

**Return to:**

CLARK COUNTY TITLE COMPANY  
1400 WASHINGTON STREET  
VANCOUVER, WA 98660

**REAL ESTATE EXCISE TAX**

25076  
JUL 13 2005

Re: 00101812

PAID EXEMPT

**Document Title(s):**  
DEATH CERTIFICATE

*Audrey Fikri, Deputy*  
SKANANIA COUNTY TREASURER

**Reference number(s) of Documents assigned or released:**

**Grantor(s)** (Last name first, then first name and initials):

1. POWELL, GLENN CLIFTON
- 2.
3. ☐ Additional names on page of document.

**Grantee(s)** (Last name first, then first name and initials):

1. POWELL, BONNIE
- 2.
3. ☐ Additional names on page of document.

**Trustee:**

N/A

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

CABIN NO. 17 LOCATED ON

Lot(s) 17, of NORTHWOODS, UNDER AUDITORS FILE NO. 73635, PAGE 306, BOOK "J"

☐ Additional legal is on page of document.

**Assessor's Property Tax Parcel/Account Number:**

96 00 00 1 7 0000 00 *fr*

☐ Additional legal is on page of document.

0223082

V12 P1602

# Agreement as to Status of Community Property

After Death of One of the Spouses

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B

Know All Men by These Presents:

That this agreement, made and entered into this 26th day of September, 1978, by and between Glenn C. Powell and Bonnie L. Powell, husband and wife, of Woodland, Cowlitz County, State of Washington, WITNESSETH:

That, in consideration of the love and affection that each of said parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted, and promised:

I.

That all property of whatsoever nature or description whether real, personal or mixed and wherever situated now owned or hereafter acquired by them or either of them shall be considered and is hereby declared to be community property.

II.

That upon the death of either of the aforementioned parties title to all community property as herein defined shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said Glenn C. Powell and Bonnie L. Powell have hereunto set their hands and seals this 26th day of September, 1978.

STATE OF WASHINGTON,

County of Cowlitz

SS.

This is to certify that on this 26th day of September,

J. Howard Jackson, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally came Glenn C. Powell

and Bonnie L. Powell, husband and wife, to me known to be the individuals described in and who executed the within instrument, and acknowledged to me that they signed and sealed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written.

Notary Public in and for the State of Washington residing at Vancouver, Wash.

AGREEMENT AS TO STATUS OF COMMUNITY PROPERTY  
Washington Legal Blank Co., Bellevue, Wa. Form No. 83

Filed for Record

Request of Bonnie Powell

Daniene P. DeRoelet, Cowlitz Co. Auditor

FEB 23 3:27 PM '79

# STATE OF WASHINGTON DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH

146

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NUMBER

1. NAME First: <b>GLENN</b> Middle: <b>CLIFTON</b> Last: <b>POWELL</b>				2. SEX (M / F) <b>MALE</b>		3. DEATH DATE (Mo, Day, Yr) <b>SEPT. 26, 1993</b>	
4. AGE LAST BIRTH-DAY (Yrs) <b>77</b>		5. UNDER 1 YEAR MOS:      DAYS:      HOURS:      MINS:		6. BIRTHDATE (Mo, Day, Yr) <b>OCT. 8, 1915</b>		8. BIRTHPLACE (City, State or Foreign Country) <b>WOODLAND, WA.</b>	
11. CITY, TOWN OR LOCATION OF DEATH <b>LONGVIEW</b>				12. PLACE OF DEATH— <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE <b>PARK ROYAL MEDICAL CENTER</b>		13. SMOKING IN LAST 15 YEARS? (Yes / No) <b>YES</b>	
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) <b>MARRIED</b>		15. SURVIVING SPOUSE (if wife, give maiden name) <b>BONNIE McCOY</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): <b>8</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>TRUCK DRIVER</b>		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>NO</b>		21. RACE (Specify) <b>WHITE</b>	
22. RESIDENCE—NUMBER AND STREET <b>320 HOLLYBERRY LANE</b>		23. CITY/TOWN OR LOCATION <b>WOODLAND</b>		24. INSIDE CITY LIMITS? (Yes/No) <b>YES</b>		25. COUNTY <b>COWLITZ</b>	
26. FATHER'S NAME—FIRST, MIDDLE, LAST <b>HENRY JACKSON POWELL</b>		27. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME <b>SUSAN S. BEEBE</b>		28. LENGTH OF RES. IN CO. <b>77YRS</b>		29. STATE <b>WASH.</b>	
30. INFORMANT—NAME <b>BONNIE L. POWELL</b>		31. MAILING ADDRESS—STREET OR RFD NO. CITY OR TOWN. STATE. ZIP <b>320 HOLLYBERRY LANE WOODLAND, WASH. 98674</b>		32. BURIAL/CREMATION REMOVAL, OTHER (Specify) <b>BURIAL</b>		33. DATE (Mo, Day, Yr) <b>SEPT. 29, 1993</b>	
34. CEMETERY/CREMATORY—NAME <b>FRANK ABEL CEMETERY</b>		35. LOCATION—CITY/TOWN, STATE <b>WOODLAND, WASH.</b>		36. FUNERAL DIRECTOR SIGNATURE <b>[Signature]</b>		37. NAME OF FACILITY <b>WOODLAND FUNERAL HOME P.O. BOX 401 WOODLAND, WA. 98674</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>Paul Brenc MD</b>				40. 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: <b>[Signature]</b>			
41. DATE SIGNED (Mo, Day, Yr) <b>9-29-93</b>		42. HOUR OF DEATH (24 Hrs.) <b>10:35 AM</b>		43. DATE SIGNED (Mo, Day, Yr)		44. HOUR OF DEATH (24 Hrs.)	
45. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Paul Brenc MD</b>				46. PRONOUNCED DEAD (Mo, Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs.)	
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>Paul Brenc MD 1230 7th Longview, Washington 98632</b>				49. MECORONER FILE NUMBER			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death): <b>CEREBROVASCULAR ACCIDENT</b>		INTERVAL BETWEEN ONSET AND DEATH					
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.		INTERVAL BETWEEN ONSET AND DEATH					
A. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH					
B. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH					
C. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH					
D. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH					
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:				52. AUTOPSY? (Yes / No) <b>NO</b>		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)	
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF DEATH (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		63. DATE RECEIVED (Mo, Day, Yr.) <b>OCT 08 1993</b>	
61. RECORD AMENDMENT (Registrar use only) ITEM:      DOCUMENTARY EVIDENCE:      REVIEWED BY:      DATE:      SIGNATURE: <b>Thomas A. Bell, MD</b>							

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/81) (formerly DSHS 9-150)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.