

Doc # 2005157969
Page 1 of 3
Date: 07/13/2005 12:56P
Filed by: CLARK COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$21.00

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 Takem, Deputy
SKAMANIA 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 17 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

f-4006
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., Bellingham, Wash., Form No. 63

Find for Record
Request of, *Glenn C. Powell*
Delaine P. DeRosier, Cowlitz Co. Auditor
FEB 23 3:7 PM '78

Page 2 of 2
DOC # 2005157962

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

662
LOCAL FILE NUMBER

Washington State Department of

Health

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

OFFICE
USE
ONLY
1. DISTRICT

2. MARS

3. HOSPITAL

4. OCCURRENCE

5. RESIDENCE

6. TRACT

7. OCCUPATION

8.

9.

10.

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13.

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18.

19.

20.

21. ACC LOC

22. QUERIES

23.

24.

1. NAME GLENN CLIFTON POWELL		2. SEX (M / F) MALE	3. DEATH DATE (Mo. Day, Yr.) SEPT. 26, 1993					
4. AGE LAST BIRTH- DAY (Yrs) 77		5. UNDER 1 YEAR MOS	6. UNDER 1 DAY DAYS HOURS MINS	7. BIRTHDATE (Mo. Day, Yr.) OCT. 8, 1915	8. BIRTHPLACE CITY, STATE OR FOREIGN COUNTRY WOODLAND, WA.	9. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes / No) NO	10. COUNTY OF DEATH COWLITZ	
11. CITY, TOWN OR LOCATION OF DEATH LONGVIEW		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. RIVOUT PTN. 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NURS HOME 6. <input type="checkbox"/> OTHER PLACE PARK ROYAL MEDICAL CENTER						13. SMOKING IN LAST 15 YEARS? (Yes / No) YES
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) MARRIED		15. SURVIVING SPOUSE (if wife, give maiden name) BONNIE McCOY		16. SOCIAL SECURITY NO.		17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 College (1-4 or 5+)		
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) LOGGER		19. KIND OF BUSINESS OR INDUSTRY TRUCK DRIVER		20. Was Decedent of Hispanic Origin or Descendant? (Ancestry) (Specify) Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: NO		21. RACE (Specify) WHITE		
22. RESIDENCE—NUMBER AND STREET 320 HOLLYBERRY LANE		23. CITY/TOWN OR LOCATION WOODLAND		24. INSIDE CITY LIMITS? <input checked="" type="checkbox"/>	25A. COUNTY COWLITZ	25B. LENGTH OF RES. IN CO. 77YRS	26. STATE WASH.	27. ZIP CODE 98674
28. FATHER'S NAME—FIRST, MIDDLE, LAST HENRY JACKSON POWELL		29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME SUSAN S. BEEBE						
30. INFORMANT—NAME BONNIE L. POWELL		31. MAILING ADDRESS 320 HOLLYBERRY LANE WOODLAND, WASH. 98674						
32. BURIAL/CREMATION REMOVAL, OTHER (Specify) BURIAL		33. DATE (Mo. Day, Yr.) SEPT. 29, 1993		34. CEMETERY/CREMATORIUM NAME FRANK ABEL CEMETERY		35. LOCATION—CITY/TOWN, STATE WOODLAND, WASH.		
36. FUNERAL DIRECTOR SIGNATURE <i>Samuel J. Berry</i>		37. NAME OF FACILITY WOODLAND FUNERAL HOME P.O. BOX 401 WOODLAND, WA. 98674						
38. ADDRESS OF FACILITY								
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN								
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 <i>Paul Berry</i>				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 <i>X</i>				
41. DATE SIGNED (Mo. Day, Yr.) 9-29-93		42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Paul Berry MD		43. HOUR OF DEATH (24 Hrs.) 10:35 AM		44. DATE SIGNED (Mo. Day, Yr.) PRONOUNCED DEAD (Mo. Day, Yr.)		
45. HOUR OF DEATH (24 Hrs.)		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) Paul Berry MD 1230 7th Longview, Washington 98632								
49. ME/CORONER FILE NUMBER								
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:								
IMMEDIATE CAUSE (Final disease or condition resulting in death).		ACCIDENT						
A. 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.		C. DUE TO, OR AS A CONSEQUENCE OF: D. DUE TO, OR AS A CONSEQUENCE OF: E. DUE TO, OR AS A CONSEQUENCE OF: F. DUE TO, OR AS A CONSEQUENCE OF:						
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:		52. AUTOPSY? (Yes / No) NO						
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 INJURY (A.M. / P.M.)	57. DESCRIBE HOW INJURY OCCURRED:			
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. BLDG. ETC. (Specify)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE				
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE		62. REGISTRATION NUMBER REVIEWED BY DATE		63. DATE RECEIVED (Mo. Day, Yr.) OCT 08 1993				

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (Formerly DSHS 9-150)
DOH 01-003 (5/92)

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