

WHEN RECORDED RETURN TO:

JoAnn Fritz

P.O. Box 346

N. Bonneville, WA 98639

DOCUMENT TITLE(S)

CPA. 5-12-2000

REAL ESTATE EXCISE TAX

27614

REFERENCE NUMBER(S) of Documents assigned or released:

MAY 27 2008

☐ Additional numbers on page _____ of document.

PAID exempt

Vince Chelland, Deput
SKAMANIA COUNTY TREASURER

GRANTOR(S):

Terry K. Fritz

☐ Additional names on page _____ of document.

GRANTEE(S):

JoAnn Fritz

☐ Additional names on page _____ of document.

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

S34, T2N, R6E

☒ Complete legal on page 8 of document.

TAX PARCEL NUMBER(S):

02063400010400

65. 5/23/08

☐ 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
OF
TERRY KURT FRITZ AND JOANN FRITZ

THIS AGREEMENT is made and executed in Vancouver, Washington, between TERRY KURT FRITZ, hereinafter referred to as Husband, and JOANN FRITZ, hereinafter referred to as Wife, both of whom are domiciled in the State of Washington, in consideration of their mutual agreements set forth herein.

I

All real property located in the State of Washington and all personal property wheresoever situated, both community and separate, now owned or hereafter acquired by husband and/or wife, or by either of them, shall be considered as and is declared to be community property regardless of the date and manner of acquiring, and all statements by either party hereto respecting alleged separate property. The full intent and purpose of this instrument is to be construed by the court, our heirs, executors, and assigns and by all other

persons whomsoever as a voluntary conveyance from one to the other and unitedly to the community of all our earthly possessions in such form and manner that the same shall be from this date the property of the marital community composed of ourselves as husband and wife.

II

Being desirous that the described community property shall pass unto the survivor without delay or expense in case of the death of either of the parties hereto, if the husband dies and the wife survives him by thirty (30) days, all of the described community property shall vest in the wife. If the wife dies and the husband survives her by thirty (30) days, all of the described community property shall vest in the husband.

In the event the wife does not survive the husband by thirty (30) days, then this Agreement shall be void and of no effect in the transfer of any property between the parties, and the distribution of the property of the husband shall be governed by his Last Will and Testament or as otherwise provided by law.

In the event the husband does not survive the wife by thirty (30) days, then this Agreement shall be void and of no effect in the transfer of any property between the parties, and the distribution of the property of the wife shall be governed by her Last Will and Testament or as otherwise provided by Law.

III

This Agreement, in whole or in part, may be revoked at any time by the parties hereto

jointly signing and acknowledging such revocation in writing.

This Agreement in its entirety shall be automatically revoked if:

- (a) Either party files a petition, complaint or other pleading for annulment, separation, dissolution or divorce, or
- (b) Either of the parties move their domicile to another state.

IV

If either party becomes incompetent, the other party shall have the power to terminate the provisions of Paragraph I & II and each party designates the other as attorney-in-fact to become effective upon such incompetency to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the incompetent spouse and to the guardians, if any, of the person and the estate of the incompetent person.

If both parties become incompetent, the provisions of Paragraph I & II shall automatically terminate.

For the purpose of this Section IV, a spouse shall be deemed incompetent if a person duly licensed to practice medicine in the State of Washington signs a statement declaring that the named person is unable to manage his or her own affairs.

V

This Agreement shall not affect any power of appointment or power of attorney that is now held or is hereafter given to Husband or Wife or both of them nor shall it obligate Husband or Wife or both of them to exercise any such power of appointment in any way.

VI

To the extent this Agreement is inconsistent with the provisions of any Community Property Agreement or other arrangement previously made by the parties in writing affecting the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

DATED this 12 day of May, 2000.

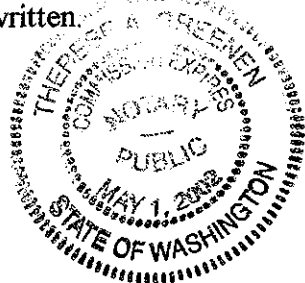
Terry Kurt Fritz
TERRY KURT FRITZ

Joann Fritz
JOANN FRITZ

STATE OF WASHINGTON)
) ss.
County of Clark)

On this 12 day of May, 2000, before me the undersigned, a notary public in and for the State of Washington, duly commissioned and sworn, personally appeared TERRY KURT FRITZ, to me known to be the individual described in and who executed the foregoing instrument, and acknowledged to me that he signed the said instrument as his free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal hereto affixed this day and year hereinabove written

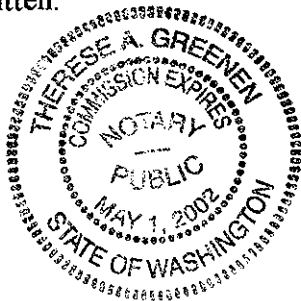



Therese A. Greenen
NOTARY PUBLIC in and for the State of
Washington, residing at Vancouver
My Commission Expires 5/1/02

STATE OF WASHINGTON)
) ss.
County of Clark)

On this 12 day of May, 2000, before me the undersigned, a notary public in and for the State of Washington, duly commissioned and sworn, personally appeared JOANN FRITZ, to me known to be the individual described in and who executed the foregoing instrument, and acknowledged to me that she signed the said instrument as her free and voluntary act and deed for the uses and purposes therein mentioned.

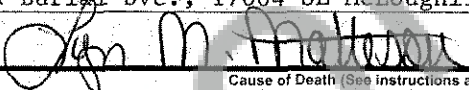
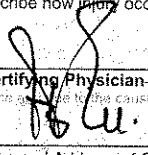
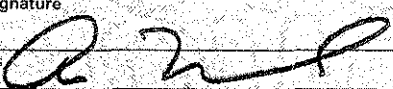
GIVEN under my hand and official seal hereto affixed this day and year hereinabove written.





NOTARY PUBLIC in and for the State of
Washington, residing at Vancouver
My Commission Expires 5/1/02

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number D2 11		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Terry Kurt FRITZ					2. Death Date May 9, 2008		
3. Sex (M/F) Male	4a. Age - Last Birthday 63	4b. Under 1 Year Months Days 	4c. Under 1 Day Hours Minutes 	5. Social Security Number 539-40-5673	6. County of Death Skamania		
7. Birthdate Feb. 26, 1945		8a. Birthplace (City, Town, or County) Wichita		8b. (State or Foreign Country) Kansas		9. Decedent's Education: Some College	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No				11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 62 Spring Lane South					13b. City or Town Skamania		
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable) 		13e. State or Foreign Country Washington		13f. Zip Code + 4 98648	
13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk							
14. Estimated length of time at residence. 24 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) JoAnn Williams			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Road Maintenance				18. Kind of Business/Industry (Do not use Company Name) County Road Department			
19. Father's Name (First, Middle, Last, Suffix) Clarence Owen Fritz				20. Mother's Name Before First Marriage (First, Middle, Last) Katie Delores McDole			
21. Informant's Name JoAnn Fritz		22. Relationship to Decedent Spouse		23. Mailing Address: Number and Street or RFD No. City or Town State Zip P.O. Box 346, North Bonneville, WA 98639			
24. Place of Death, if Death Occurred in a Hospital: Decedent's Home							
25. Facility Name (If not a facility, give number & street or location) 62 Spring Lane South				26a. City, Town, or Location of Death Skamania		26b. State WA	
27. Zip Code 98648							
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Cascade Cremation Center				30. Location-City/Town, and State Tualatin, Oregon	
31. Name and Complete Address of Funeral Facility Emily's Cremation & Burial Svc., 17064 SE McLoughlin Blvd., Milwaukie,		OR 97267		32. Date of Disposition 5-14-08			
33. Funeral Director Signature X 							
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) →		a. Metastatic Disease				Interval between Onset & Death Months	
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		b. Sophygel Cancer				Interval between Onset & Death	
		c.				Interval between Onset & Death	
		d.				Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above None				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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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:							
46. Describe how injury occurred: 				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place stated, due to the cause(s) and manner stated. Robert Ellis, DO				48b. Medical Examiner/Coroner - 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. X			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Robert Ellis, DO 3600 N. Interstate Ave., Portland, OR 97227				50. Hour of Death (24hrs) 0630			
51. Name and Title of Attending Physician if other than Certifier (Type or Print) Thurman				52. Date Signed (MM/DD/YYYY) 05/13/08			
53. Title of Certifier Thurman		54. License Number 25644		55. ME/Coroner File Number 		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature 				58. Date Received (MM/DD/YYYY) May 16, 2008			
59. Amendments							

Lot 4 of Jack and Melba E Springs short plat
 recorded under Auditor's File No. 85106 at page 20
 of Book 2 of Short Plats, records of Skamania
 County, Washington

A parcel of property in the Northwest Quarter of Section 34, Township
 2 North, Range 6 E.W.M., described as follows:

Beginning at a point 928.31 feet North 88°55'59" West and 810.73 feet
 South 01°04'01" West from the Northeast corner of said Northwest
 Quarter of Section 34, as measured along the North line of said
 Northwest Quarter and at right angles to said North line;

thence North 74°15'11" West 30.00 feet to the TRUE POINT OF BEGINNING;

thence South 74°15'11" East 60.00 feet; thence South 05°26'08" West
 403.89 feet more or less to a point on the North line of the North
 Bonneville - Vancouver Powerline right-of-way; thence South 71°54'12"
 West along the north line of said Powerline right-of-way 471.70 feet
 more or less to the centerline of Duncan Creek; thence North 21°21'18"
 West along the centerline of said creek 294.41 feet more or less to a
 point that bears South 58°06'45" West from the Point of Beginning; thence
 North 58°06'45" East 633.54 feet more or less to the Point of Beginning.

TOGETHER WITH AND SUBJECT TO a 60.00 foot easement for ingress,
 egress and public utilities over, under and across the property lying
 30.00 feet on each side of the following described centerline:

BEGINNING at a point on the East line of said Northwest Quarter of
 Section 34, South 01°18'38" West 424.45 feet from the Northeast corner
 of said Northwest Quarter of Section 34; thence North 88°49'40" West
 768.29 feet; thence South 35°33'35" West 27.72 feet; thence South
 25°21'42" West 120.68 feet; thence South 13°44'49" West 198.53 feet
 to a point 928.31 feet North 88°55'59" West and 810.73 feet South
 01°04'01" West from the Northeast corner of said Northwest Quarter
 of Section 34, as measured along the North line of said Northwest
 Quarter of Section 34 and at right angles to said North line, said
 point being the end of said 60 foot easement.

