

**AFTER RECORDING MAIL TO:**

Name Kathy L. Kuskie

Address 2536 B Street

City/State Hubbard, OR 97032

Sec 31571

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

1. CERTIFICATE OF DEATH & COMMUNITY PROPERTY
2. 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. KUSKIE, JAMES ROBERT JR.
- 2.
- 3.
- 4.
5. ☐ Additional names on page \_\_\_\_\_ of document

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

1. KUSKIE, KATHY
- 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)

Lot 7, Ridge View Tracts, according to the recorded Plat thereof, recorded in Book A of Plats, Page 150, in the County of Skamania, State of Washington.

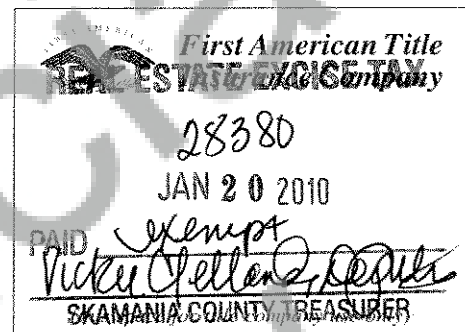
Skamania County Assessor  
Date 1-20-10 Parcel# 3-75-36-32-207

☐ Complete legal description is on page \_\_\_\_\_ of document

Assessor's Property Tax Parcel / Account Number(s): 03-75-36-3-2-0207-00

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.



# STATE OF WASHINGTON DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

25

LOCAL FILE NUMBER

146

STATE FILE NUMBER

1. NAME First: James Middle: Robert Last: KUSKIE, JR.				2. SEX (M / F) M		3. DEATH DATE (Mo. Day, Yr) August 1, 1999	
4. AGE LAST BIRTHDAY (Yrs) 50		5. UNDER 1 YEAR MOS:      DAYS:      HOURS:      MINS:		7. BIRTHDATE (Mo. Day, Yr) 4/14/1949		8. BIRTHPLACE (City, State or Foreign Country) Hood River, OR	
11. CITY, TOWN OR LOCATION OF DEATH Stevenson				12. PLACE OF DEATH— <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input checked="" type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR. HOME 6. <input type="checkbox"/> OTHER PLACE 830 Bone Road		13. SMOKING IN LAST 15 YEARS? (Yes / No) No	
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (if wife, give maiden name) Kathy Ladine Truelove		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12):      College (1-4 or 5+): 4	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Fisheries Biologist		19. KIND OF BUSINESS OR INDUSTRY Army Corps. of Engineers		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No		21. RACE (Specify) White	
22. RESIDENCE—NUMBER AND STREET 830 Bone Road		23. CITY/TOWN OR LOCATION Stevenson		24. INSIDE CITY LIMITS? (Yes / No) Yes		25. COUNTY Skamania	
26. STATE WA		27. ZIP CODE 98648		28. FATHER'S NAME—FIRST, MIDDLE, LAST James Robert Kuskie, Sr.		29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Dortha May Hearn	
30. INFORMANT—NAME Kathy Kuskie		31. MAILING ADDRESS 830 Bone Road Stevenson, WA 98648		32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		33. DATE (Mo. Day, Yr) 8/6/1999	
34. CEMETERY/CREMATORY—NAME Stevenson Cemetery		35. LOCATION—CITY/TOWN, STATE Stevenson, Washington		36. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY Gardner Funeral Home	
38. ADDRESS OF FACILITY White Salmon, WA 98672		39. 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 X <i>[Signature]</i>		40. DATE SIGNED (Mo. Day, Yr) 8/9/99		41. HOUR OF DEATH (24 Hrs) 97227	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Thomas Leinert, M.D.		43. 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 X <i>[Signature]</i>		44. DATE SIGNED (Mo. Day, Yr) 8/9/99		45. HOUR OF DEATH (24 Hrs) 97227	
46. PRONOUNCED DEAD (Mo. Day, Yr) 8/9/99		47. HOUR PRONOUNCED DEAD (24 Hrs) 97227		48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Thomas Leinert, M.D. 3600 N. Interstate Ave. Portland, OR		49. ME/CORONER FILE NUMBER 97227	
50. 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. METASTATIC CARCINOMA OF PROSTATE DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
B.		DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
C.		DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
D.		DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE				52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes	
54. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo. Day, Yr)		56. HOUR OF INJURY (24 Hrs)		57. DESCRIBE HOW INJURY OCCURRED	
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG. ETC. (Specify)		60. LOCATION—STREET OR RD NO., CITY/TOWN, STATE			
61. RECORD AMENDMENT (Registrar use only) ITEM:      DOCUMENTARY EVIDENCE:      REVIEWED BY:      DATE:		62. REGISTRAR SIGNATURE X <i>[Signature]</i>				63. DATE RECEIVED (Mo. Day, Yr) 8/9/99	

### COMMUNITY PROPERTY AGREEMENT

**THIS COMMUNITY PROPERTY AGREEMENT**, entered into this day by and between **JAMES ROBERT KUSKIE, JR.** and **KATHY LADINE KUSKIE**, husband and wife, of Skamania County, State of Washington.

#### WITNESSETH:

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

**WHEREAS**, it is contemplated by the parties hereto that they may acquire additional property in the future; and

**WHEREAS**, it is the desire hereto that all of their property shall pass to the survivor without delay or expense in the event of the death of either party;

**NOW THEREFORE, WE, JAMES ROBERT KUSKIE, JR. and KATHY LADINE KUSKIE**, husband and wife, for and in consideration of the love and affection which we have, one for the other, do hereby mutually agree that all of the property which we now own separately, jointly, or otherwise, and whether real, personal or otherwise, and wheresoever situate, shall be and it is hereby declared to be the community property of the parties, and each of the parties to this agreement do hereby convey and transfer to the other party and to their community all property owned by them, even though the same be held in his or her separate estate; and



**WE HEREBY MUTUALLY AGREE** that all of the property which shall hereafter be acquired by either of us, whether separately, jointly or otherwise, and of whatsoever nature, and wheresoever situate, shall be and it is hereby declared to be community property, and each of the parties do hereby convey and transfer to the other and to their community, all such property hereafter acquired by either of them, even though the same be acquired in his or her separate estate; and

**IT IS FURTHER AGREED** that the whole of the community property now owned by us or hereafter acquired by us, including all property the status of which is changed or created by this agreement, shall at once, in the event of the death of JAMES ROBERT KUSKIE, JR., while the said KATHY LADINE KUSKIE survives, be vested in KATHY LADINE KUSKIE, absolutely and in fee simple as her sole and separate property; and, in the event of the death of the said KATHY LADINE KUSKIE, while the said JAMES ROBERT KUSKIE, JR. survives, then the whole of the community property now owned by us or hereafter acquired by us, including all property now owned by us or hereafter acquired by us, including all property the status of which is changed or created by this agreement, shall at once vest in the said JAMES ROBERT KUSKIE, JR., absolutely and in fee simple as his sole and separate property.

**IN WITNESS WHEREOF**, the parties have executed this agreement this 29<sup>TH</sup> day of June, 1999.

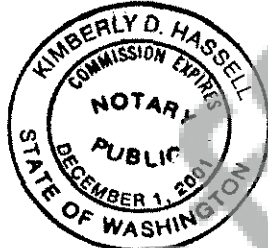
  
**JAMES ROBERT KUSKIE, JR.**


  
KATHY LADINE KUSKIE

STATE OF WASHINGTON                    )  
  ) ss.  
County of Skamania                    )

I certify that I know or have satisfactory evidence that JAMES ROBERT KUSKIE, JR. and KATHY LADINE KUSKIE are the persons who appeared before me, and said persons acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 29 day of June, 1999.



  
Notary Public in and for the  
State of Washington.  
Commission expires: 12/01/01