

Return Address:  
Lauretta B Dillon  
2762 Berge Rd  
Stevenson Wa 98648

<b>Document Title(s) or transactions contained herein:</b> COMMUNITY PROPERTY AGREEMENT & DEATH CERTIFICATE	
<b>GRANTOR(S) (Last name, first name, middle initial)</b> DILLON, HUSTON K	
<b>REAL ESTATE EXCISE TAX</b> 25503	
<input type="checkbox"/> Additional names on page _____ of document.	
<b>GRANTEE(S) (Last name, first name, middle initial)</b> DILLON, LAURETTA B	
DEC 13 2005 <b>PAID EXEMPT</b> <i>Audrey Fabris, Deputy</i> SKAMANIA COUNTY TREASURER	
<input type="checkbox"/> Additional names on page _____ of document.	
<b>LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)</b> The SE1/4-NW1/4 lying Eastely of County Road #30400 known as Berge Road in Section 23 Township 3 N Range 8 EWM. Except the following property sold or transfered in Bk 125 Pg 226; Bk 77 Pg 689; Bk 136 Pg 842; Bk 160 Pg 830 Skamania County Records	
<input type="checkbox"/> Complete legal on page _____ of document.	
<b>REFERENCE NUMBER(S) of Documents assigned or released:</b>	
<input type="checkbox"/> Additional numbers on page _____ of document.	
<b>ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER</b> 03 08 23 00 0700 00 03 08 23 00 0700 89 <i>210</i> <i>12-13-05</i>	
<input type="checkbox"/> Property Tax Parcel ID is not yet assigned	
<input type="checkbox"/> 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.	

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any): First Middle LAST Suffix		2. Death Date					
Huston K. DILLON		Oct. 14, 2005					
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	6. County of Death			
Male	87	Months Days	Hours Minutes	Skamania			
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education				
Dec. 31, 1917	Mancos	Colorado	8th grade				
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify		11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces? Yes			
No		White		Yes			
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.)				13b. City or Town			
2762 Berge Road				Stevenson			
13c. Residence: County	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
Skamania		Washington	98648				
14. Estimated length of time at residence.	15. Marital Status at Time of Death	16. Surviving Spouse's Name (Give name prior to first marriage)					
52 years	Married	Lauretta B. Karns					
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).)				18. Kind of Business/Industry (Do not use Company Name)			
Logger				Timber			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Ralph Dillon				Della May Hollis			
21. Informant's Name	22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No. City or Town State Zip					
Lauretta B. Dillon	Spouse	2762 Berge Road, Stevenson, WA 98648					
24. Place of Death, if Death Occurred in a Hospital:				Place of Death, if Death Occurred Somewhere Other than a Hospital:			
				Decedent's Home			
25. Facility Name (if not a facility, give number & street or location)				26a. City, Town, or Location of Death	26b. State	27. Zip Code	
2762 Berge Road				Stevenson	WA	98648	
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State			
Cremation		Wilhelm's Crematory		Portland, Oregon			
31. Name and Complete Address of Funeral Facility						32. Date of Disposition	
Neptune Cremation Service, 6915 SE Lake RD. #100, Milwaukie, OR 97267						Oct. 25, 2005	
33. Funeral Director Signature X <i>Kelly Duxen</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>Stroke</i>		Due to (or as a consequence of):		Interval between Onset & Death <i>5 days</i>	
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.		Due to (or as a consequence of):		Interval between Onset & Death	
		c.		Due to (or as a consequence of):		Interval between Onset & Death	
		d.		Due to (or as a consequence of):		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				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 type="checkbox"/> No	
<i>Aortic stenosis, Atrial fibrillation</i>							
38. Manner of Death		39. If female		40. Did tobacco use contribute to 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		<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		<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 type="checkbox"/> No <input type="checkbox"/> In Part			
45. Location of Injury: Number & Street				Apt No.			
City or Town: Gary H. Martin, Skamania County Assessor				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)			
Date <i>12-13-05</i> Parcel # <i>05 08 23 00 0700 00 0700 89</i>							
48a. Certifying Physician - To the best of your knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.				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.			
X <i>Kim Stutzman</i>				X			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs)			
Kim Stutzman, MD 212 Skyline Drive, White Salmon, WA 98672				0100			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY)			
				<i>10/21/05</i>			
53. Title of Certifier		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Medical Doctor		31115					
57. Registrar Signature				58. Date Received (MM/DD/YYYY)			
<i>[Signature]</i>				OCT 20 2005			
59. Amendments							

Part 1 completed by Funeral Director

Part 2 completed by Certifier

Page 2 of 4  
DOC # 2005159863

COMMUNITY PROPERTY AGREEMENT

THIS COMMUNITY PROPERTY AGREEMENT, entered into this day by and between HUSTON K. DILLON and LAURETTA B. DILLON, husband and wife, residing in Stevenson, Skamania County, State of Washington,

W I T N E S S E T H :

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

WHEREAS, it is contemplated by the parties hereto that they may acquire additional property in the future; and

WHEREAS, it is the desire hereto that all of their property shall pass to the survivor without delay or expense in the event of the death of either party,

NOW, THEREFORE, We, HUSTON K. DILLON and LAURETTA B. DILLON, husband and wife, for and in consideration of the love and affection which we have, one for the other, do hereby mutually agree that all of the property which we now own separately, jointly, or otherwise, and whether real, personal or otherwise, and wheresoever situate, shall be and it is hereby declared to be the community property of the parties, and each of the parties to this agreement do hereby convey and transfer to the other party and to their community, all property owned by them, even though the same be held in his or her separate estate; and

WE HEREBY MUTUALLY AGREE that all of the property which shall hereafter be acquired by either of us, whether separately, jointly, or otherwise, and of whatsoever nature, and wheresoever situate, shall be and it is hereby declared to be the community property, and each of the parties do hereby convey and transfer to the other and to their community, all such property hereafter acquired by either of them, even though the same be acquired in his or her separate estate; and

IT IS FURTHER AGREED that the whole of the community property now owned by us or hereafter acquired by us, including all property the status of which is changed or created by this agreement, shall at once, in the event of the death of HUSTON K. DILLON, while the said LAURETTA B. DILLON survives, be vested in LAURETTA B. DILLON absolutely and in fee simple as her sole and separate property; and in the event of the death of the said LAURETTA B. DILLON while the said HUSTON K. DILLON survives, then the whole of the community property now owned by us or hereafter acquired by us, including all property the status of which is changed or created by this agreement, shall at once vest in the said HUSTON K. DILLON, absolutely and in fee simple as his sole and separate property.

IN WITNESS WHEREOF, the parties have executed this agreement this 10<sup>th</sup> day of March, 1972.

Huston K. Dillon  
Lauretta B. Dillon

STATE OF WASHINGTON )  
 )  
 County of Skamania )

SS. Gary H. Martin, Skamania County Assessor

Date 12-13-05 Parcel # 02308 2300 0700 00  
0700 89

I, the undersigned, a Notary Public in and for the State of Washington, do hereby certify that on this 10<sup>th</sup> day of March, 1972, personally appeared before me HUSTON K. DILLON and LAURETTA B. DILLON, husband and wife, to me known to be the individuals described in and who executed the foregoing instrument, and acknowledged that they signed and sealed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal the day and year last above written.



Shirley A. Little  
 Notary Public in and for the State of Washington, residing at Stevenson.