

Doc # 2005156798
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Date: 04/01/2005 03:27P
Filed by: HAGENSEN STRAHM
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$23.00

AFTER RECORDING MAIL TO:

— HAGENSEN —
— STRAHM —
ATTORNEYS
A Professional Service Corporation

335 NE Fifth Avenue
Camas, Washington 98607

COMMUNITY PROPERTY AGREEMENT

Grantor: Herbert S. Mitchell, husband

Grantee: Virginia I. Mitchell, wife

Legal Description:

Additional legal description on page ____ of document

Reference No. of documents assigned or released:

Additional reference on page ____ of document.

Assessor's Property Tax Parcel Account Number:

Gary H. Martin, Skamania County Assessor

Date 4-1-05 Parcel # 02-05-31-43-1100-00

REAL ESTATE EXCISE TAX

24806

APR - 1 2005

PAID

exempt
Vickie Clelland
SKAMANIA COUNTY TREASURER

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made this day by and between HERBERT S. MITCHELL and VIRGINIA I. MITCHELL, husband and wife, both of Skamania County, Washington.

WITNESSETH:

That whereas said HERBERT S. MITCHELL and VIRGINIA I. MITCHELL are the owners of certain community and separate property, and whereas all of the property now owned, or which shall hereafter be acquired by them or either of them, is hereby declared to be the community property of the said HERBERT S. MITCHELL and VIRGINIA I. MITCHELL. And whereas said parties are desirous of providing for the disposition of said community property upon the death of either, under and by virtue of and in conformity with the provisions of Section 26.16.120, Revised Code of Washington, and to provide that said community property and all separate property of which either may die possessed, both real and personal and wherever situate, shall pass without delay or expense in case of the death of either of the said parties to the survivor;

NOW, THEREFORE, in consideration of the love and affection that each of said parties has for the other, IT IS HEREBY AGREED:

I

That all property of whatsoever nature or description, whether separate or community, whether real, personal or mixed and wheresoever situate, now owned or hereafter acquired by them or either of them, is hereby conveyed and converted into community property for all purposes under the laws of the State of Washington.

///

— HAGENSEN —
— STRAHM —
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II

That in case of the death of the said HERBERT S. MITCHELL while the said VIRGINIA I. MITCHELL survives, the whole of the said community property hereinbefore described, together with any other community property by them hereafter acquired, shall at once vest in the said VIRGINIA I. MITCHELL, in fee simple, as her sole and separate property; and in case of the death of the said VIRGINIA I. MITCHELL, leaving the said HERBERT S. MITCHELL surviving, the whole of said community property hereinbefore described, together with any other community property by them hereafter acquired, shall at once vest in the said HERBERT S. MITCHELL, in fee simple, as his sole and separate property.

III

Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, or with reference to specific parts, shares or assets thereof, in which event the interest disclaimed shall pass as if the provisions of paragraph II had been revoked as to such interest with such interest passing as provided by any testamentary document or statute providing an alternate disposition.

IV

This Community Property Agreement is executed for the purpose of efficiently transferring property to a surviving spouse herein. Either party may unilaterally rescind this agreement upon the separation or the filing of a divorce action, by written notice, with such notice being personally served on the other party as allowed by Washington law, and by recording the written instrument of

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revocation in the office of the auditor of Clark County, Washington. Should this agreement be rescinded unilaterally or upon agreement of the parties, this agreement shall have no force and effect and shall be considered void as of the date of execution.

IN WITNESS WHEREOF, the said parties have hereunto set their hand in duplicate this 27th
day of September, 2004.

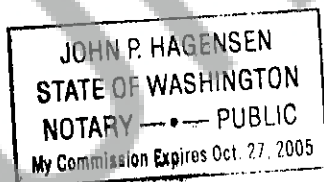
Herbert S. Mitchell
HERBERT S. MITCHELL

Virginia I. Mitchell
VIRGINIA I. MITCHELL

STATE OF WASHINGTON)
)ss.
COUNTY OF CLARK)

I certify that I know or have satisfactory evidence that HERBERT S. MITCHELL and VIRGINIA I. MITCHELL, husband and wife, are the persons who appeared before me, and said persons 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.

DATED this 27th day of September, 2004.



John P. Hagensen
NOTARY PUBLIC
My appointment expires: 10/27/05

—HAGENSEN
—STRAHM
ATTORNEYS
A Professional Service Corporation

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Camas, Washington 98607

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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number D-2 52		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Herbert Spencer MITCHELL			2. Death Date 11-10-2004		
3. Sex (M/F) Male	4a. Age - Last Birthday 74	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skamania
7. Birthdate 08-28-1930	8a. Birthplace (City, Town, or County) Oklahoma City	8b. (State or Foreign Country) Oklahoma	9. Decedent's Education Bachelor's degree		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (include Apt. No.) 241 Malfait Road				13b. City or Town Washougal	
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country WA	13f. Zip Code - 4 98671	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 16 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Virginia I. Steinbrenner	
17. Usual Occupation (Indicate type of work done during most of working life. (Do not use RETIRED).) Property Developer			18. Kind of Business/Industry (Do not use Company Name) Real Estate		
19. Father's Name (First, Middle, Last, Suffix) Herbert S. Mitchell, Sr.			20. Mother's Name Before First Marriage (First, Middle, Last) Norma Louise Palmer		
21. Informant's Name Virginia I. Mitchell		22. Relationship to Decedent spouse	23. Mailing Address: Number and Street or RPO No. City or Town State Zip 241 Malfait Road Washougal WA 98671		
24. Place of Death: If Death Occurred in a Hospital: Decedent's Home					
25. Facility Name (If not a facility, give number & street or location) 241 Malfait Road					
26. Method of Disposition Cremation		27. Place of Final Disposition (Name of cemetery, crematory, other place) Oregon Crematory		28. City, Town, or Location of Death Washougal	
29. Name and Complete Address of Funeral Facility Brown's Funeral Home, Inc. 410 NE Garfield St., Camas, WA 98607		30. Location-City/Town, and State Portland, OR		31. Date of Disposition 11-13-2004	
32. Funeral Director Signature X <i>Don A. Brown</i>					
33. 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. Advanced Non-Small Cell Lung Cancer Interval between Onset & Death: 2 months Due to (or as a consequence of): b. [REDACTED] Interval between Onset & Death: Due to (or as a consequence of): c. [REDACTED] Interval between Onset & Death: Due to (or as a consequence of): d. [REDACTED] Interval between Onset & Death:					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above					
36. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		37. If female <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		38. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		40. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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. Location of Injury: Number & Street City or Town: State: Zip Code: 4: 241 Malfait Road Washougal WA 98671		45. 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)			
46a. Certifying Physician - To be used only if knowledge, death occurred at the time, date, and place of death was ascertained by the physician. Lewis Steinberg MD					
46b. Medical Examiner/Coroner - To be used if the basis of determination, whether in investigation, forensic knowledge, or death occurred at the time, date, and place, was not ascertained by the physician. Lewis Steinberg MD, 505 NE 87th, Ste 300, Vancouver, WA 98664					
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Lewis Steinberg MD, 505 NE 87th, Ste 300, Vancouver, WA 98664		50. Hour of Death (24hrs) 12:40 AM		51. Name and Title of Attending Physician if other than Certifier (Type or Print)	
52. Date Signed (mm/dd/yyyy)		53. Title of Certifier			
54. License Number MD000235985		55. State File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>		58. Date Received (mm/dd/yyyy) 11/16/2004			
59. Amendments					

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