



## COMMUNITY PROPERTY AGREEMENT

This agreement, made and entered into this 10 day of July, 2009, by and between JIMMIE LEE SPEARS and MARY KATHLEEN SPEARS, husband and wife, both of Skamania County, Washington.

WITNESSETH

WHEREAS, the parties hereto are the owners of certain property situated in the State of Washington, consisting of real and personal property; and

WHEREAS, the parties contemplate acquiring more property in the future; and

WHEREAS, the parties are desirous of all of their property passing to the survivor without delay or expense in the event of the death of either of them;

NOW, THEREFORE, we, JIMMIE LEE SPEARS and MARY KATHLEEN SPEARS, for and in consideration of the love and affection that we have one for the other, do hereby mutually agree as follows:

That upon the death of the first of us to die, all of the property which we have separately, jointly or otherwise, and whether real, personal, or mixed and wheresoever situate shall be community property; and

That upon the death of the first of us to die, title to all community property is to vest immediately in fee simple or wholly, as the case may be, in the survivor.

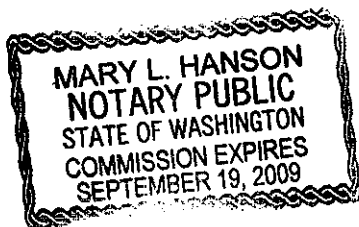
JIMMIE LEE SPEARS

MARY KATHLEEN SPEARS

STATE OF WASHINGTON )  
 ) ss.  
County of Skamania )

On this day personally appeared before me JIMMIE LEE SPEARS and MARY KATHLEEN SPEARS, to me known to be the individuals described in and who executed the within and foregoing instrument and acknowledged to me 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 seal this 10<sup>th</sup> day of July, 2009.



Mary L. Hanson  
Name MARY L. HANSON  
Notary Public in and for the State of  
Washington, residing at N. Bonnevillie  
My commission expires 9-19-09

BOOK 198 PAGE 589

## EXHIBIT "A"

That portion of the Bishop D.L.C. in the Northwest Quarter of Section 21, Township 2 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at the intersection of the Moffetts-Carpenter Road and the North right of way line of State Highway No. 8, said intersection being North 2,202.06 feet and East 1,930.50 feet from the U.S.E.D. monument marking the Southwest Corner of the Bishop D.L.C.; thence North 48° 08' West on the centerline of the said Moffetts-Carpenter Road 985.34 feet to County Road Station P.I. 10+20.89; thence North 05° 37' West on the tangent 149.08 feet; thence North 89° 37' West 25.13 feet to the Westerly line of the said Moffetts-Carpenter Road, said point being the initial point of the tract hereby described; thence North 89° 37' West 150 feet; thence South 05° 37' East 75 feet; thence South 89° 37' East 150 feet of the Westerly line of said road; thence North 05° 37' West 75 feet to the initial point.

Skamania County Assessor

Date 7/10/09 Parcel 2-7-21-1-2-200



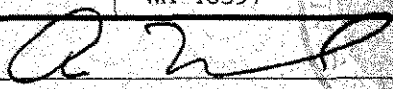
Skamania County Assessor

Date 7-20-09 Parcel 2-7-21-1-2-200

Skamania County Assessor



# 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 Suffix <b>Jimmie Lee SPEARS</b>								2. Death Date <b>July 13, 2009</b>					
3. Sex (M/F) <b>Male</b>		4a. Age - Last Birthday <b>61</b>		4b. Under 1 Year Months Days		4c. Under 1 Day Hours Minutes		5. Social Security Number <b>[REDACTED]</b>		6. County of Death <b>Skamania</b>			
7. Birthdate <b>March 10, 1948</b>		8a. Birthplace (City, Town, or County) <b>Vancouver</b>		8b. (State or Foreign Country) <b>Washington</b>		9. Decedent's Education <b>High School Graduate or GED Completed</b>							
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>								11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>			
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>1015 E Cascade Drive</b>								13b. City or Town <b>North Bonneville</b>					
13c. Residence: County <b>Skamania</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>		13f. Zip Code + 4 <b>98639</b>		13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
14. Estimated length of time at residence. <b>9 years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Mary Kathleen Schneider</b>									
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). <b>Millworker</b>								18. Kind of Business/Industry (Do not use Company Name) <b>Paper Mill</b>					
19. Father's Name (First, Middle, Last, Suffix) <b>Tommie Spears</b>								20. Mother's Name Before First Marriage (First, Middle, Last) <b>Doris Schweitzer</b>					
21. Informant's Name <b>Mary Spears</b>		22. Relationship to Decedent <b>Wife</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>PO Box 431 North Bonneville, WA 98639</b>									
24. Place of Death, if Death Occurred in a Hospital: <b>Decedent's Residence</b>								Place of Death, if Death Occurred Somewhere Other than a Hospital:					
25. Facility Name (if not a facility, give number & street or location) <b>1015 E. Cascade Drive</b>								26a. City, Town, or Location of Death <b>North Bonneville</b>		26b. State <b>WA</b>		27. Zip Code <b>98639</b>	
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Columbia River Crematory</b>						30. Location-City/Town, and State <b>White Salmon, Washington</b>					
31. Name and Complete Address of Funeral Facility <b>Gardner Funeral Home PO Box 390 White Salmon, WA 98672</b>								32. Date of Disposition <b>7-14-2009</b>					
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. <b>Respiratory Failure</b>								Interval between Onset & Death <b>2 hours</b>					
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. <b>Metastatic Esophageal Cancer</b>								Interval between Onset & Death <b>~ 2 years</b>					
c. _____ Due to (or as a consequence of):								Interval between Onset & Death					
d. _____ Due to (or as a consequence of):								Interval between Onset & Death					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above								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 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: 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 and due to the cause(s) and manner stated. X  X								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.					
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Troy Wetherite PO Box 1519 White Salmon, WA 98672</b>								50. Hour of Death (24hrs) <b>0600</b>					
51. Name and Title of Attending Physician if other than Certifier (Type or Print)								52. Date Signed (MM/DD/YYYY) <b>7/14/2009</b>					
53. Title of Certifier <b>MD</b>		54. License Number <b>WA 46597</b>		55. ME/Coroner File Number				56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
57. Registrar Signature X 								58. Date Received (MM/DD/YYYY) <b>JUL 14 2009</b>					
59. Amendments													



Washington State  
Department of Revenue  
Special Programs Division  
PO Box 47477  
Olympia, WA 98504-7477

**-Sample Format-  
Affidavit of Surviving Spouse or Domestic Partner  
for Claiming an Exemption Based on  
Inheritance of Real Estate**

State of Washington

County of SKAMANIA

Name of deceased JIMMIE LEE SPEARS

I, (survivor's name) MARY KATHLEEN SPEARS affirm that I am the  
sole and rightful heir to the property described as:

Parcel number(s) 02072112020000

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this 20 day of JULY, 2009 at STEVENSON, WA  
(month) (year) (city) (state)

Mary K Spears  
(Signature of surviving spouse or registered domestic partner)

\_\_\_\_\_  
(Printed name of surviving spouse or registered domestic partner)

\_\_\_\_\_  
(Address of surviving spouse or domestic partner) (City) (State) (Zip)

**Note:** See Senate Bill (SB) 6851 on page 2 for statutory requirements.