

Doc # 2006161111  
Page 1 of 5  
Date: 04/07/2006 09:21A  
Filed by: LEANNE MARLEY  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
J. MICHAEL GARVISON  
AUDITOR  
Fee: \$36.00

Return Address:

Leanne Marley  
102 Davison Rd  
Underwood, WA 98651

Document Title(s) or transactions contained herein: Community Property Agreement & Death Certificate		REAL ESTATE EXCISE TAX 25839 APR 7 2006 PAID <u>exempt</u> <u>Vickie C. Pelland</u> SKAMANIA COUNTY TREASURER
GRANTOR(S) (Last name, first name, middle initial) Marley, Robert A.		
<input type="checkbox"/> Additional names on page _____ of document.		
GRANTEE(S) (Last name, first name, middle initial) Marley Leanne		
<input type="checkbox"/> Additional names on page _____ of document.		
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter) Lot 3 Townsite of Underwood		
<input checked="" type="checkbox"/> Complete legal on page 4 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 03-10-23-2-0-0402-00 <u>4-8-06</u> <u>8/1/07</u> <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.		

After Recording Return To:

Leanne Marley  
102 Davison Rd  
Underwood WA 98651

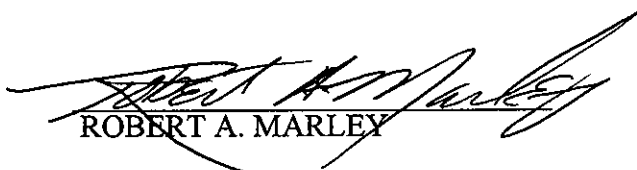
### COMMUNITY PROPERTY AGREEMENT

This agreement is made the 17th day of February, 2006, at Underwood, Skamania County, Washington, between ROBERT A. MARLEY and LEANNE MARLEY, husband and wife, pursuant to Section 26.16.120 of the Revised Code of Washington.

For good and valuable consideration the parties agree as follows:

1. All property of whatsoever nature or description, whether real or personal, wheresoever situated, now owned or hereafter acquired by ROBERT A. MARLEY and LEANNE MARLEY, or by either of them, is and shall be considered community property.
2. That upon the death of ROBERT A. MARLEY all of his interest in all community property shall immediately vest in LEANNE MARLEY.
3. That upon the death of LEANNE MARLEY, all of her interest in all community property shall immediately vest in ROBERT A. MARLEY.
4. That upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce, the provisions of this Agreement shall be automatically revoked.

Dated as first above written.

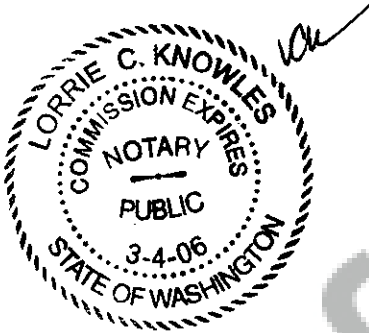
  
ROBERT A. MARLEY

  
LEANNE MARLEY

STATE OF WASHINGTON )  
 ) §  
County of SKAMANIA )

I certify that I know or have satisfactory evidence that ROBERT A. MARLEY and LEANNE MARLEY signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 17th day of February, 2006.





Lorrie C. Knowles  
Lorrie C. Knowles  
Notary Public in and for the State of  
Washington, residing at White Salmon.  
My commission expires: 3/4/06.

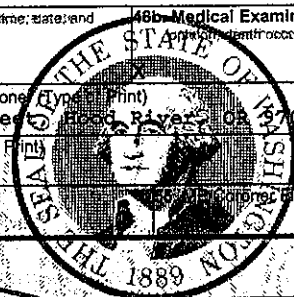
This Community Property Agreement, consisting of two pages, was prepared by:

Robert D. Weisfield, Attorney at Law  
WSBA #3538  
P. O. Box 421 (218 E. Steuben)  
Bingen, WA 98605  
(509) 493-2772

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number <b>D2</b>		13		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix <b>Robert Austin MARLEY</b>						2. Death Date <b>Mar 10, 2006</b>	
3. Sex (M/F) <b>M</b>	4a. Age - Last Birthday <b>55</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]		6. County of Death <b>Skamania</b>	
7. Birthdate <b>Oct 12, 1950</b>		8a. Birthplace (City, Town, or County) <b>Denver</b>		8b. (State or Foreign Country) <b>Colorado</b>		9. Decedent's Education <b>HS Graduate or GED</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: <b>No</b>				11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>	
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>102 Davison</b>						13b. City or Town <b>Underwood</b>	
13c. Residence: County <b>Skamania</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>		13f. Zip Code + 4 <b>98651-</b>	
13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk							
14. Estimated length of time at residence. <b>20y</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Leanne Yamaguchi</b>			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) <b>Director</b>				18. Kind of Business/Industry (Do not use Company Name) <b>Social Services</b>			
19. Father's Name (First, Middle, Last, Suffix) <b>Elmo Francis Marley</b>				20. Mother's Name Before First Marriage (First, Middle, Last) <b>Pauline Gwendolyn Clites</b>			
21. Informant's Name <b>Leanne Marley</b>		22. Relationship to Decedent <b>Wife</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>102 Davison Underwood WA 98651-</b>			
24. Place of Death, if Death Occurred in a Hospital: <b>Decedent's Residence</b>							
25. Facility Name (If not a facility, give number & street or location) <b>102 Davison</b>				26a. City, Town, or Location of Death <b>Underwood</b>		26b. State <b>WA</b>	
26c. Zip Code <b>98651-</b>				27. Zip Code <b>98651-</b>			
28. Method of Disposition <b>Burial</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>White Salmon Cemetery</b>				30. Location-City/Town, and State <b>White Salmon, Washington</b>	
31. Name and Complete Address of Funeral Facility <b>Gardner Funeral Home PO Box 390 White Salmon, WA 98672-</b>						32. Date of Disposition <b>Mar 18, 2006</b>	
33. Funeral Director Signature X 							
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) → <b>a. Small Cell Carcinoma of the Lung</b>						Interval between Onset & Death <b>6 mos</b>	
Due to (or as a consequence of):						Interval between Onset & Death	
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						Interval between Onset & Death	
Due to (or as a consequence of):						Interval between Onset & Death	
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? <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"/> No <input type="checkbox"/> Probably <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"/> 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. <b>x Stephen Becker MD</b>							
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) <b>Dr. Stephen Becker, M.D. 1108 June Street Hood River, OR 97031</b>						50. Hour of Death (24hrs) <b>0425</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)						52. Date Signed (mm/dd/yyyy) <b>3-14-06</b>	
53. Title of Certifier <b>Dr.</b>		54. License Number <b>02 01146</b>		55. Coroner File Number		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature 						58. Date Received (mm/dd/yyyy) <b>March 17, 2006</b>	
59. Amendments							

DOC # 2006161111  
Page 4 of 5





112567



# First American Title INSURANCE COMPANY

Filed for Record at Request of

Name LEANNE & ROBERT A. MARLEYAddress HAMILTON & DAVISON STREETSCity and State UNDERWOOD, WA 98651

BOOK 126 PAGE 455

THIS SPACE RESERVED FOR RECORDER'S USE.



Registered 12/13/91  
 Indexed 12/13/91  
 Filed 12/13/91  
 Mailed

03-10-23-2-0-0402-00

## Quit Claim Deed

THE GRANTOR LEANNE MARLEY, a married person, formerly known as LEANNE PELTON,  
 a single person-----  
 for and in consideration of LOVE and AFFECTION-----  
 conveys and quit claims to LEANNE MARLEY, AND ROBERT A. MARLEY, wife and husband-----  
 the following described real estate, situated in the County of SKAMANIA State of Washington,  
 together with all after acquired title of the grantor(s) therein:

Lot 3, TOWNSITE OF UNDERWOOD, according to the recorded Plat thereof recorded in  
 Book "A" of Plats, Page 14, in the County of Skamania and State of Washington.--

Gary H. Martin, Skamania County Assessor

Date 4-7-06 Parcel # 3-10-23-2-402

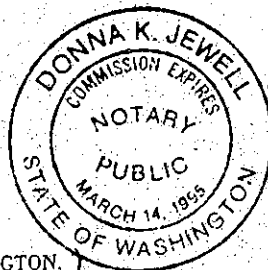
GTM

REAL ESTATE EXCISE TAX

DEC 11 1991

Exempt  
 [Signature]  
 [Signature]

Dated this 5th



day of December

, 19 91

STATE OF WASHINGTON,

County of SKAMANIA

On this day personally appeared before me

Skamania County Assessor  
3-10-23-2-402

MC # 200616111  
Page 5 of 5