

Doc # 2006163242  
Page 1 of 4  
Date: 10/05/2006 04:58P  
Filed by: ERICA CARLSON  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
SKAMANIA COUNTY AUDITOR  
J MICHAEL GARVISON  
Fee: \$35.00

Return Address:

Erica K. Carlson  
PO Box 1030  
4320 Flat Creek Rd.  
Northport, WA 99157

**REAL ESTATE EXCISE TAX**

26305

OCT - 6 2006

PAID

exempt

*Victoria Clelland, Deputy*

SKAMANIA COUNTY TREASURER

Document Title(s) or transactions contained herein:

CPA 12/17/66

Death certificate 11/30/94

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

Carlson, Robert D.

☐ Additional names on page \_\_\_\_\_ of document.

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

Carlson, Erica K.

☐ Additional names on page \_\_\_\_\_ of document.

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

That portion of the Southwest Quarter of the Southwest Quarter of the Southwest Quarter (SW 1/4 SW 1/4 SW 1/4) of Section 11, Township 3 North, Range 9 E. W.M.,

☒ Complete legal on page 2 of document.

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page \_\_\_\_\_ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

03091130180000

☐ 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 SURVIVORS AGREEMENT

THIS AGREEMENT, made and entered into this 17<sup>th</sup> day  
of DECEMBER, 1966, between ROBERT D.  
CARLSON and ERICA K. CARLSON, his wife,  
of 24225 - Third Place West,  
Bothell, Snohomish County,  
Washington.

W I T N E S S E T H:

WHEREAS, the parties hereto are husband and wife and it is their desire to settle and adjust their property rights between them, and all other matters which would require a determination in the event of the death of either of them, now therefore, in consideration of the mutual promises of each party, it is agreed:

1. That all of the property now owned or that shall hereafter be acquired by the parties in any manner whatsoever, and in any character and form, shall be construed as the community property of these parties.
2. That all of the property rights, title and interest of the husband in any such property shall be and by this instrument is transferred and conveyed to the wife absolutely and without limitation, with said transfer to be effective upon the death of the husband.
3. That all of the property rights, title and interest of the wife in any such property shall be and by this instrument is transferred and conveyed to the husband absolutely and without limitation, with said transfer to be effective upon the death of the wife.
4. This agreement is not made to derogate from the rights of creditors, nor to perpetuate any fraud or unconscionable advantage upon either of the parties hereto.
5. That upon the death of either party, the survivor shall not be bound to any particular disposition of the property received hereunder.

IN WITNESS WHEREOF, the said parties have hereunto set their hands and seals the day and year first above written.

Robert D. Carlson  
ROBERT D. CARLSON

Erica K. Carlson  
ERICA K. CARLSON

On this 17<sup>th</sup> day of DECEMBER, 1966,  
ROBERT D. CARLSON and ERICA K. CARLSON,

his wife, and each of them, declared the foregoing instrument, consisting of two pages, of which this is the last, was their agreement and the agreement of each of them, and that said agreement correctly and truly represented their desire for the settlement of property rights between them and for the disposition of said property upon his or her death. The instrument was then signed by each of them in our presence and we now, at their request, subscribe our names as witnesses to the execution of said instrument, and declare that each of them is of sound mind and memory and not acting, to our knowledge, under any fraud or duress.

William L. Williams Address 6015 N.E. 190<sup>th</sup>

Seattle, Washington 98155

Robert O'Brien Address 1215 - W. 41<sup>st</sup>

Seattle 3, Wash.

STATE OF WASHINGTON )  
 ) SS.  
 COUNTY OF KING )

On this day personally appeared before me ROBERT D. CARLSON  
 and ERICA K. CARLSON, his wife,  
 to me known to be the individuals described in and who executed the  
 foregoing instrument, and acknowledged that they signed the same as  
 their free and voluntary act and deed, for the uses and purposes  
 therein mentioned, which uses and purposes they and each of them  
 certified to be a true and correct expression of those they intended;  
 and they and each of them declared that the instrument was not executed  
 to derogate from the rights of creditors, nor to perpetuate any fraud  
 or unconscionable advantage upon each other or upon any third person.

GIVEN UNDER MY HAND AND OFFICIAL seal this 17<sup>th</sup> day of  
DECEMBER, 1966.

William L. Williams  
 NOTARY PUBLIC in and for the State of  
 Washington, residing at Seattle.

Gary H. Martin, Skamania County Assessor

Date 10.5.06 Parcel # 03091130180000

Page Two



Filed for Record Nov. 29 1966 143 PM  
 Request of Mr. & Mrs. Robert D. Carlson  
 ROBERT A. MORRIS, County Auditor

DOC # 2006163242  
 Page 3 of 4

6123192

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFIED COPY OF DEATH CERTIFICATE

TYPE OR PRINT IN PERMANENT BLACK INK

**10954**

LOCAL FILE NUMBER



### CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: <b>ROBERT</b> Middle: <b>DANIEL</b> Last: <b>CARLSON</b>				2. SEX (M / F) <b>Male</b>		3. DEATH DATE (Mo. Day, Yr) <b>November 26, 1994</b>	
4. AGE LAST BIRTH-DAY (Yrs) <b>71</b>		5. UNDER 1 YEAR MOS DAYS HOURS MINS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo. Day, Yr) <b>Jan. 10, 1923</b>	
8. BIRTHPLACE (City, State or Foreign Country) <b>Crosby-Ironton, MN</b>		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <b>Yes</b>		10. COUNTY OF DEATH <b>King</b>			
11. CITY, TOWN OR LOCATION OF DEATH <b>Seattle</b>				12. PLACE OF DEATH— <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RMOUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE <b>Group Health Hospital - Central</b>			
13. SMOKING IN LAST 15 YEARS? (Yes / No) <b>Yes</b>				14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>			
15. SURVIVING SPOUSE (If wife, give maiden name) <b>L. Erica Kempff</b>				16. SOCIAL SECURITY NO. <b>[REDACTED]</b>			
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) <b>3</b>				18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Biological Technician-Lab</b>			
19. KIND OF BUSINESS OR INDUSTRY <b>National Oceanic &amp; Atmospheric Admin.</b>				20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: <b>No</b>			
21. RACE (Specify) <b>White</b>				22. RESIDENCE—NUMBER AND STREET <b>24225 3rd Pl. W.</b>			
23. CITY/TOWN OR LOCATION <b>Bothell</b>				24. INSIDE CITY LIMITS? (Yes / No) <b>Yes</b>			
25. COUNTY <b>Snohomish</b>				26. LENGTH OF RES. IN CO. <b>36 yrs</b>			
27. STATE <b>Wash.</b>				28. ZIP CODE <b>98021</b>			
29. FATHER'S NAME—FIRST, MIDDLE, LAST <b>Oscar Algot Carlson</b>				30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME <b>Fanny Grunhild Sanstrom</b>			
31. INFORMANT—NAME <b>L. Erica Carlson</b>				32. MAILING ADDRESS <b>24225 3rd Pl. W., Bothell, Washington 98021</b>			
33. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>				34. DATE (Mo. Day, Yr) <b>Dec. 1, 1994</b>			
35. CEMETERY, CREMATORY—NAME <b>Floral Hills Cemetery</b>				36. LOCATION—CITY/TOWN, STATE <b>Lynnwood, Washington</b>			
37. FUNERAL DIRECTOR SIGNATURE <b>[Signature]</b>				38. NAME OF FACILITY <b>Bleitz of Bellevue</b>			
39. ADDRESS OF FACILITY <b>1075 Bellevue Way NE #B-3 Bellevue, Washington 98004</b>				40. DATE SIGNED (Mo., Day, Yr) <b>11-28-94</b>			
41. HOUR OF DEATH (24 Hrs.) <b>2315</b>				42. DATE SIGNED (Mo., Day, Yr) <b>10-5-95</b>			
43. PARCEL # <b>0309113</b>				44. HOUR OF DEATH (24 Hrs.) <b>180000</b>			
45. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Pieter Vandermeulen M.D.</b>				46. HOUR PRONOUNCED DEAD (24 Hrs.) <b>3855-94</b>			
47. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>Pieter Vandermeulen M.D. 9800 4th Ave. NE, Seattle, WA 98115</b>				48. ME/CORONER FILE NUMBER <b>3855-94</b>			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death): A. <b>CARDIAC</b> DUE TO, OR AS A CONSEQUENCE OF: B. <b>metastatic bronchial Ca</b> DUE TO, OR AS A CONSEQUENCE OF: C. DUE TO, OR AS A CONSEQUENCE OF: D.							
INTERVAL BETWEEN ONSET AND DEATH: A. <b>3 hrs</b> B. <b>about 1 year</b> C. D.							
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: <b>Pt had radiation to bronchial Ca + blood vessel</b>							
52. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) <b>No</b>							
53. INJURY DATE (Mo., Day, Yr) <b>Nov 26, 1994</b>							
54. HOUR OF INJURY (24 Hrs.) <b>2315</b>							
55. DESCRIBE HOW INJURY OCCURRED: <b>Stroke</b>							
56. INJURY AT WORK? (Yes / No) <b>No</b>							
57. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (Specify) <b>Home</b>							
58. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE <b>Seattle, WA</b>							
59. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE <b>[Signature]</b>							
60. DATE RECEIVED (Mo., Day, Yr.) <b>NOV 30 1994</b>							

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

A

DOH 01-003 (7/94)