

WHEN RECORDED RETURN TO:

Robert R. Oberst
782 Trout Creek Rd
CARSON, WA. 98610

| | |
|---|--|
| DOCUMENT TITLE(S) Death Certificate Community Property Agreement | |
| REFERENCE NUMBER(S) of Documents assigned or released: | |
| <input type="checkbox"/> Additional numbers on page _____ of document. | |
| GRANTOR(S): Doris M. Oberst | |
| <input type="checkbox"/> Additional names on page _____ of document. | |
| GRANTEE(S): Robert R. Oberst | |
| <input type="checkbox"/> Additional names on page _____ of document. | |
| LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter): 04-07-26-3-0-1700-00 - Lot 1 of Oberst Short Plat 04-07-26-3-0-1701-00 - See #2004154665 <input type="checkbox"/> Complete legal on page _____ of document. attached | |
| TAX PARCEL NUMBER(S): 04-07-26-3-0-1700-00 04-07-26-3-0-1701-00 | |
| <input type="checkbox"/> Additional parcel numbers on page _____ of document. | |
| The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information. | |

REAL ESTATE EXCISE TAX

26332

PAID EXEMPT

Audrey Fehmi Deputy
SKAMANIA COUNTY TREASURER

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS

TYPE OR
PRINT IN
PERMANENT
BLACK INK

399645

I.D. TAG NO.

CERTIFICATE OF DEATH

136

4

Local File Number

State File Number

DECEDENT

1.

2.

3.

4.

5.

6.

PARENTS

DISPOSITION

7.

8.

9.

REGISTRAR

RESERVED FOR REGISTRAR'S USE

10.

11.

CERTIFIER

12.

13.

14.

DESIGNATE CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

15.

16.

CAUSE OF DEATH INSTRUCTIONS ARE ON REVERSE SIDE OF GREEN AND PINK COPY.

1. DECEDENT'S NAME First Middle Last
Doris May OBERST

2. SEX
Female

3. DATE OF DEATH (Month, Day, Year)
July 4, 2005

4. SOCIAL SECURITY NUMBER
[REDACTED]

5a. AGE-Last Birthday (Years)
80

5b. Under 1 Year
Mo. Days Hours Mins.

5c. Under 1 Day
Hours Mins.

6. BIRTHPLACE (City and State or Foreign Country)
Meridian, Idaho

7. DATE OF BIRTH (Month, Day, Year)
Feb. 2, 1925

8. WAS DECEDENT EVER IN U.S. ARMED FORCES?
☐ Yes ☒ No

9a. PLACE OF DEATH (Check one only)
☒ HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

9b. FACILITY NAME (If not an institution, give street and number.)
Mt. Hood Medical Center

9c. CITY, TOWN OR LOCATION OF DEATH
Gresham

9d. COUNTY OF DEATH
Multnomah

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)
Supervisor

10b. KIND OF BUSINESS/INDUSTRY
Nursery

11. MARITAL STATUS: Married, Never Married, Widowed, Divorced, Separated
Married

12. SPOUSE (If Married, Widowed)
Robert Oberst

13a. RESIDENCE - STATE
Washington

13b. COUNTY
Skamania

13c. CITY, TOWN OR LOCATION
Carson

13d. STREET AND NUMBER
782 Trout Creek Road

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify race or year)
☐ No ☒ Yes

15. RACE (American Indian, Black, White, etc. (Specify))
White

16. DECEDENT'S EDUCATION (Specify only highest grade completed.)
☐ Elementary/Secondary (8-12) ☐ College (14 or 16)

17. FATHER'S NAME First Middle Last
Samuel E. White

18. MOTHER'S NAME First Middle Last
Ellen M. Hedges

19. INFORMANT'S NAME and relationship to decedent
Robert Oberst - Husband

20a. METHOD OF DISPOSITION
☒ Burial ☐ Cremation ☐ Mummification ☐ Removal from State ☐ Donation ☐ Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place.)
Old Carson Cemetery

20c. LOCATION (City or Town, State)
Carson, Washington

21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
[Signature]

21b. OREGON LICENSE NO. (If Licensed)
3738

21c. NAME, ADDRESS AND ZIP CODE OF FACILITY
**Gardner Funeral Home
POB 390 White Salmon, WA 98672**

22. DATE FILED (Month, Day, Year)
July 14, 2005

24. REGISTRAR'S SIGNATURE
[Signature]

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27. TIME OF DEATH
10:52 P.M.

28. WAS MEDICAL EXAMINER NOTIFIED? (The Medical Examiner MUST be notified of all injury and poisoning deaths.)
☒ Yes ☐ No

29. To the best of my knowledge, death occurred at the time, date, place, and due to the cause(s) and manner stated.
(Signature)
[Signature]

30. DATE SIGNED (Month, Day, Year)
07-08-05

31a. TIME OF DEATH
M

31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour, Minute)
M

32. 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)
[Signature]

33. DATE SIGNED (Month, Day, Year)
COUNTY

34. NAME, TITLE, ADDRESS AND ZIP CODE OF CERTIFIER/MEDICAL EXAMINER (Type or Print)
Jerzy Giedroyn, MD, 24900 SE Stark Suite 103 Gresham, OR 97030

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying (e.g., Cardiac or Respiratory Arrest).
PART I
(a) **CAD**
(b) **CAD**
(c) **Leukemia**

Interval between one and death

Interval between one and death

Interval between one and death

PART II OTHER SIGNIFICANT CONDITIONS:
II Conditions contributing to death but not resulting in the underlying cause given in PART I.

37. Did tobacco use contribute to the death?
☒ Yes ☐ Probably ☐ No ☐ Unknown

38. AUTOPSY
☐ Yes ☒ No

39. IF YES, were findings considered in determining cause of death?
☐ Yes ☒ No ☐ N/A

40. MANNER OF DEATH
☒ Natural ☐ Investigation Pending ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

41a. DATE OF INJURY (Month, Day, Year)

41b. TIME OF INJURY
M

41c. INJURY AT WORK?
☐ Yes ☒ No

41d. DESCRIBE HOW INJURY OCCURRED

41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)

41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

Gary H. Martin, Skamania County Assessor

Date **10-13-06** Parcel # **04072630170000**
260 **04072630170100**

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

DATE ISSUED:

JUL 14 2005

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

Lila Wickham, RN, MS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

DOC # 2006163338
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COMMUNITY PROPERTY AGREEMENT

THIS COMMUNITY PROPERTY AGREEMENT, entered into this day by and between ROBERT R. OBERST and DORIS M. OBERST, husband and wife, of Carson, 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, ROBERT R. OBERST and DORIS M. OBERST, 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 the 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 community property, and each of the parties do hereby convey and transfer to the other and to the 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

R.R.O.
D.M.O.

which is changed or created by this agreement, shall at once, in the event of the death of ROBERT R. OBERST, while the said DORIS M. OBERST survives, be vested in DORIS M. OBERST absolutely and in fee simple as her sole and separate property; and, in the event of the death of the said DORIS M. OBERST while the said ROBERT R. OBERST 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 ROBERT R. OBERST absolutely and in fee simple as his sole and separate property.

IN WITNESS WHEREOF the parties have executed this agreement this

18th day of January, 1971.

Robert R. Oberst
Doris M. Oberst

Gary H. Martin, Skamania County Assessor

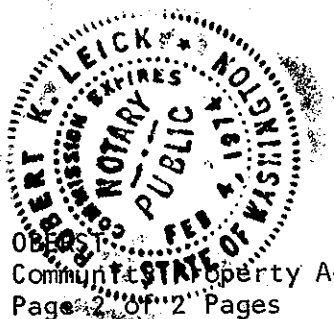
STATE OF WASHINGTON)
County of Skamania)

Date 1013-06 Parcel # 04072630170000
ss. 410 70100

I, the undersigned, a notary public in and for the State of Washington, do hereby certify that on this 18th day of January, 1971, personally appeared before me ROBERT R. OBERST and DORIS M. OBERST, 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.

[Signature]
Notary Public in and for the State of Washington, residing at Stevenson.



Beginning at the northwest corner of the Southwest Quarter of the Southwest Quarter (SW $\frac{1}{4}$ SW $\frac{1}{4}$) of Section 26, Township 4 North, Range 7 E.W.M.; thence easterly along the north line of the SW $\frac{1}{4}$ of the SW $\frac{1}{4}$ of the said Section 26 a distance of 208 feet; thence south 208 feet; thence west 208 feet to the west line of the said Section 26; thence north 208 feet, more or less, to the point of beginning.