

Doc # 2007166804  
Page 1 of 5  
Date: 07/09/2007 03:29P  
Filed by: DARNOLD ROBERTSON  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
SKAMANIA COUNTY AUDITOR  
J MICHAEL GARVISON  
Fee: \$36.00

**WHEN RECORDED RETURN TO:**

DARNOLD Robertson  
P.O. Box 58  
Carson WA. 98610

**DOCUMENT TITLE(S)**

Community Prop agreement & Death Cert

**REFERENCE NUMBER(S)** of Documents assigned or released:

FRANCIS C

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

**GRANTOR(S):**

Francis C Robertson

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

**GRANTEE(S):**

DARNOLD E Robertson

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

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

See att. SW 1/4 NW 1/4 Sec 21  
T3N R3E

☐ Complete legal on page \_\_\_\_\_ of document.

**TAX PARCEL NUMBER(S):**

03 08212 00 81500

☐ 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**

27119

JUL 09 2007

PAID

Memph

cy deputy

SKAMANIA COUNTY TREASURER

A tract of land located in the Southwest Quarter of the Northwest Quarter (SW $\frac{1}{4}$  NW $\frac{1}{4}$ ) of Section 21, Township 3 North Range 8 E. W. M., described as follows:

Beginning at a point 60 rods and 10  $\frac{2}{3}$  feet east and 101 rods and 13  $\frac{1}{2}$  feet north of the southwest corner of the NW $\frac{1}{4}$  of the SW $\frac{1}{4}$  of the said Section 21; thence north 425 feet; thence east 40 feet to the initial point of the tract hereby described; thence north 100 feet; thence east 144.3 feet; thence south 100 feet; thence west 144.3 feet to the initial point.

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SUBJECT TO easement and right of way granted to Public Utility District No. 1 of Skamania County, Washington.

Skamania County Assessor

Date 7-9-07 Parcel# 03082120081500

# CERTIFICATION OF VITAL RECORD

## OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

H-64801

I.D. TAG NO.

STATE FILE NUMBER

1. Legal Name First: Frances Middle: Carolyn Last: Robertson Suffix:			2. Death Date June 11, 2007	
3. Sex Female	4. Age 81 years	5. Social Security Number		6. County of Death Lincoln
7. Birthdate February 26, 1926	8. Birthplace Portland, Oregon	9. Decedent's Education Unknown		
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White		12. Was Decedent Ever in U.S. Armed Forces? No
13. Residence, Number and Street 3011 NE 28th Street		14. City/Town Lincoln City		
15. Residence County Lincoln	16. State or Foreign Country Oregon	17. Zip Code + 4 97367	18. Inside City Limits? Yes	
19. Marital Status at Time of Death Married		20. Spouse's Name Prior to First Marriage Darnald Eugene Robertson		
21. Usual Occupation Homemaker		22. Kind of Business/Industry Own Home		
23. Father's Name Gordon Frazier		24. Mother's Name Prior to First Marriage Mary --		
25. Informant's Name David Danielson	26. Telephone Number Not Available	27. Relationship to Decedent Son	28. Mailing Address 2506 NE 36th Drive, Lincoln City, OR 97367	
29. Place of Death Hospital-Inpatient		30. Facility Name Samaritan North Lincoln Hospital		
31. Location of Death 3043 NE 28th St		32. City/Town or Location of Death Lincoln City		33. State Oregon
35. Method of Disposition Cremation	36. Place of Disposition Central Coast Crematorium		37. Location Newport, Oregon	
38. Name and Complete Address of Funeral Facility Pacific View Memorial Chapel 560 SW Fleet Avenue, Lincoln City, Oregon 97367				
39. Date of Disposition TBD		40. Funeral Director's Signature Richard Workslayer		41. OR License Number CO-3818
42. Registrar's Signature Nancy Hale, Deputy		43. Date Received June 21, 2007		44. Local File Number
45. Amendment				
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
49. Time of Death 0805 AM		CAUSE OF DEATH		
50. 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.				
Final disease or condition resulting in death ->		IMMEDIATE CAUSE ->		Approximate Interval: Onset to Death
Sequentially list conditions, if any, leading to the cause listed on line a.		a. Unknown organ system		days
ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		b. Due to (or as a consequence of) ↓		
		c. Due to (or as a consequence of) ↓		
		d. Due to (or as a consequence of) ↓		
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: alcohol liver disease				
52. 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		53. If Female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown
55. Date of Injury (month/year)		56. Time of Injury	57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)				
60. Describe how injury occurred				
61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify):				
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) Karen Nicholas, M.D. 2870 NE W Devils Lake Road Lincoln City, Oregon 97367				
63. Name and Title of Attending Physician if Other than Certifier				
64. Title of Certifier M.D.		65. License Number MD 24753		66. Date Signed (month/year) 6/18/07
67. Medical Certifier - On the basis of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				
68. Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				
69. Amendment				

Skanania County Assessor  
Date 7-9-07 Parcel# 03082120081500  
45-2DP (01/06)

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

DATE ISSUED:

JUN 21 2007

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

JAN KAPLAN  
COUNTY REGISTRAR  
LINCOLN COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

DOC # E007166004  
Page 3 of 5

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 10 day of January <sup>6</sup>, 198~~5~~, by and between DARNOLD EUGENE ROBERTSON and FRANCES C. ROBERTSON, husband and wife, of Skamania County, State of Washington, pursuant to the provisions of Sec. 26.16.120 of the Revised Code of Washington, 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 the other, and in consideration of the mutual benefits to be derived by each of us, it is hereby agreed, promised and covenanted as follows:

First: That all property of whatsoever nature or description, whether real, personal or mixed, and wheresoever situated, now owned or hereafter acquired by either of us, including separate property, shall be considered and is hereby declared to be community property, and each of us hereby conveys and quitclaims 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.

Second: That upon the death of either of us, title to all community property as defined in the preceding paragraph is to vest immediately in fee simple to the survivor.

IN WITNESS WHEREOF, We, DARNOLD EUGENE ROBERTSON and FRANCES C. ROBERTSON, have hereunto set our hands and seals this 10 day of January <sup>6</sup>, 198~~5~~.

Darnold Eugene Robertson (Seal)  
Frances C. Robertson (Seal)

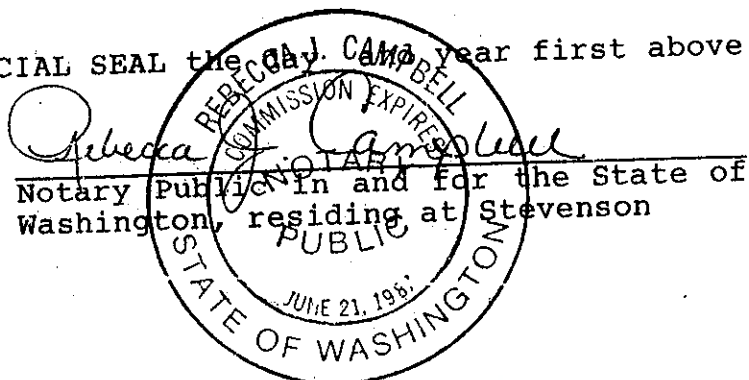
STATE OF WASHINGTON )  
County of Skamania )

ss. 03082120081500  
JHD 7-9-07

THIS IS TO CERTIFY that on this 10 day of January, 198~~5~~, personally appeared before me DARNOLD EUGENE ROBERTSON and FRANCES C. ROBERTSON, to me known to be the persons described in and who executed the foregoing instrument, and acknowledged the same as their free

and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS MY HAND AND OFFICIAL SEAL the 14th day of May, 1995 year first above written.



Unofficial Copy