

WHEN RECORDED RETURN TO:

Ivadeen K. Berge
PO Box 185
Underwood, WA 98651

DOCUMENT TITLE(S)

Community Property Agreement

REFERENCE NUMBER(S) of Documents assigned or released:

Additional numbers on page _____ of document.

GRANTOR(S):

Louis A. Berge

Additional names on page _____ of document.

GRANTEE(S):

Ivadeen K. Berge

Additional names on page _____ of document.

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

Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

03-10-15-0-0-2004-00

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 MEN BY THESE PRESENTS:

WHEREAS, the undersigned Louis Albert Berge and Ivadeen Karen Berge are husband and wife, and they desire to avail themselves of the provisions of Section 26.16.120 of the Revised Code of Washington, or any successor thereto, and to set forth their agreement as to the status, disposition and succession of property now owned or hereafter acquired by either or both of them.

NOW, THEREFORE, in consideration of their mutual love and affection, and the mutual agreements contained herein, the parties agree as follows:

All of their property, real, personal or mixed, now and hereafter shall be deemed, treated and known as community property, irrespective of how or in whose name such property or any interest therein was acquired or hereafter is acquired. The intent, purpose and effect of this agreement is a voluntary transfer and conveyance from one party to the other and jointly to their community property of all such property, commencing the date hereof.

In the event of the death of either party, the then community estate, whether heretofore existing, or as herein transferred or conveyed, or hereafter acquired, immediately shall vest in fee simple in the survivor of these parties.

If either of the parties shall be declared incompetent by a court of competent jurisdiction, then the competent party hereto, during such incompetency, at his or her election may declare this agreement terminated by executing and recording a instrument to that effect.

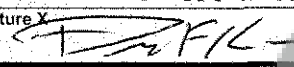
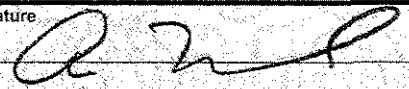
IN WITNESS WHEREOF, Louis Albert Berge and Ivadeen Karen Berge have executed this agreement this 20th day of March, 1997.

Louis Albert Berge
Louis Albert Berge

Ivadeen Karen Berge
Ivadeen Karen Berge

LB LB

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number D2 35		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix Louis Albert BERGE, Jr.					2. Death Date Oct. 13, 2008		
3. Sex (M/F) Male	4a. Age - Last Birthday 72	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skamania		
7. Birthdate Dec. 1, 1935	8a. Birthplace (City, Town, or County) Portland		8b. (State or Foreign Country) Oregon	9. Decedent's Education High School Graduate			
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? No		
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (include Apt. No.) 62 Chickaree Lane					13b. City or Town Underwood		
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98651	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. 18 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Ivadeen Karen Deo			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Log Truck Driver				18. Kind of Business/Industry (Do not use Company Name) Logging			
19. Father's Name (First, Middle, Last, Suffix) Louis Albert Berge				20. Mother's Name Before First Marriage (First, Middle, Last) Bernice Marie Kannberg			
21. Informant's Name Ivadeen Berge		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip PO Box 185 Underwood, WA 98651			
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) 62 Chickaree Lane				26a. City, Town, or Location of Death Underwood	26b. State WA	27. Zip Code 98651	
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Berge Cemetery			30. Location-City/Town, and State Home Valley, WA		
31. Name and Complete Address of Funeral Facility Gardner Funeral Home POB 390 White Salmon, WA 98672					32. Date of Disposition Oct. 17, 2008		
33. Funeral Director Signature 							
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. metastatic poorly differentiated sarcoma				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.				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"/> 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		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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 and belief, I certify that the cause and date of death were as stated on this certificate. x Ray Fitz Simmons MD				48b. Medical Examiner/Coroner - On the basis of examining the body, reviewing the history, and other information available to me, I certify that the cause and date of death were as stated on this certificate. x			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) RAY FITZ SIMMONS MD PO Box 1519 White Salmon, WA 98672					50. Hour of Death (24hrs) 2055		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)					52. Date Signed (MM/DD/YYYY) 10/14/08		
53. Title of Certifier MD		54. License Number MD 00016986		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) 10/17/08		
59. Amendments							

Part 1 completed by Funeral Director

Part 2 completed by Certifier