

WHEN RECORDED RETURN TO:

Betty Vanderkin
P.O. Box 757
Carson WA 98610

DOCUMENT TITLE(S)

EXhibit ATT.

Community Property agreement

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page _____ of document.

GRANTOR(S):

George Joseph Vanderkin

☐ Additional names on page _____ of document.

GRANTEE(S):

Betty Rose Vanderkin

☐ Additional names on page _____ of document.

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

Lot 3 JOHNSON S/P, BK 1, PG 61, 2/17/1977

☐ Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

03082900090400

Skamania County Assessor

Date 7/10/08 Parcel# 3-8-29-904

☐ 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

27675

JUL 10 2008

PAID exempt

Vickie Chelland, Deputy
SKAMANIA COUNTY TREASURER

Agreement as to Status of Community Property

THIS AGREEMENT is made and entered into this 15th day of March, 2002, by and between George Joseph Vanderkin and Betty Rose Vanderkin, husband and wife, of Carson, Washington, pursuant to the provisions of Revised Code of Washington 26.16.120, providing for agreements between husband and wife for the disposition of community property to take effect upon the death of either.

WITNESSETH:

That the parties hereto are owners of certain community property. The term community property includes all real or personal property previously acquired and presently possessed, together with all other community property, either real or personal that hereafter may be acquired.

That in consideration of the love and affection that each of the 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:

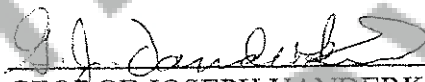
FIRST: That all prior written community property agreements, if any, between the parties hereto are mutually rescinded.


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

THIRD: Provided, however, that if neither party survives the other by at least sixty (60) days, the above paragraph, SECOND, only, shall be null, void and of no effect.

FOURTH: Provided, further, that in the event of incompetency of either of the parties hereto as determined by a court of competent jurisdiction the other party may at his or her option terminate or rescind this Agreement by a negotiated declaration to that effect and this Agreement shall become null, void and of no effect.

IN WITNESS WHEREOF, the said GEORGE JOSEPH VANDERKIN and BETTY ROSE VANDERKIN have hereunto set their signatures this 15th day of March, 2002.



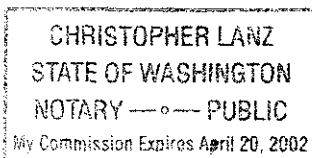
GEORGE JOSEPH VANDERKIN, Husband


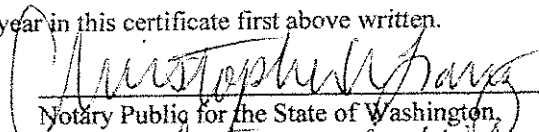
BETTY ROSE VANDERKIN, Wife

STATE OF WASHINGTON)
 : ss.
County of Skamania)

This certifies that on this 15 day of March, 2002, personally appeared before me GEORGE JOSEPH VANDERKIN and BETTY ROSE VANDERKIN, to me known to be the individuals 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 day and year in this certificate first above written.





Notary Public for the State of Washington,
residing at Sevenson, WA
My Commission expires 4/20/2002

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any): First Middle LAST						2. Death Date	
George Joseph VANDERKIN						June 24, 2008	
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death		
Male	71	Months Days	Hours Minutes	540-38-9572	Skamania		
7. Birthdate	8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)	9. Decedent's Education			
July 19, 1936	Portland		Oregon	Some College, No Degree			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify			11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces?		
No			White		No		
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)						13b. City or Town	
271 Carson Depot						Carson	
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?	
Skamania				Washington	98610	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's Name (Give name prior to first marriage)			
17 Years		Married		Betty Rose Coles			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))				18. Kind of Business/Industry (Do not use Company Name)			
Manager				Container Company			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
George Albert Vanderkin				Celina Marie Janquart			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip			
Betty Vanderkin		Wife		PO Box 757 Carson, WA 98610			
24. Place of Death, if Death Occurred in a Hospital: Place of Death, if Death Occurred Somewhere Other than a Hospital:							
Decedent's Residence							
25. Facility Name (If not a facility, give number & street or location)				26a. City, Town, or Location of Death	26b. State	27. Zip Code	
271 Carson Depot				Carson	WA	98610	
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)			30. Location-City/Town, and State		
Burial		Wind River Memorial Cemetery			Carson, Washington		
31. Name and Complete Address of Funeral Facility						32. Date of Disposition	
Gardner Funeral Home POB 390 White Salmon, WA 98672						June 27, 2008	
33. Funeral Director Signature X							
Cause of Death (See instructions and examples)							
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. <u>Respiratory Failure</u>				Interval between Onset & Death <u>6 hours</u>	
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. <u>Pulmonary Embolism</u>				Interval between Onset & Death <u>8 years</u>	
		c. <u>Metastatic Kidney Cancer</u>				Interval between Onset & Death <u>8 years</u>	
		d.				Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above						36. Autopsy?	
<u>Diabetes</u>						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death?		38. Manner of Death					
<input type="checkbox"/> Yes <input type="checkbox"/> No		<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		40. Did tobacco use contribute to death?					
<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of 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		<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:							
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, place, and due to the cause stated on this certificate.				48b. Medical Examiner/Coroner - On the basis of examination, autopsy or investigation, death occurred at the time, place, and due to the cause stated on this certificate.			
X				X			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)						50. Hour of Death (24hrs)	
Troy Withersite, POB 1519 White Salmon, WA 98672						0415	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)						52. Date Signed (MM/DD/YYYY)	
						6/25/08	
53. Title of Certifier		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner?	
MD		WA 46597				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature						58. Date Received (MM/DD/YYYY)	
X						June 27, 2008	
59. Amendments							