

WHEN RECORDED RETURN TO:
Phyllis A. Jones
604 SE 96th ave
Vancouver WA. 98664

DOCUMENT TITLE(S) Community Property Agreement

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page _____ of document.

GRANTOR(S): Eugene F Jones 27020 **REAL ESTATE EXCISE TAX**

☐ Additional names on page _____ of document.

GRANTEE(S): Phyllis A Jones **PAID** MAY 17 2007
Exempt
by deputy
SKAMANIA COUNTY TREASURER

☐ Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):
LOT 1 DL: 00051 SHORT PLAT Recorded in
BOOK 3 Page 25 Township 3 North Range 6 E Wm
Section 30 The NW 1/4

☐ Complete legal on page _____ of document.

TAX PARCEL NUMBER(S): 03063020020100
05-210
5-11-07

☐ 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.

COMMUNITY PROPERTY AGREEMENT

KNOW ALL PERSONS BY THESE PRESENTS:

This agreement, made and entered into this 28 day of February, 1990, by and between Eugene Francis Jones and Phyllis Ann Jones, husband and wife, of Clark County, State of Washington, pursuant to the provisions of §26.16.120RCW, permitting agreements between husband and wife fixing the status and disposition of community property to take effect upon the death of either, Witnesseth: That, in consideration of the love and affection that each of us has for each other, and in consideration of the mutual benefits to be derived by each of us, it is hereby agreed, covenanted, and promised as follows:

Skamania County Assessor

Date 5-17-07 Parcel# 0306 30 2 0020100
180



PHYLLIS JONER

CPR

11 00

3193339

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02/09/2000 01:37P
Clark County, WA

I.

That all property of whatsoever nature or description whether real, personal or mixed and wheresoever situated now owned or hereafter acquired by us or either of us, including separate property, shall be considered and is hereby declared to be community property, and each of us hereby conveys and quit claims to the other his or her interest in any separate property he or she now owns or hereafter acquires so as to convert the same to community property.

II.

That upon the death of either of us, title to all community property as herein defined shall immediately vest in fee simple in the survivor.

IN WITNESS WHEREOF, we _____ and _____
have hereunto set our hands this _____ day of _____.

Witness

Spouse

Witness

Spouse

STATE OF WASHINGTON,

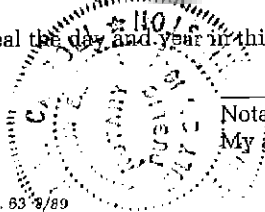
ss.

(Individual Acknowledgement)

County of Clark

This is to certify on this 28 day of February, before me Leri Carroll a Notary Public in and for the State of Washington duly commissioned and sworn, personally came Eugene F. Jones and Phyllis A. Jones husband and wife, to me known to be the individuals described in and who executed the within instrument, and acknowledged to me that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written.



Leri Carroll
Notary Public in and for the State of Washington
My appointment expires: July 20, 1991

Community Property Agreement
Washington Legal Blank Inc., Issaquah, WA Form No. 63 3/89
MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

AC # 2007166142
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Health
CERTIFICATE OF DEATH

146

STATE FILE NUMBER

LOCAL FILE NUMBER

1724

1. NAME First Middle Last EUGENE FRANCIS JONES				2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) December 11, 1995								
4. AGE LAST BIRTH- DAY (Yrs) 55		5. UNDER 1 YEAR MOS DAYS HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) Apr. 27, 1940		8. BIRTHPLACE (City, State or Foreign Country) Omaha, Nebraska		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		10. COUNTY OF DEATH Clark				
11. CITY, TOWN OR LOCATION OF DEATH Vancouver				12. PLACE OF DEATH—SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSIT 3. EMERG. RM/OUT PTN 4. HOSP. 5. HUR HOME 6. OTHER PLACE 604 S.E. 96th. Ave.						13. SMOKING IN LAST 15 YEARS? (Yes / No) No				
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married			15. SURVIVING SPOUSE (If wife, give maiden name) Phyllis Ann Hazard			16. SOCIAL SECURITY NO. [REDACTED]			17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)					
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Head Meat Cutter			19. KIND OF BUSINESS OR INDUSTRY Safeway			20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No			21. RACE (Specify) White					
22. RESIDENCE—NUMBER AND STREET 604 S.E. 96th. Ave.			23. CITY/TOWN, OR LOCATION Vancouver		24. INSIDE CITY LIMITS? (Yes / No) Yes		25A. COUNTY Clark		25B. LENGTH OF RES. IN CO. 27Yrs		26. STATE Wash.		27. ZIP CODE 98664	
28. FATHER'S NAME—FIRST, MIDDLE, LAST Inqvert Jones						29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Kathryn Deemer								
30. INFORMANT—NAME Phyllis A. Jones				31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 604 S.E. 96th. Ave., Vancouver, WA. 98664										
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Burial		33. DATE (Mo, Day, Yr) Dec. 14, 1995		34. CEMETERY/CREMATORY—NAME Evergreen Memorial Gardens				35. LOCATION—CITY/TOWN, STATE Vancouver, WA.						
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>				37. NAME OF FACILITY Memorial Gardens Mortuary				38. ADDRESS OF FACILITY 1101 NE 112th. Ave. Vancouver, WA. 98684						
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN						TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER								
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X <i>[Signature]</i> MD						43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X <i>[Signature]</i>								
40. DATE SIGNED (Mo, Day, Yr) 12/13/95			41. HOUR OF DEATH (24 Hrs.) 0535			44. DATE SIGNED (Mo, Day, Yr)			45. HOUR OF DEATH (24 Hrs.)					
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						46. PRONOUNCED DEAD (Mo, Day, Yr)			47. HOUR PRONOUNCED DEAD (24 Hrs.)					
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) MARCUS BRAUN, M.D. 505 N.E. 87TH AVE. VANCOUVER, WA 98664						49. MEDICORNER FILE NUMBER								
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:														
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.												INTERVAL BETWEEN ONSET AND DEATH 8 hours		
A. Bacterial Sepsis DUE TO, OR AS A CONSEQUENCE OF:												INTERVAL BETWEEN ONSET AND DEATH 3 months		
B. Acute Lymphoblastic Leukemia DUE TO, OR AS A CONSEQUENCE OF:												INTERVAL BETWEEN ONSET AND DEATH		
C. DUE TO, OR AS A CONSEQUENCE OF:												INTERVAL BETWEEN ONSET AND DEATH		
D. DUE TO, OR AS A CONSEQUENCE OF:												INTERVAL BETWEEN ONSET AND DEATH		
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:								52. AUTOPSY? (Yes / No) NO		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) YES				
54. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs.)		57. DESCRIBE HOW INJURY OCCURRED: RECORDER'S NOTE: NOT AN ORIGINAL DOCUMENT								
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)										60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE		
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE				62. REGISTRAR SIGNATURE <i>[Signature]</i>				63. DATE RECEIVED (Mo, Day, Yr.) DEC 14 1995						

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

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

A DOH 01-003 (5/92)