

AFTER RECORDING MAIL TO:

Name Rose Cooley
Address 603 N Owen
City/State Pasco, WA 99301
scrc 30046

Document Title(s): (or transactions contained therein)

1. CERTIFICATE OF DEATH
2. COMMUNITY PROPERTY AGREEMENT
- 3.
- 4.

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)

1. COOLEY, STEVEN ERNEST
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1. COOLEY, ROSE
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

Cabin located at Northwestern Lake Cabin Site No. 19 in Section 2, Township 3 North, Range 10 East of the Willamette Meridian, Skamania County, Washington.

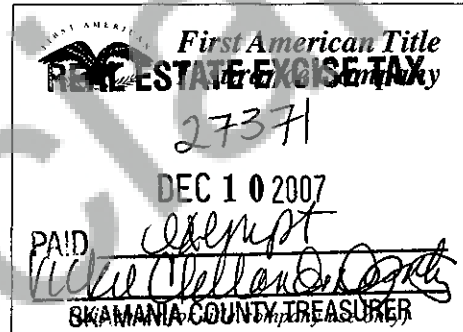
Skamania County Assessor
Date 12/10/07 Parcel# 65

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 43-10-02-0-0-0419-00

WA-1

NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.



TYPE OR PRINT IN PERMANENT BLACK INK



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

OFFICE
USE
ONLY

1. DISTRICT

2. COPIES

3. HOSPITAL

4. OCCURRENCE

5. RESIDENCE

6. TRACT

7. OCCUPATION

8.

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21. ACC LOC

22. QUERIES

23.

24.

LOCAL FILE NUMBER

1. NAME First: Steven Middle: Ernest Last: COOLEY		2. SEX (M / F) Male	3. DEATH DATE (Mo, Day, Yr) February 18, 2002
4. AGE LAST BIRTHDAY (Yrs) 58	5. UNDER 1 YEAR MOS DAYS	6. UNDER 1 DAY HOURS MINS	7. BIRTHDATE (Mo, Day, Yr) Mar 31 1943
8. BIRTHPLACE (City, State or Foreign Country) Toppenish, WA		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes	10. COUNTY OF DEATH Skamania
11. CITY, TOWN OR LOCATION OF DEATH White Salmon		12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. RM/OUT PTN 4. HOSP. 5. NUR HOME 6. OTHER PLACE Lake Shore Drive #19 Northwestern Lake	
13. SMOKING IN LAST 15 YEARS? (Yes / No) Yes		14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married	
15. SURVIVING SPOUSE (If wife, give maiden name) Rose Guy		16. SOCIAL SECURITY NO. [REDACTED]	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 2		18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Electrician	
19. KIND OF BUSINESS OR INDUSTRY Nuclear Plant		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No, if Yes, specify Cuban, Mexican, Puerto Rican, etc.) No	
21. RACE (Specify) White		22. RESIDENCE — NUMBER AND STREET 502 Eberle Place	
23. CITY/TOWN, OR LOCATION Grandview		24. INSIDE CITY LIMITS? (Yes / No) Yes	25. COUNTY Yakima
26. LENGTH OF RES. IN CO. 58 Yrs		27. STATE WA	28. ZIP CODE 98930
29. FATHER'S NAME — FIRST, MIDDLE, LAST Steven O. Cooley		30. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Merle Stump	
31. INFORMANT — NAME Rose Cooley (Wife)		32. MAILING ADDRESS 502 Eberle Place	
33. CITY OR TOWN Grandview		34. STATE WA	
35. ZIP 98930		36. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	
37. DATE (Mo, Day, Yr) Feb 25 2002		38. CEMETERY/CREMATORY — NAME Zillah City Cemetery	
39. LOCATION — CITY/TOWN, STATE Zillah, Washington		40. ADDRESS OF FACILITY 228 S. Alder	
41. TOPPENISH, WA 98948		42. FURNERAL DIRECTOR SIGNATURE [Signature]	
43. NAME OF FACILITY Colonial Funeral Home		44. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN	
45. 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 [Signature]		46. 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 [Signature]	
47. DATE SIGNED (Mo, Day, Yr) 2/20/02		48. HOUR OF DEATH (24 Hrs) 1135	
49. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Christopher L. Cotton MD		50. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Christopher L. Cotton MD 402 S. 12th Ave Yakima, WA 98902	
51. 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. A. Myocardial infarction B. DUE TO, OR AS A CONSEQUENCE OF: C. DUE TO, OR AS A CONSEQUENCE OF: D. DUE TO, OR AS A CONSEQUENCE OF:		52. INTERVAL BETWEEN ONSET AND DEATH Minutes	
53. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:		54. INTERVAL BETWEEN ONSET AND DEATH	
55. INTERVAL BETWEEN ONSET AND DEATH		56. INTERVAL BETWEEN ONSET AND DEATH	
57. INTERVAL BETWEEN ONSET AND DEATH		58. INTERVAL BETWEEN ONSET AND DEATH	
59. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		60. INJURY DATE (Mo, Day, Yr)	
61. HOUR OF INJURY (24 Hrs)		62. DESCRIBE HOW INJURY OCCURRED:	
63. INJURY AT WORK? (Yes / No)		64. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)	
65. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE		66. AUTOPSY? (Yes / No) No	
67. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes		68. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE	
69. REGISTRAR SIGNATURE X		70. DATE RECEIVED (Mo, Day, Yr)	

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

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

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DOC # 2007168458
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COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this day by and between STEVEN E. COOLEY and ROSE D. COOLEY, husband and wife, domiciled and residing in the State of Washington, pursuant to the provisions of Section 26.16.120, Revised Code of Washington, providing for agreement between husband and wife for the fixing of the status and disposition of community property to take effect upon the death of either,

W I T N E S S E T H :

That in consideration of the love and affection that each of the said parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and promised 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 these parties, except property hereafter acquired by gift, bequest, devise or descent, shall be considered and is hereby declared to be community property.

SECOND: That upon the death of either of the parties hereto, title to all community property as defined in the preceding FIRST paragraph shall immediately vest in fee simple in the survivor of them.

THIRD: Notwithstanding anything herein to the contrary, it is agreed that in the event these parties are divorced from one another by a decree of court, then this agreement is revoked and cancelled as of the date of said decree of divorce.

FOURTH: This agreement shall not be effective as to any life insurance on the life of one spouse and owned by the other spouse, either presently owned or hereafter acquired.

IN WITNESS WHEREOF, the said STEVEN E. COOLEY and ROSE D. COOLEY, husband and wife, have hereunto set their hands and seals this 31st day of July, 1980.

WITNESS:

Lernice Lurger
L. Bernice Schneider

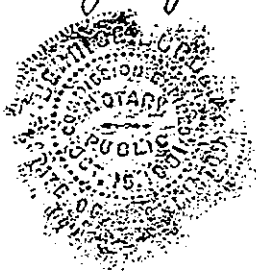
Steven E Cooley
Rose D. Cooley



STATE OF WASHINGTON)
) ss
County of Yakima)

On this day personally appeared before me STEVEN E. COOLEY and ROSE D. COOLEY, husband and wife, to me known to be the individuals described in and who executed the within and foregoing instrument and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 31st day of July, 1980.



Denise Darger
NOTARY PUBLIC in and for the State
of Washington, residing at Sunnyside

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VALLEY TITLE COMPANY

FFF

\$24.00

7485002
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87/25/2005 03:52P
Yakima Co, WA