

Doc # 2006162544
Page 1 of 5
Date: 08/04/2006 01:04P
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$36.00

After Recording Return To:

JUNE H. SHRUM
8830 SE FLAVEL, UNIT 16
PORTLAND OR 97266



FIDELITY NATIONAL TITLE COMPANY OF WASHINGTON

502 28952
RECORDING COVERSHEET

DOCUMENT TITLE(S):

ORDER NUMBER: V 59314 TD

1. COMMUNITY PROPERTY AGREEMENT AND DEATH CERTIFICATE

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

1. N/A

REAL ESTATE EXCISE TAX

GRANTOR(S): (last name, first name and initial)

1. SHRUM, SR., JACK MELVIN

26176

AUG - 4 2006

GRANTEE: (last name, first name and initial)

1. HILDA JUNE SHRUM

PAID *EXEMPT*

Michael Garvison Deputy
SKAMANIA COUNTY TREASURER

TRUSTEE:

1. N/A

Gary H. Martin, Skamania County Assessor

Date *8/4/06* Parcel # *4-7-26-1-1201*

L.M.

LEGAL DESCRIPTION: (abbreviated; additional legal description is on page(s) 10 of this document) *Sec 26, T4N, R7E*

ASSESSOR'S PROPERTY TAX PARCEL NUMBER(S):

1. *0407-26-1-0-1201*

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 8th day of May, 1989, by and between JACK MELVIN SHRUM, SR. and HILDA JUNE SHRUM, husband and wife, of Skamania County, Washington, pursuant to the provisions of RCW 26.16.120, providing for agreements between husband and wife for fixing the status and disposition of community property to take effect upon the death of either.

WITNESSETH:

That for and in the 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 agreed as follows:

(1) All property, whether tangible or intangible, real or personal, separate or community, and wherever located or situated, which either party now owns or has an interest in, or any property hereafter acquired by either party, shall be considered by this agreement and for the purposes of this agreement to be and is so conveyed so as to constitute property of the marital community consisting of the parties hereto.

(2) Upon the death of either of the parties hereto, all community property as defined in the preceeding paragraph shall immediately vest in the survivor of them.

(3) This agreement shall not derogate from the rights of creditors.

(4) This agreement may be altered, amended or cancelled by a written instrument signed by both parties or by their legal guardian or attorney-in-fact in the event that one shall be appointed.

IN WITNESS WHEREOF the said parties have hereunto set their hands this 8th day of May, 1989.

Jack Melvin Shrump Sr.
JACK MELVIN SHRUMP, SR.

Hilda June Shrum
HILDA JUNE SHRUM

STATE OF WASHINGTON) ss.
County of Skamania)

On this day personally appeared before me , husband and wife, to me known to be the individuals described in and who executed the within and foregoing instrument and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal this 8th day
of May, 1989.

NOTARY PUBLIC for Washington
residing at North Bonneville.
My commission expires 4/10/90.

CERTIFICATION OF VITAL RECORD

HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATHD. TAG NO.
00626

Local File Number

State File Number

1. DECEASED'S NAME JACK, Melvin		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) February 4, 1999	
4. SOCIAL SECURITY NUMBER 62		5. AGE (Year, Month, Day) 82		6. DATE OF BIRTH (Month, Day, Year) December 24, 1916	
7. WAS DECEASED EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. PLACE OF DEATH (Residence or other) Home		9. COUNTY OF DEATH Multnomah	
10. FACILITY NAME (If not institution, give street and number) 9663 SE Harold		11. CITY, TOWN OR LOCATION OF DEATH Portland		12. COUNTY OF DEATH Multnomah	
13. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Linoleum Applicator		14. KIND OF BUSINESS OR OCCUPATION Construction		15. SPOUSE (If married, deceased) Wanda June	
16. RESIDENCE - STATE Oregon		17. COUNTY Multnomah		18. CITY, TOWN OR LOCATION Portland	
19. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		20. ZIP CODE 97266		21. DECEASED'S EDUCATION (Specify any further studies completed) High School	
22. FATHER - NAME (First, middle, last) Archie M. Shrum		23. MOTHER - NAME (First, middle, last) Hilda W. Zwickler		24. INFORMANT - NAME and Relationship to Deceased M. Wanda Shrum - wife	
25. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify)		26. PLACE OF DISPOSITION (Name of cemetery, crematorium, or other place) Ross Hollywood Crematory		27. LOCATION - City or Town, State Portland, Oregon	
28. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		29. OREGON LICENSE NO. 11663		30. NAME, ADDRESS AND ZIP OF FACILITY Sunnyvale Little Chapel of the Chimes 11663 SE Stevens Rd, Portland, OR 97266	
31. DATE FILED (Month, Day, Year) FEB 12 1999		32. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

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TO BE COMPLETED BY CERTIFYING PHYSICIAN

37. TIME OF DEATH 7:38 P.M.		38. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		39. DATE OF DEATH FEB 4 1999	
40. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>		41. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>		42. DATE SIGNED (Month, Day, Year) 2/19/99	
43. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Stephen Eraker, M.D. 9800 Se Sunnyvale Rd, Gladwin, OR 97015		44. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
45. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE FOR LINE FOR (a), (b) AND (c) conditions contributing to death, e.g., Cancer of Respiratory Aorta) (a) Emphysema		46. DUE TO, OR AS A CONSEQUENCE OF: (b) Hypertension		47. DUE TO, OR AS A CONSEQUENCE OF: (c) Diabetes	
48. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not requiring in the underlying cause given in PART I. Hypertension Diabetes		49. DID DEATH OCCUR CONTINUOUSLY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		50. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
51. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		52. DATE OF INJURY (Month, Day, Year) 2/4/99		53. TIME OF INJURY 7:38 P.M.	
54. PLACE OF INJURY - At home, farm, street, school, place of work, etc. (Specify) Home		55. LOCATION (Street and Number of Rural Route Number, City or Town, State) 9663 SE Harold			

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ORIGINAL VITAL STATISTICS COPY

45-3-100 1/99

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

FEB 17 1999

DATE ISSUED

HILDA CHASIK ADAMS, MPH
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

EXHIBIT 'A'

A tract of land in the Northeast Quarter of Section 26, Township 4 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 3 of the Amendment of a Short Plat recorded in Book 3 of Short Plats, Page 75, Skamania County Records.

Unofficial
Copy