

Return Address:

REAL ESTATE EXCISE TAX

Karen Mabry
1231 Buhman
Washougal, WA 98671

84913
MAY 17 2005

PAID exempt
Vickie Clelland, Asst.
SKAMANIA COUNTY TREASURER

Document Title(s) or transactions contained herein:

Community Property Agreement & Death Certificate

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

Mabry, Luther Rolan

☐ Additional names on page _____ of document.

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

Mabry, Karen

☐ Additional names on page _____ of document.

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

NE4 Section 31 T2N R5E WM

☒ Complete legal on page 6 of document.

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

02-05-31-1-0-0300-00

Gary H. Martin, Skamania County Assessor

Date 5-14-05 Parcel # 02-05-31-1-0-0300-00

☐ 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 is made and entered into by and between LUTHER R. MABRY and KAREN LOUISE MABRY, husband and wife, both of Skamania County, Washington.

WITNESSETH:

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

WHEREAS, the parties contemplate acquiring more property in the future; and

WHEREAS, the parties are desirous of all of their property passing to the survivor without delay or expense in the event of the death of either of them;

NOW, THEREFORE, we, LUTHER R. MABRY and KAREN LOUISE MABRY, for and in consideration of the love and affection that we have one for the other, do hereby mutually agree that upon the death of the first of us to die, all of the property which we have separately, jointly or otherwise, and whether real, personal, or mixed and wheresoever situate shall be community property upon the death of the first of us to die; and

IT IS FURTHER AGREED that upon the death of the first of us to die, the whole of the community property shall at once, in the event of the death of husband while the said wife survives, be vested in her and real property in fee simple and the personal property absolutely as her sole and separate property; and in the

event of the death of the said wife leaving the said husband surviving her, the whole of said community property shall at once vest in the said husband and the real property in fee simple and the personal property absolutely as his sole and separate property. This agreement may be amended or revoked by written instrument executed and acknowledged by the spouses. No such amendment or revocation by mutual consent of the spouses shall become effective except by written revocation or amendment.

If prior to the death of either spouse a legal guardian is appointed over the property of one of the spouses on account of incompetency, the legal guardian may join with the competent spouse in a petition to the court having jurisdiction over the guardianship proceedings for permission to enter into a modification or revocation of this agreement. Hearing on the petition shall be held after giving such notice to all interested parties as may be ordered by the court. If, after the hearing, the court deems the proposed modification or revocation to be fair and equitable and affords reasonable protection toward all parties concerned, it may authorize the guardian to execute such modification or revocation on behalf of the incompetent spouse.

In the absence of other evidence indicating the parties' intent to terminate this agreement, it shall, nevertheless, be deemed mutually terminated and of no further force and effect upon a court of competent jurisdiction dissolving the marriage or granting a decree of divorce or separate maintenance to one or the other party.

Unless otherwise revoked or modified, this agreement shall remain in

full force and effect regardless of the state of residence and/or domicile of the spouses at the time of the death of either or both.

IN WITNESS WHEREOF the parties have hereunto set their hands this

31 day of August, 1993.

Luther R Mabry
LUTHER R. MABRY

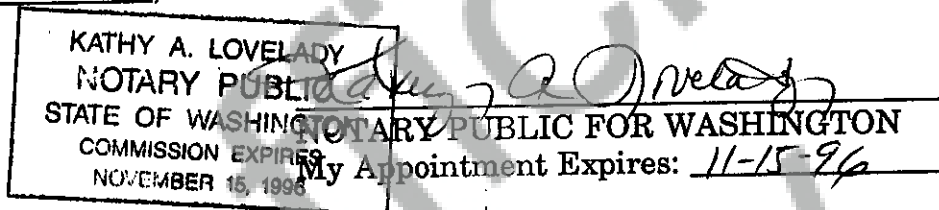
Karen Louise Mabry
KAREN LOUISE MABRY

STATE OF WASHINGTON)
 : ss.
COUNTY OF CLARK)

On this day personally appeared before me LUTHER R. MABRY, to me known to be the individual described in and who executed the within and foregoing Community Property Agreement, and acknowledged to me that he signed the same as his free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER MY HAND AND OFFICIAL SEAL this 16 day of

July, 1993.

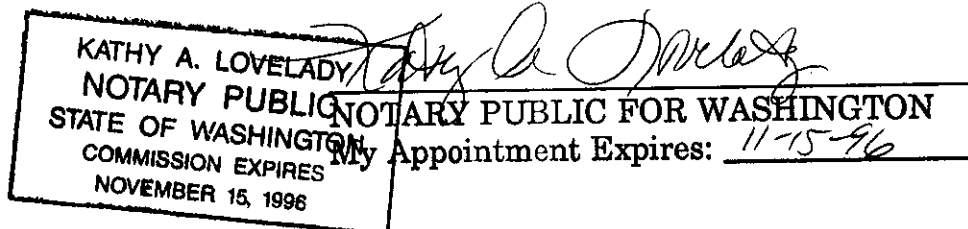


STATE OF WASHINGTON)
 : ss.
COUNTY OF CLARK)

On this day personally appeared before me KAREN LOUISE MABRY, to me known to be the individual described in and who executed the within and foregoing Community Property Agreement, and acknowledged to me that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER MY HAND AND OFFICIAL SEAL this 21 day of

August, 1993.



CERTIFICATION OF VITAL RECORD

PRINT IN
PERMANENT
BLACK INK
8

H-35114
I.D. TAG NO.

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

136

State File Number

DECEDENT

1

2

3

4

5

6

PARENTS

DISPOSITION

7

8

9

REGISTRAR

10

11

CERTIFIER

12

13

14

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE OF
DEATH

15

16

17

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

1. DECEDENT'S NAME First: Luther Middle: Rolan Last: MABRY				2. SEX Male		3. DATE OF DEATH (Month, Day, Year) April 19, 2005	
4. SOCIAL SECURITY NUMBER [REDACTED]				5a. AGE-Last Birthday (Years) 64		5b. Under 1 Year Mos. Days Hours Mins	
6. BIRTHPLACE (City and State or Foreign Country) Vicksburg, MS				7. DATE OF BIRTH (Month, Day, Year) February 8, 1941			
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"/> EROutpatient <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) Emanuel Hospital				9c. CITY, TOWN, OR LOCATION OF DEATH Portland			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Electrician Foreman				10b. KIND OF BUSINESS/INDUSTRY Bonnevill Power		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed) Karen Mabry				13. STREET AND NUMBER 1231 Buhman Rd.			
13a. RESIDENCE - STATE Washington				13b. COUNTY Skamania		13c. CITY, TOWN, OR LOCATION Washouak	
13d. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				13e. ZIP CODE 98671		14. RACE American Indian, Black, White, etc. (Specify) White	
15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input checked="" type="checkbox"/> 2			
17. FATHER - NAME first middle last William Henry Mabry				18. MOTHER - NAME first middle maiden Ruth Colison		19. INFORMANT - NAME and relationship to deceased Karen Mabry - Wife	
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State				20b. PLACE OF DISPOSITION (Name of cemetery, crematory, etc.) White Salmon, Washington			
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>				21b. NAME, ADDRESS AND ZIP OF FACILITY Straub's Funeral Home 325 NE 3rd Ave Camas, WA 98607			
22. DATE FILED (Month, Day, Year) APR 22 2005				23. REGISTRAR'S SIGNATURE <i>[Signature]</i>			
RESERVED FOR REGISTRAR'S USE							
27. TIME OF DEATH 0125				28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
29. To the best of my knowledge, death occurred at the time, place, and manner stated. (Signature) <i>[Signature]</i>				30. 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) <i>[Signature]</i>			
31. DATE SIGNED (Month, Day, Year) April 22, 2005				32. DATE SIGNED (Month, Day, Year) COUNTY			
33. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER (Typed or Print) Kathy Grewe, MD 300 N. Graham Suite 320 Portland, OR 97227							
34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Typed or Print)							
35. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE (a), (b), AND (c) - enter mode of dying, e.g. Cardiac or Respiratory Arrest.)							
PART I (a) ventricular fibrillation Interval between onset and death 36 minutes							
(b) anterior myocardial infarction Interval between onset and death 36 hrs							
(c) coronary thrombosis Interval between onset and death 36 hrs							
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"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown				38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" 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 <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. DESCRIBE HOW INJURY OCCURRED		41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
RESERVED FOR REGISTRAR'S USE							

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

DATE ISSUED: **MAY 02 2005**

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

Lila Wickham RN MS
LILA WICKHAM, RN, MS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

Page 6 of 7
DC # 2005157315

101970

BOOK 112 PAGE 813 5

FILED IN RECORD
SKAMANIA COUNTY
BY *J. Miller*

Oct 3 12 36 PM '86

E. McFarland WARRANTY DEED

ASSISTANT

THE GRANTORS, GARY H. ERICKSON and GERALD O. ERICKSON,

husband and wife, for and in consideration of the sum of ONE HUNDRED DOLLARS (\$100.00), and other good and valuable consideration the receipt whereof is hereby acknowledged, do hereby convey and warrant unto LUTHER R. MABRY and KAREN L. MABRY, husband and wife, the Grantees, the following described real property situated in Skamania County, State of Washington, to-wit:

BEGINNING at the Southeast corner of the Northeast quarter of Section Thirty-one (31), Township Two (2) North, Range 5 East of the Willamette Meridian; thence North along the Section line 73 rods; thence West 32.9 rods; thence South 73 rods; thence East 32.9 rods to the point of beginning; said tract containing 15 acres, more or less. EXCEPT County roads.

This deed is delivered in fulfillment of a real estate contract bearing date of September 9, 1966, between VICTORIA O. BUHMAN, as seller, and H. JAY and NORITA L. RICHARDS, husband and wife, as purchaser, the interest of said purchaser and seller in said real estate contract and the above described property having been thereafter conveyed and assigned to Grantors and Grantees herein.

Gary H. Martin, Skamania County Assessor

Date 5-16-05 Parcel # DR-05-31-1-0-0300-00

IN WITNESS WHEREOF, the Grantors have executed this instrument this 24th day of September, 1986.

10994

REAL ESTATE EXCISE TAX
OCT 3 1986

PAID \$10.00

SKAMANIA COUNTY
STATE OF WASHINGTON

County of Clark



Louise Erickson
Louise Erickson

Gerald O. Erickson
Gerald O. Erickson

Registered ☒
Indexed ☒
Indirect ☒
Filed ☒
Mailed ☒

JEFFERSON D. MILLER
ATTORNEY AT LAW
235 N. E. 5TH AVE
CAMAS, WASHINGTON 98607
AREA CODE 206 - TELEPHONE 834-3502

On this day personally appeared before me LOUISE ERICKSON and GERALD O. ERICKSON, to me known to be the individuals described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 24th day of September, 1986.

Jefferson D. Miller
Notary Public in and for the State of Washington, Residing at Camas.

Transaction in compliance with County subdivision ordinances.
Skamania County Assessor - By: *J. Miller* 2-5-31-1-300

DOC # 2005157315
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