

Doc # 2005157271
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Date: 05/11/2005 11:19A
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$24.00

RETURN ADDRESS:

STEWART TITLE COMPANY

303 E. 16th Street

Vancouver, WA 98663

Escrow Number: 132978SB

REAL ESTATE EXCISE TAX

~~24904~~ 24904

MAY 1 1 2005

PAID

exempt

Document Title(s):

SR 27748

SKAMANIA COUNTY TREASURER

Community Property Agreement/Death Certificate

Reference Number(s) of related documents:

Additional Reference #'s on page

Grantor(s) (Last, First and Middle Initial)

Henry S. Stephens

Additional grantors on page

Grantee(s): (Last, First and Middle Initial)

Fern E. Stephens

Additional grantees on page

Legal Description: (abbreviated form: i.e. lot, block, plat or section, township, range, quarter/quarter)

Lot 9, Block 3, Prindle Park Estates, 131/A

Additional Legal is on page

Assessor's Property Tax Parcel / Account Number:

01-05-05-1-0-0500-00/ 01-05-05-1-0-0500-89

Gary H. Martin, Skamania County Assessor

Additional parcel #'s on page

Date 5/11/05 Parcel # 1-5-5-1-500
CS

The Auditor/Record 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 provided herein.

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made this day by and between HENRY S. STEPHENS and FERN E. STEPHENS, husband and wife, both of Skamania County, Washington,

W I T N E S S E T H:

That whereas said HENRY S. STEPHENS and FERN E. STEPHENS 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 HENRY S. STEPHENS and FERN E. STEPHENS, and whereas said parties are desirous of providing for the disposition of said 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 property and all 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 situated now owned or hereafter acquired by them or either of them is hereby conveyed and converted into community property and hereafter shall be deemed community property for all purposes under the laws of the State of Washington.

II

That in case of the death of the said HENRY S. STEPHENS, while the said FERN E. STEPHENS survives, the whole of the said property hereinbefore described, together with any other property by them hereafter acquired, shall at once vest in the said FERN E. STEPHENS, in fee simple, as her sole and separate property; and in case of the death of the said FERN E. STEPHENS, leaving the said HENRY S. STEPHENS surviving, the whole of said property hereinbefore

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described, together with any other property by them hereafter acquired, shall at once vest in the said HENRY S. STEPHENS, in fee simple, as his sole and separate property.

IN WITNESS WHEREOF, the said parties have hereunto set their hand in duplicate this 26th day of May, 1988.

Henry S. Stephens

Fern E. Stephens

STATE OF WASHINGTON)
) ss.
COUNTY OF CLARK)

On this 26th day of May, 1988, before me a Notary Public in and for the State of Washington, personally appeared the above named HENRY S. STEPHENS and FERN E. STEPHENS, husband and wife, and acknowledged to me that they signed, sealed and executed the above Community Property Agreement as their free act and deed, for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year in the certificate first above written.

Kathleen Williams

Notary Public in and for the State of
Washington, Residing at Camas.
My appointment expires: 9-30-90.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number D-2 49		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix Henry Shelton Stephens			2. Death Date 10.26/2004		
3. Sex (M/F) Male	4a. Age - Last Birthday 82	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skamania
7. Birthdate 07/11/1922		8a. Birthplace (City, Town, or County) Parkhill	8b. (State or Foreign Country) Oklahoma		9. Decedent's Education High School Graduate
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) White/American Indian		12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (include Apt. No.) 3281 Canyon Creek Rd.				13b. City or Town Washougal	
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable) Cherokee		13e. State or Foreign Country Washington	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) Fern Esther Cyphers	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Administrator/Executive, Director			18. Kind of Business/Industry (Do not use Company Name) Construction/Community Service		
19. Father's Name (First, Middle, Last, Suffix) Albert D. Stephens			20. Mother's Name Before First Marriage (First, Middle, Last) Lucy E. Sweptson		
21. Informant's Name Fern Stephens		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 3281 Canyon Creek Rd. 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) 3281 Canyon Creek Rd.					
26a. City, Town, or Location of Death Washougal		26b. State WA		27. Zip Code 98671	
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Columbia River Crematory		30. Location-City/Town, and State White Salmon, Washington	
31. Name and Complete Address of Funeral Facility Straub's Funeral Home 325 NE Ave. Camas, WA 98607				32. Date of Disposition 10/28/2004	
33. Funeral Director Signature X <i>C. M. [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>Metastatic prostate cancer</i>		Interval between Onset & Death	
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	
		c.		Interval between Onset & Death	
		d.		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <i>X</i>				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of 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		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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 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 - On the basis of his/her knowledge, death occurred at the time, date, and place stated, and the cause(s) and manner stated.					
X <i>Thomas Allmon MD</i>					
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner Thomas Allmon, MD 12607 SE Mill Plain				50. Hour of Death (24hrs) 1715	
51. Name and Title of Attending Physician (if other than Certifier) (Type of Physician) [Signature]				52. Date Signed (MM/DD/YYYY) 10/28/04	
53. Title of Certifier MD		54. License Number 72282		55. Medical Examiner/Coroner - On the basis of a coronation, and/or investigation, in my opinion, death occurred at the time, date, and place stated, and the cause(s) and manner stated.	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		57. Registrar Signature <i>[Signature]</i>			
58. Date Received (MM/DD/YYYY) 11/1/2004		59. Amendments			



THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.
DOH/CHS 003 Rev 2/06/2004

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Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

This is a legal Document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number												
Use the section below for requesting any changes on the record.																
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution																
1. Name on record:		2. Date of Event:		3. Place of Event: (City or County)												
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)			5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)													
The Record is Incorrect or Incomplete as follows:																
The Record now shows:			The True fact is:													
6.			7.													
8.			9.													
10.			11.													
12.			13.													
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)																
Telephone Number:																
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.																
15. Signature:		16. Address:														
<p>All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within 30 days of the date it was issued or receive a replacement copy free of charge.</p> <p>All changes must be established by documentary proof submitted with the affidavit.</p> <p>Examples of documentary proof:</p> <table style="width:100%;"> <tr> <td>Certificate of Naturalization</td> <td>Marriage Record</td> <td>School Record</td> </tr> <tr> <td>Church Records</td> <td>Military Record (DD-214)</td> <td>Voter's Registration Card (if it bears an effective date)</td> </tr> <tr> <td>Insurance Records</td> <td>Birth Record</td> <td>Alien Registration Card (front and back)</td> </tr> <tr> <td>Marriage/Divorce Records</td> <td>Record</td> <td></td> </tr> </table> <p>Birth Certificates:</p> <ol style="list-style-type: none"> Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate. The proof(s) must match exactly the reason for the fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, not Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe. Proof must be five (5) years old or more. Items established within five years of birth. Up to age one, the parent(s) or legal guardian(s) may change the child's first name with an affidavit for correction, provided: <ul style="list-style-type: none"> - This is a one time only change, not a series of changes with respect to a certified copy of a court ordered name change. - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two. - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday). This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021) <p>Death Certificates:</p> <ol style="list-style-type: none"> Only the informant, the funeral director, or executor/administrators (if evidence confirming such position is presented) may change the non-medical information. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes. <p>Marriage/Dissolution (Divorce) Certificates:</p> <ol style="list-style-type: none"> Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person. To change the date or place of marriage or dissolution, the official (minister or clerk of court (dissolution) must be present. 					Certificate of Naturalization	Marriage Record	School Record	Church Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)	Insurance Records	Birth Record	Alien Registration Card (front and back)	Marriage/Divorce Records	Record	
Certificate of Naturalization	Marriage Record	School Record														
Church Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)														
Insurance Records	Birth Record	Alien Registration Card (front and back)														
Marriage/Divorce Records	Record															

DOH/CHS 023 (Rev. 5/2002)

CERTIFIED

NOV 1 2004

Justin Denny M.D.
Health Officer
Skamania Co. Health Dept.

MM00000444

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EXHIBIT 'A'

PARCEL I

Lot 9 of Block 3 of the PRINDLE PARK ESTATES, according to the official Plat thereof, on file and of record at Page 131 of Book 'A' of Plats, records of Skamania, Washington.

TOGETHER WITH that 25 foot wide parcel of land that formerly constituted Half of the County road adjacent to Lot 9 of Block 3 of Prindle Park Estates, according to the official Plat thereof, on file and of record at Page 131 of Book 'A' of Plats, records of Skamania County, Washington

EXCEPT that portion Conveyed to State of Washington by instrument recorded December 23, 1937 in Book 2, Page 538.

PARCEL II

That portion of Lot 1 of Block 3 of the PRINDLE PARK ESTATES, according to the Plat thereof, recorded in Book 'A' of Plats on Page 131, described as follows:

Commencing at the Northeast Quarter of said Lot 1 and running thence Westerly along the North line of said Lot 1 a distance of 40 feet; thence Southerly in a straight line to a point in the center of Canyon Creek which is 40 feet Westerly when measured along said creek from the Southeast corner of said Lot 1; thence Easterly along said Canyon Creek to the Southeast corner of Lot 1; thence Northerly along the East line of said Lot 1 to the point of beginning.

PARCEL III

A parcel of land in Block 3 of the PRINDLE PARK ESTATES, being also in the Southwest Quarter of the Northeast Quarter of Section 5, Township 1 North, Range 5 East of the Willamette Meridian, County of Skamania, State of Washington, described as follows:

That 25 foot wide parcel of land that formerly constituted the Westerly Half of the County road adjacent to Lot 1 of Block 3 of the Prindle Park Estates, according to the official Plat thereof, on file and of record at Page 131 of Book 'A' of Plats, records of Skamania County, Washington.

Gary H. Martin, Skamania County Assessor

Date 3/11/05 Parcel # 1-5-51-500