

Doc # 2005159863
Page 1 of 4
Date: 12/13/2005 04:47P
Filed by: LAURETTA DILLON
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$35.00

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

Document Title(s) or transactions contained herein: COMMUNITY PROPERTY AGREEMENT & DEATH CERTIFICATE	
GRANTOR(S) (Last name, first name, middle initial) DILLON, HUSTON K	
REAL ESTATE EXCISE TAX 15563	
<input type="checkbox"/> Additional names on page _____ of document.	
GRANTEE(S) (Last name, first name, middle initial) DILLON, LAURETTA B	
PAID EXEMPT Audrey Fahn, Deputy SKAMANIA COUNTY TREASURER	
<input type="checkbox"/> Additional names on page _____ of document.	
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter) 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.	
REFERENCE NUMBER(S) of Documents assigned or released:	
<input type="checkbox"/> Additional numbers on page _____ of document.	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER 03 08 23 00 0700 00 03 08 23 00 0700 89 12-13-05	
<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)		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	5. Social Security Number		6. County of Death	
Male	87	Months	Hours	[REDACTED]		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 5th 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	
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.		23. 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: 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>							
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. Stroke							
Due to (or as a consequence of):							
Interval between Onset & Death: 5 days							
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							
Due to (or as a consequence of):							
Interval between Onset & Death:							
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?	
Aortic stenosis, Atrial fibrillation						<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	
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"/> Undetermined <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"/> Not Applicable	
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:	
Date 12-13-05 Parcel # 03 08 23 00 0700 89						<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 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)	
						10/21/05	
53. Title of Certifier		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner?	
Medical Doctor		31115				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature						58. Date Received (MM/DD/YYYY)	
X <i>[Signature]</i>						OCT 20 2005	
59. Amendments							

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 10th day of March, 1972.

Huston K. Dillon
Lauretta B. Dillon

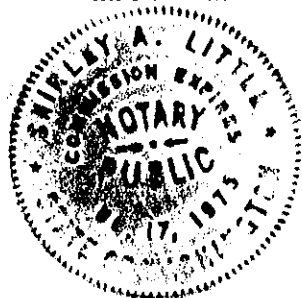
STATE OF WASHINGTON)
County of Skamania)

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 10th day of Mar., 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.