

Doc # 2007166042  
Page 1 of 6  
Date: 05/09/2007 12:55P  
Filed by: ALBERT MCKEE  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
SKAMANIA COUNTY AUDITOR  
J MICHAEL GARVISON  
Fee: \$37.00

Return Address:

Albert E. McKee  
PO Box 337  
Carson, WA 98610

<i>Document Title(s) or transactions contained herein:</i>	
CPA 09/26/2000 Death Certificate 11/09/2004	<b>REAL ESTATE EXCISE TAX</b> 27000 MAY - 9 2007
<i>GRANTOR(S) (Last name, first name, middle initial)</i> McKee, Judy Faye	<b>PAID exempt</b> <i>Vickie Olland</i> SKAMANIA COUNTY TREASURER
<input type="checkbox"/> Additional names on page _____ of document.	
<i>GRANTEE(S) (Last name, first name, middle initial)</i> McKee, Albert Edwin	
<input type="checkbox"/> Additional names on page _____ of document.	
<i>LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)</i> S29 T3N R8E	
<input checked="" type="checkbox"/> Complete legal on page 4 of document.	
<i>REFERENCE NUMBER(S) of Documents assigned or released:</i>	
<input type="checkbox"/> Additional numbers on page _____ of document.	
<i>ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER</i> 03082900210000	
<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.	

## AGREEMENT REGARDING STATUS OF PROPERTY

This instrument evidences the agreement entered into on 9/26, 2000,  
between ALBERT EDWIN McKEE and JUDY FAYE McKEE

A. Recitals. The parties are husband and wife and residents of the State of Washington. They desire to enter into an Agreement as to the status of their property.

B. Status of Property. All property of whatever nature or description, whether real, personal, or mixed, and wherever located, now owned or hereafter acquired by the parties or either of them, shall be considered and hereby is declared to be community property.

C. Disposition of Property. Upon the death of one of the parties survived by the other party, all interest of the deceased party in such of the then-existing community property, real and personal, of the parties as would otherwise be subject to disposition under the laws of intestate succession or the deceased party's last Will shall vest in and become the sole property of the surviving party in fee simple.

D. Independent Counsel. Each party recognizes that he or she has a right to be represented by independent counsel in arriving at this Agreement and hereby waives said right and states that each has had an adequate, fair, and full disclosure of all assets now owned and the value of each involved in this Agreement.

E. Termination. This Agreement may be terminated upon mutual agreement of the parties in writing. In the absence of other evidence indicating the parties intent to terminate this Agreement, it shall, nevertheless, be deemed mutually terminated and of no further force or effect upon the occurrence of one or more of the following events:

(a) Upon the parties moving their domicile to another state.



(b) Upon both parties suffering death simultaneously or under circumstances where

it is difficult to determine that they died other than simultaneously.

(c) Upon a court of competent jurisdiction adjudging one or the other party incompetent or insane.

(d) Upon the commencement of a legal proceeding in a court of competent jurisdiction to obtain a decree of dissolution of their marriage, a decree of legal separation or a decree declaring their marriage invalid where one of the parties dies survived by the other prior to dismissal, abandonment or completion of such proceedings, or where a decree of dissolution or legal separation or a decree declaring their marriage invalid is entered therein.

F. Revocation of Contrary Provisions. The provisions of any agreement regarding the status of property or community property agreement or any other agreement made previously by the parties or either of them affecting the property described in this Agreement are hereby revoked to the extent of any inconsistency with this Agreement.

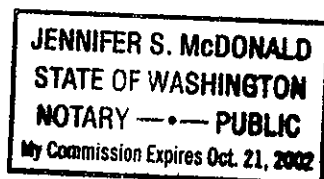
Skamania County Assessor  
Date 9-07 Parcel# 03082960210000


STATE OF WASHINGTON }

COUNTY OF SKAMANIA }

On this \_\_\_\_ day of August, 2000, personally appeared before me ALBERT EDWIN McKEE, and JUDY FAYE McKEE, to me known to be the individuals who executed the foregoing document consisting of two pages, of which this is the last, and acknowledged that they signed said document as their free and voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and official seal this 26<sup>th</sup> day of September, 2000.



Signature:   
Name: JENNIFER S. McDONALD

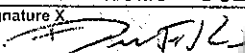
NOTARY PUBLIC in and for the State  
Washington, residing at CARSON  
My appointment expires: 10/21/02

# STATE OF WASHINGTON DEPARTMENT OF HEALTH


Local File Number **D-2**

**50** Washington State Certificate of Death

State File Number

1. Legal Name (include AKA's if any) First Middle LAST Suffix <b>Judy Faye MCKEE</b>				2. Death Date <b>Nov. 6, 2004</b>	
3. Sex (M/F) <b>Female</b>	4a. Age - Last Birthday <b>64</b>	4b. Under 1 Year Months Days <b>00 00</b>	4c. Under 1 Day Hours Minutes <b>00 00</b>	5. Social Security Number <b>541-40-3061</b>	6. County of Death <b>Skamania</b>
7. Birthdate <b>Oct. 19, 1940</b>		8a. Birthplace (City, Town, or County) <b>Los Angeles</b>		8b. (State or Foreign Country) <b>California</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>				11. Decedent's Race(s) <b>White</b>	
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>311 Sprague Landing Road</b>				13b. City or Town <b>Carson</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>98610</b>
14. Estimated length of time at residence. <b>31 Years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Albert Edwin McKee</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). <b>Bookkeeper</b>				18. Kind of Business/Industry (Do not use Company Name) <b>Logging Company</b>	
19. Father's Name (First, Middle, Last, Suffix) <b>Manley Raymond Moore</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Audrey Pearl Hibbard</b>		
21. Informant's Name <b>Albert McKee</b>		22. Relationship to Decedent <b>Husband</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>311 Sprague Landing Rd. Carson, WA 98610</b>	
24. Place of Death, if Death Occurred in a Hospital: Place of Death, if Death Occurred Somewhere Other than a Hospital: <b>Decedent's Home</b>					
25. Facility Name (If not a facility, give number & street or location) <b>311 Sprague Landing Rd.</b>				26a. City, Town, or Location of Death <b>Carson</b>	26b. State <b>WA</b>
28. Method of Disposition <b>Burial</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Stevenson Cemetery</b>		30. Location-City/Town, and State <b>Stevenson, WA</b>	
31. Name and Complete Address of Funeral Facility <b>Gardner Funeral Home POB 390 White Salmon, WA 98672</b>				32. Date of Disposition <b>Nov. 9, 2004</b>	
33. Funeral Director Signature X 					

Part 1 completed by Funeral Director

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. Non Small cell Squamous Lung Cancer</b> Interval between Onset & Death <b>Months</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  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 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"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days before 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"/> 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"/> Unk	
45. Location of Injury: Number & Street: Apt No. City or Town: County: State: Zip Code + 4:				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
46. Describe how injury occurred				48a. Certifying Physician - On the basis of my knowledge, death occurred at the time, place, and cause stated on the certificate and was not due to the decedent's pre-existing condition. <b>x Ray FitzSimmons MD</b>	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Ray FitzSimmons, MD POB 1519 White Salmon, WA 98672</b>				50. Hour of Death (24hrs) <b>1105</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) <b>11-8-2004</b>	
53. Title of Certifier		54. License Number		55. Medical Examiner/Coroner - On the basis of examination, investigation, or autopsy, death occurred at the time, place, and cause stated on the certificate and was not due to the decedent's pre-existing condition. <b>11-8-2004</b>	
57. Registrar Signature X 				58. Date Received (MM/DD/YYYY) <b>11/9/2004</b>	
59. Amendments					

Part 2 completed by Certifier



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DOH 01-003 (5/99)

**EXHIBIT "A"**

That portion of the SE $\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$  of Section 29, Township 3 North, Range 8 East, W. M., Skamania County, Washington, being a portion of the same property described in Warranty Deed from W. J. Greer, et ux to the Portland and Seattle Railway Company filed for record June 28, 1906 in Book K of Deeds, page 26 in and for said County, described as follows, to-wit:

Beginning at a point on the East line of said SE $\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$  distant 50 feet Southeasterly, as measured radially from The Burlington Northern and Santa Fe Railway Company's Main Track centerline, as now located and constructed; thence Southwesterly along a line drawn concentric with and 50 feet Southeasterly, measured radially from said Main Track centerline, a distance of 175 feet; thence South parallel with the East line of said SE $\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$  to a point 150 feet Southeasterly, as measured radially from said Railway Company's Main Track centerline, as originally located and constructed; thence Northeasterly along said Railway Company's Southerly property line, being a line drawn concentric with and 150 feet Southeasterly, as measured radially from said Original Main Track centerline, to the East line of said SE $\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$ ; thence North along said East line to the Point of Beginning.

Gary H. Martin, Skamania County Assessor

Date 9/8/04 Parcel # 03-09-29-00-2100-00

This description constitutes a boundary line adjustment between the adjoining property of the Grantor and Grantee herein and is therefore exempt from the requirements of RCW 58.17 and the Skamania County Short Plat Ordinance. The herein described property cannot be segregated and sold without first conforming to the Washington State and Skamania County Subdivision laws.

Inspection in compliance with County subdivision ordinance  
Skamania County, 9/8/04 - *[Signature]*

A tract of land locate in the Southwest Quarter of the Southwest Quarter of Section 29, Township 3 North, Range 8 East of the Willamette Meridian described as follows:

COMMENCING AT the Northeast corner of the Northwest Quarter of the Southwest Quarter of said Section 29; thence South 1 degree 14' 07" West 1560.47 feet to a set spike in road; thence continuing South 1 degree 14' 07" West 332.86 feet to the centerline of the easement for a previously existing power line and the true point of beginning; thence South 67 degrees 30' 00" West along said centerline of previously existing power line 356.99 feet to the center of the channel of an unnamed creek thence continuing in a Southwesterly direction following the center of a road previously known as Mason Road but now referred to as Sprague Landing Road 354 feet, more or less, to a culvert at an unnamed creek; thence South 40 degrees east to the South line of the Southwest Quarter of the Southwest Quarter of said Section 29; thence Easterly along the South line of the Southwest Quarter of the Southwest Quarter to the Southeast corner of the Southwest Quarter of the Southwest Quarter; including that portion of the Southwest Quarter of the Southwest Quarter lying Southerly of the right of way acquired by The Spokane, Portland and Seattle Railway Company and including a portion of that right of way purchased back from the Burlington Northern and Santa Fe Railway Company in September of 2004 as per attached EXHIBIT "A" and subject to flowage easement purchase by The United States Corps of Engineers; thence North 1 degree 14' 07" East along the East line of the Southwest Quarter 730 feet more or less to the point of beginning;

EXCEPT for right of way under the ownership of The Burlington Northern and Santa Fe Railroad Company;

SUBJECT to easements and rights of way for public roads;

TOGETHER with an easement for ingress and egress over and across the existing road designated as Mason Road and over the existing county road designated as Sprague Landing Road;