

AFTER RECORDING MAIL TO:

Name Lavonne Camp

Address 141 Jackson Road

City/State Cook, WA 98605

SCC 3984

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

1. COMMUNITY PROPERTY AGREEMENT
- 2.
- 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. CAMP, CLYDE P.
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

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

1. CAMP, LAVONNE T.
- 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)

LOTS 16,17,18,19 & 20, BLOCK 6 TOWNSIDE OF COOKS

☐ Complete legal description is on page 4 of document

Assessor's Property Tax Parcel / Account Number(s): 03-09-34-2-1-0401-00

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.



REAL ESTATE EXCISE TAX

28976

MAR -7 2011

PAID - exempt
Vicki Chelland, Skamania County Treasurer
SKAMANIA COUNTY TREASURER

COMMUNITY PROPERTY AGREEMENT

KNOW ALL MEN BY THESE PRESENTS:

That CLYDE P. CAMP, husband, hereinafter called "first party", and LAVONNE T. CAMP, wife, hereinafter called the "second party", for and in consideration of the love and affection we each bear one toward the other and further in consideration of the mutual helpfulness we have been one to the other in the past and for and in consideration of the comingling of our joint efforts in earnings heretofore do hereby mutually agree one with the other, as follows:

That each and every piece, parcel, lot or tract of land wherever situated whether in Clark County, Washington, or in any other County in the State of Washington, and each and every part of the personal property wheresoever situated and each and every particle of mixed property wheresoever situated shall be by us and all other persons whomsoever deemed, esteemed, regarded, treated and known as community property in this agreement so made one with the other the date of acquiring, the manner of acquiring and all statements by either of us heretofore made respectation alleged separate property or affecting any property is to be regarded and esteemed as of no effect. The full intent and purpose of this instrument is to be construed by the courts, our heirs, executors and assigns and by all other persons whomsoever as a voluntary conveyance from one to the other and unitedly to the community of all our earthly possessions in such form and manner that the same shall from this date be the property of the community of ourselves as husband and wife. Similarly all property hereafter acquired by either of us or both of us irrespective of its nature shall likewise be deemed the community property of us.

Being desirous that said property shall pass unto the survivor without delay or expense in case of the death of either of the said parties; when in case of the death of the said first party while the said second party survives the said community property as above stated now owned by us or which may hereafter be acquired by us shall at once vest in the said second party in fee simple as her sole and separate property; and in the event of the death of the said second party leaving the said first party surviving her, the whole of said property now owned by us or which may hereafter be acquired by us shall at once vest in the said first party in fee simple as his sole and separate property.

Dated this 18th day of August, 1972.

Clyde P. Camp
Clyde P. Camp

Lavonne T. Camp
Lavonne T. Camp

STATE OF WASHINGTON)
County of CLARK) ss

On this 18 day of August, 1972, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared Clyde P. Camp and Lavonne T. Camp, husband and wife, to me known to be the individuals described in and who executed the 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 official seal this 18 day of August, 1972.



Allen T. Jordan
Notary Public in and for the State of Washington, residing at Vancouver,

CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK.

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

STATE FILE NUMBER

| | | |
|---|---|---|
| 1. Legal Name (Include AKA's, if any) First: <u>Clyde</u> Middle: <u>Philip</u> Last: <u>CAMP</u> Suffix: | 2. Death Date (MM/DD/YYYY) <u>May 10, 2006</u> | |
| 3. Sex (M/F) <u>Male</u> | 4a. Age - Last Birthday <u>76</u> | 4b. Under 1 Year Months: Days: Hours: Minutes: |
| 5. Social Security Number <u>[REDACTED]</u> | 6. County of Death <u>Multnomah</u> | |
| 7. Birthdate (MM/DD/YYYY) <u>April 4, 1930</u> | 8a. Birthplace (City/Town, or County) <u>Hinsdale</u> | 8b. (State or Foreign Country) <u>Illinois</u> |
| 9. Decedent's Education <u>High School Graduate/GED</u> | 10. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 11. Decedent's Race(s) <u>White</u> | 12. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 13. Residence: Number and Street (e.g., 624 SE 5th Street, Apt. No. 8) <u>141 Jackson Road</u> | 14. City/Town <u>Cook</u> | |
| 15. Residence County <u>Skamania</u> | 16. State or Foreign Country <u>Washington</u> | 17. Zip Code + 4 <u>98605</u> |
| 18. Marital Status at Time of Death <u>Married</u> | 19. Spouse's Name (If married or widowed, give name prior to first marriage) <u>LaVonne Theresa Hanken</u> | |
| 20. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") <u>Carpenter</u> | 21. Kind of Business/Industry (DO NOT USE COMPANY NAME) <u>Union Construction</u> | |
| 22. Father's Name (First, Middle, Last, Suffix) <u>Calvin Philip Camp</u> | 23. Mother's Name Prior to First Marriage (First, Middle, Last) <u>Beatrice Ellen Rice</u> | |
| 24. Informant's Name <u>LaVonne Camp</u> | 25. Telephone Number <u>509/538-2733</u> | 26. Relation to Decedent <u>Wife</u> |
| 27. Mailing Address (Number & Street, City/Town, State, Zip + 4) <u>141 Jackson Road, Cook, WA 98605</u> | 28. Facility Name <u>Providence Medical Center</u> | |
| 29. Place of Death <u>Inpatient/Hospital</u> | 30. City/Town or Location of Death <u>Portland</u> | 31. State <u>OR</u> |
| 32. Zip Code + 4 <u>97213</u> | 33. Method of Disposition <u>Burial</u> | |
| 34. Place of Disposition (Name of cemetery, crematory, or other place) <u>Evergreen Memorial Gardens</u> | 35. Location <u>Vancouver, WA</u> | |
| 36. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) <u>Gardner Funeral Home PO Box 390 White Salmon, WA 98672</u> | | |
| 37. Date of Disposition (MM/DD/YYYY) <u>May 17, 2006</u> | 38. Funeral Director's Signature <u>[Signature]</u> | 39. OR License Number <u>WA 1961</u> |
| 40. Registrar's Signature <u>Charlotte Hutchinson</u> | 41. Date Received (MM/DD/YYYY) <u>MAY 19 2006</u> | 42. Local File Number <u>02292</u> |
| 43. Record Amendment | | |
| 44. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 45. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 46. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 47. Time of Death <u>1700</u> | | |
| 48. 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. | | |
| Final disease or condition resulting in death -> Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death). | | Approximate Interval: Onset to Death |
| IMMEDIATE CAUSE + a. <u>Respiratory Failure</u> Due to (or as a consequence of) + b. <u>Chronic Neurological Disease</u> Due to (or as a consequence of) + c. <u></u> Due to (or as a consequence of) + d. <u></u> | | <u>unknown</u> <u>unknown</u> |
| 49. Other significant conditions contributing to death, but not resulting in the underlying cause given above: | | |
| 50. 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 | 51. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death | 52. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 53. Date of Injury (MM/DD/YYYY) | 54. Time of Injury | 55. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) |
| 56. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 57. Location of Injury (Number & Street, City/Town, State, Zip + 4) | | |
| 58. Describe how injury occurred. | | |
| 59. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) | | |
| 60. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4) <u>4805 NE Glisan, Suite BG05</u> | | |
| 61. Name and Title of Attending Physician if Other than Certifier <u>Vinay Siddappa, MD Providence Portland Medical Center Portland, OR 97213</u> | | |
| 62. Title of Certifier <u>MD</u> | 63. License Number <u>29936</u> | 64. Date Certified (MM/DD/YYYY) <u>5/15/2006</u> |
| 65. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. | | |
| 66. Medical Examiner - 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. | | |
| 67. Record Amendment | | |

ORIGINAL - VITAL RECORDS COPY

45-2 (01/06)

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

DATE ISSUED:

MAY 19 2006

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

Lila Wickham RN MS
LILA WICKHAM, RN, MS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT 'A'

PARCEL I

Lots 16, 17, 18, 19 and 20, Block 6 of the TOWNSITE OF COOKS, according to the recorded plat thereof recorded in Book 'A' of Plats, Page 33, in the County of Skamania, State of Washington.

ALSO, that portion of Lot 15, Block 6 of the TOWNSITE OF COOKS, according to the recorded plat thereof recorded in Book 'A' of Plats, Page 33, in the County of Skamania, State of Washington as described by Deed recorded in Book 49, Page 512.

PARCEL II

A tract of land in the Southwest Quarter of the Southeast Quarter of Section 27, Township 3 North, Range 9 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at an iron pipe one inch in diameter at the intersection of the East side of Kerr Street in Cooks, Washington, and the section line between Sections 34 and 27, Township 3 North, Range 9 East, which point is 733 feet West of the Southeast corner of the SW1/4SE1/4 of Section 27, The Point of Beginning; thence North 23°08' West 48 feet; thence North 84°53' East 105.3 feet; thence South 23°08' East 60.7 feet; thence North 88°44' West 110.5 feet to the Point of Beginning; AND ALSO,

Beginning on the Section line between Sections 27 and 34, Township 3 North, Range 9 East, said point being the Northwest corner of Lot 15, Block 6 of The Townsite of Cooks, and 622.5 feet more or less, North 88°44' West of the Southeast corner of the SW1/4SE1/4 of Section 27, The Point of Beginning; thence North 23°08' West 60.7 feet more or less; thence North 84°53' East 160 feet more or less; thence South 23°08' East 47.4 feet more or less; thence South 66°52' West 73.6 feet more or less to the South section line of said Section 27; thence North 88°48' West 83.2 feet more or less along the South section line to The Point of Beginning.

Skamania County Assessor
Date 3/7/11 Parcel# 3-7-34-2-1-401
CS