

WHEN RECORDED RETURN TO:

Joann Laurene Reynolds
232 Heslen Rd
Corson, wa 98610

DOCUMENT TITLE(S)

Community Property agreement

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page _____ of document.

GRANTOR(S):

Heston arthur Reynolds

☐ Additional names on page _____ of document.

GRANTEE(S):

Joann Laurene Reynolds

☐ Additional names on page _____ of document.

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

Lot 14 wind River Lots B\18

☐ Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

04072631011400

☐ 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

THIS COMMUNITY PROPERTY AGREEMENT, entered into this day by and between **HUESTON ARTHUR REYNOLDS** and **JOANN LAURANE REYNOLDS**, 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, HUESTON ARTHUR REYNOLDS and JOANN LAURANE REYNOLDS, 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

HR H's initials
JLR W's initials

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 **HUESTON ARTHUR REYNOLDS**, while the said survives, be vested in **JOANN LAURANE REYNOLDS**, absolutely and in fee simple as her sole and separate property; and, in the event of the death of the said **JOANN LAURANE REYNOLDS**, while the said **HUESTON ARTHUR REYNOLDS** 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 **HUESTON ARTHUR REYNOLDS**, absolutely and in fee simple as his sole and separate property.

HR H's initials
JLR W's initials

IN WITNESS WHEREOF, the parties have executed this agreement this
25 day of October, 2002.



HUESTON ARTHUR REYNOLDS

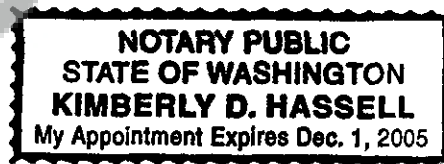

JOANN LAURANE REYNOLDS


STATE OF WASHINGTON)
) ss.
County of Skamania)

I certify that I know or have satisfactory evidence that HUESTON ARTHUR REYNOLDS and JOANN LAURANE REYNOLDS 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.


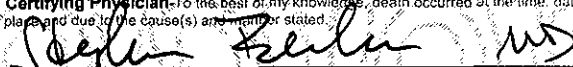
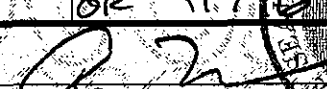
DATED this 25 day of October, 2002.


Notary Public in and for the
State of Washington.
Commission expires: 12/01/05



 H's initials
W's initials

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKAs if any): First Middle LAST Suffix Hueston Arthur REYNOLDS					2. Death Date March 29, 2010		
3. Sex (M/F) Male	4a. Age - Last Birthday 85	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skamania		
7. Birthdate June 23, 1924		8a. Birthplace (City, Town, or County) Portland		8b. (State or Foreign Country) Oregon	9. Decedent's Education High School Graduation		
10. Was Decedent of Hispanic Origin? (Yes or No) # 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.) 232 Heslen Road					13b. City or Town Carson		
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98610		13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 7 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Joann Laurane Blanchard			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Fire Chief				18. Kind of Business/Industry (Do not use Company Name) Fire Department			
19. Father's Name (First, Middle, Last, Suffix) Burley Hudson Reynolds				20. Mother's Name Before First Marriage (First, Middle, Last) Georgia Lavelle Buffum			
21. Informant's Name Joann Reynolds		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 232 Heslen Road Carson, WA 98610			
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence							
25. Facility Name (If not a facility, give number & street or location) 232 Heslen Road				26a. City, Town, or Location of Death Carson		26b. State WA	27. Zip Code 98610
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Columbia River Crematory			30. Location-City/Town, and State White Salmon, Washington		
31. Name and Complete Address of Funeral Facility Gardner Funeral Home PO Box 390 White Salmon, WA 98672						32. Date of Disposition April 5, 2010	
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. METASTATIC PROSTATE CANCER				Interval between Onset & Death 1 year	
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						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 checked="" 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, death occurred at the time, date, and place, and due to the cause(s) and manner stated. X  MD				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) STEPHEN BECKER 108 June St. Hood River OR 97034						50. Hour of Death (24hrs) 0830	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)						52. Date Signed (MM/DD/YYYY) 4/1/10	
53. Title of Certifier MD		54. License Number OR 11746		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) 04/05/2010	
59. Amendments							