

Return Address:

Gerald F. Titchenal
Box 427
Bingen, WA 98605

Document Title(s) or transactions contained herein:

Death Certificate
CPA

REAL ESTATE EXCISE TAX

25371

OCT 12 2005

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

Titchenal, M. Theresa

PAID *Exempt*

Nickie Chelland, Deputy
SKAMANIA COUNTY TREASURER

☐ Additional names on page _____ of document.

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

Titchenal, Gerald F.

☐ Additional names on page _____ of document.

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

☐ Complete legal on page _____ of document.

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

0309143 0010100

0309143 0080000

10-12-05
etm

☐ 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

Agreement made in Goldendale, Washington on this 5th day of August 1998, between GERALD F. TITCHENAL ("Husband") and THERESA M. TITCHENAL ("Wife"), husband and wife, both of whom are domiciled in the State of Washington. In consideration of their mutual agreements set forth below, the parties agree as follows:

1. Property Covered. This Agreement shall apply to all property (community and separate) now owned or hereafter acquired by Husband and Wife (except for property for which a separate beneficiary designation has been or is hereafter made by Husband or Wife and approved in writing by the other spouse) even though some items may have been or may be purchased or acquired by one or the other or both or may have been or may be registered in the name of one or the other or both, which shall be considered and is hereby declared to be the community property of the parties. This Agreement shall also not apply to any separate property now owned or hereafter acquired by either spouse which is the subject matter of any Gift by Separate Writing referenced in either spouse's Will, whether the same shall be probated or not. All such property is referred to in this Agreement as the "described community property." Either spouse may disclaim in whole or in part any interest in property hereafter acquired which would be the separate property of the other spouse except for the provisions of this section 1. In the event of such a disclaimer, the interest disclaimed shall be and remain the separate property of the other spouse. Such a disclaimer shall not affect the right of the disclaiming spouse to receive all, any part of, or interest in such property of the other spouse by a later gift or inheritance.

2. Vesting at Death of a Spouse. If one spouse dies and the other spouse survives by ten days, all of the described community property shall vest in the surviving spouse as of the moment of death of the first spouse. In the event that the surviving spouse acquires separate or community property hereunder which is the subject matter of a Gift by Separate Writing of the deceased spouse's Will, whether probated or not, such property shall descend in accordance to that Will provision which is herewith fully incorporated.

3. Disclaimer. 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 property. The interest disclaimed shall pass as if the provisions of section 2 above had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition applicable to the disclaimed interest.

4. Automatic Revocation. The provisions of section 2 above shall be automatically revoked

(a) upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce, or

(b) upon the establishment of a separate domicile out of the State of Washington by either party, or

(c) immediately prior to death, if neither party survives the other by ten days.

5. Optional Revocation by One Party. If either party becomes disabled, the other party shall have the power to terminate the provisions of section 2 above. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardians, if any, of the person and of the estate of the disabled spouse. Each party designates the other party as attorney-in-fact to become effective upon

6. Powers of Appointment. This Agreement shall not affect any power of appointment now held by or hereafter given to Husband or Wife or both of the, nor shall it obligate Husband or Wife or both of them to exercise any such power of appointment in any way.

Gerald F. Hitchner

M. Theresa Titchenal

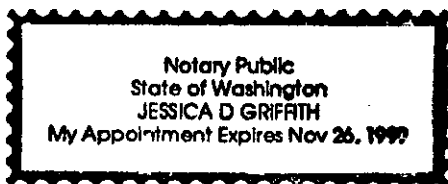
On this day personally appeared before me GERALD F. TITCHENAL and THERESA M. TITCHENAL, to me known to be the individuals described in and who executed the within and foregoing Community Property Agreement, and acknowledged that they signed the same as their free and voluntary act and deed, for the purposes therein mentioned.

GIVEN under my hand and official seal on this 5th day of August 1998

Jessica D. Griffith

Notary Public in and for the State of
Washington.

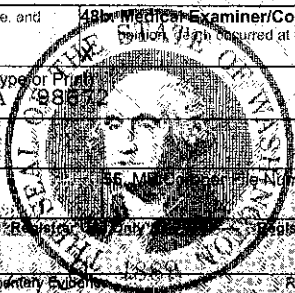
Jessica D. Griffith
My Commission expires: 11-26-99



Unofficial Copy

STATE OF WASHINGTON DEPARTMENT OF HEALTH

FIRST MIDDLE LAST SUFFIX MarvAnne Theresa TITCHENAL						2. Death Date 06/26/2004					
3. Sex (M/F) Female		4a. Age - Last Birthday 72		4b. Under 1 Year Months Days		4c. Under 1 Day Hours Minutes		5. Social Security Number [REDACTED]		6. County of Death Skamania	
7. Birthdate 11/09/1931		8a. Birthplace (City, Town, or County) Orono		8b. (State or Foreign Country) Maine		9. Decedent's Education					
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? No			
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 72 Deerfield								13b. City or Town Willard			
13c. Residence: County Skamania		13d. Tribal Reservation Name (If applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 98605		13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence. 34 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Gerald Titchenal							
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Fisheries Technician						18. Kind of Business/Industry (Do not use Company Name) Fisheries					
19. Father's Name (First, Middle, Last, Suffix) Sanford Martin Stevens						20. Mother's Name Before First Marriage (First, Middle, Last) Josephine Victoria Boucher					
21. Informant's Name Gerald Titchenal		22. Relationship to Decedent Husband		23. Mailing Address: Number & Street or RFD No. City or Town State Zip 72 Deerfield Willard, WA 98605							
24. Place of Death, if Death Occurred in a Hospital:						24. Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Home					
25. Facility Name (If not a facility, give number & street) 72 Deerfield						26a. City, Town, or Location of Death Willard		26b. State WA		27. Zip Code 98605	
28. Method of Disposition Burial		29. Place of Disposition (Name of cemetery, crematory, other place) White Salmon Cemetery				30. Location-City/Town, and State White Salmon, Washington					
31. Name and Complete Address of Funeral Facility: Gardner Funeral Home POB 390 White Salmon, WA 98672						32. Date of Disposition 06/02/2004					
33. Funeral Director Signature <i>[Signature]</i>											
Cause of Death (See instructions and examples)											
34. Enter the <u>chain of events</u> - 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. Sudden Death Interval between Onset & Death Due to (or as a consequence of): 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. Aortic Stenosis Interval between Onset & Death Due to (or as a consequence of): c. Interval between Onset & Death Due to (or as a consequence of): d. Interval between Onset & Death											
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Diabetes Mellitus						36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
38. 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		39. If female <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
45. Location of Injury: Number & Street:						Apt No.					
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 - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. X						48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.					
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Greg Zuck, MD POB 1519 White Salmon, WA 98672						50. Hour of Death (24hrs) 1010					
51. Name and Title of Attending Physician if other than Certifier (Type or Print)						52. Date Certified (MM/DD/YYYY) 6/29/04 2004					
53. Title of Certifier MD		54. License Number 21874		55. Medical License Number		56. Was case referred to medical examiner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
57. Registrar Signature <i>[Signature]</i>						58. Date Received (MM/DD/YYYY) 6/30/2004					
59. Record Amendment Item						Reviewed by Date					



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