: <b>110</b>				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE:				52. AUTOPSY? (Yes/No) <b>No</b>		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) <b>Yes</b>	
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) <b>Natural</b>		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			
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. REGISTRAR SIGNATURE <i>[Signature]</i>		63. DATE RECEIVED (Mo., Day, Yr)			



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DOH-01-008 (5/99)

A tract of land located in the Felix G. Iman B. L. C. in Section 2, Township 2 North, Range 7 E. W. M. described as follows:

Beginning at the intersection of the northerly line of the county road known and designated as the Red Bluff Road with the westerly line of the East Half (E $\frac{1}{2}$ ) of that certain tract of land conveyed to Frank B. Morrison by deed dated December 27, 1910, and recorded January 5, 1911, at page 36 of Book N of Deeds, Records of Skamania County, Washington, said tract being bounded on the west by a line drawn south from the center of the north line of the tract conveyed to the said Frank B. Morrison; thence north 160 feet; thence north 81° 29' east to a point 208 feet east of the first described course; thence north 81° 29' east 40 feet; thence south 160 feet, more or less, to the northerly line of said Red Bluff Road; thence following the northerly line of said road south 81° 29' west 248 feet, more or less, to the point of beginning.