

WHEN RECORDED RETURN TO:

Janice L. Golphenee
P.O. Box 989
Canson, WA 98610

DOCUMENT TITLE(S)

CPA

REFERENCE NUMBER(S) of Documents assigned or released:

REAL ESTATE EXCISE TAX

28998

Additional numbers on page _____ of document.

GRANTOR(S):

Duane R. Golphenee

PAID Exempt

MAR 23 2011

Additional names on page _____ of document.

GRANTEE(S):

Janice L. Golphenee

VICKIE GOLPHENE, Deed
SKAMANIA COUNTY TREASURER

Additional names on page _____ of document.

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

Lot 5 of Wells' Home Plat, according to the official plat
entered on file and of record at pg 102 of Book 4 of plats, Records
 Complete legal on page _____ of document. of Skamania County

TAX PARCEL NUMBER(S):

03082130100100 Aut

Skamania County Assessor
Date 3/22/11 Parcel# 3-8-21-3-1001

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 AGREEMENT, made and entered into this 15 day of ~~April~~ ¹⁹⁸⁰ March, by and between DUANE R. GOLPHENEE and JANICE LOUISE GOLPHENEE, husband and wife of Goldendale, Klickitat County, Washington, pursuant to the provisions of Section 26.16.120, Revised Code of Washington, providing for agreements between husband and wife for the fixing of the status and disposition of community property to take effect upon the death of either, WITNESSETH:

That, in consideration of the love and affection that each of said parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and promised as follows:

FIRST: That all property of whatsoever nature or description, whether real or personal or mixed and wheresoever situated, now owned or hereafter acquired by them or either of them shall be considered and is hereby declared to be community property.

SECOND: That upon the death of either of the parties hereto, title to all community property as defined in the preceding paragraph shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said DUANE R. GOLPHENEE and JANICE LOUISE GOLPHENEE, have hereunto set their hands and seals this 15th day of ~~March~~ ^{April}, 1980.

DUANE R. GOLPHENEE
JANICE L. GOLPHENEE

STATE OF WASHINGTON)
: ss
County of Klickitat)

This certifies that on this day personally appeared before me DUANE R. GOLPHENEE and JANICE LOUISE GOLPHENEE, to me known to be the individuals who executed the foregoing instrument, and acknowledged the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal this 15 day of ~~March~~ ^{April}, 1980.

Michael D. Lee
NOTARY PUBLIC in and for the State
of Washington, residing at
Goldendale

CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK

PERMANENT
BLACK INK.

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

138

STATE FILE NUMBER

1. Legal Name (include AKA, if any)		First Duane	Middle Robert	Last GOLPHENEE	Suffix	2. Death (month/year)
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year Months	4c. Under 1 Day Hours	4d. Under 1 Day Minutes	5. Social Security Number	6. County of Death Hood River
Male 67						April 17, 2008
7. Birthdate (mm dd yyyy) Aug. 3, 1940	8a. Birthplace (City/Town, or County) Fairview	8b. (State of Foreign Country) Montana	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
13. Residence: Number and Street (e.g., 624 5th Street, Apt. No. 8) 111 Short Run Road			14. City/Town Carson			
15. Residence County Skamania		16. State or Foreign Country Washington	17. Zip Code + 4 98610	18. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. Marital Status at Time of Death Married		20. Spouse's Name (if married or widowed, give name prior to first marriage) Janice Louise Wortman			21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED") Police Officer	
22. Kind of Business/Industry (DO NOT USE COMPANY NAME) Law Enforcement		23. Father's Name (First, Middle, Last, Suffix) Robert Golphenee			24. Mother's Name Prior to First Marriage (First, Middle, Last) Nina Lucille Johnson	
25. Informant's Name Janice Golphenee		26. Telephone Number 509/427-4657	27. Relation to Decedent Wife	28. Mailing Address (Number & Street, City/Town, State, Zip + 4) PO Box 989, Carson, WA 98610		
29. Place of Death Inpatient - Hospital		30. Facility Name Providence Hood River Memorial Hospital			31. Location of Death (Give address) 811 13th Street	
32. City/Town or Location of Death Hood River		33. State Oregon			34. Zip Code + 4 97031	
35. Method of Disposition Removal From State		36. Place of Disposition (Name of cemetery, crematory, or other place) Columbia River Crematory			37. Location White Salmon, Washington	
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) Gardner Funeral Home, PO Box 390, White Salmon, WA 98672		39. Date of Disposition (mm/yyyy) April 21, 2008			40. Funeral Director's Signature <i>Janice Golphenee</i>	
41. OR License Number RR64		42. Registrar's Signature <i>Janice Golphenee</i>			43. Date Received (mm/yyyy) APR 28 2008	
44. Local File Number 061-2008		45. Record Amendment				
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
49. Time of Death 0855						
50. 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.						
Approximate Interval: Onset to Death						
Final disease or condition resulting in death? Pancreatic CANCER						
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). ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).						
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above.						
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending		53. 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		54. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		
55. Date of Injury (mm/yyyy)		56. Time of Injury	57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
59. Location of Injury (Number & Street, City/Town, State, Zip + 4)						
60. Describe how injury occurred.						
61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)						
62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4) Gary Regalbuto, MD 1410 May St, Hood River, OR 97031						
63. Name and Title of Attending Physician if Other than Certifier						
64. Title of Certifier MD		65. License Number 710537		66. Date Certified (mm/yyyy) 04/27/2008		
67. 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.			68. 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.			
69. Record Amendment						

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

DATE ISSUED:

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

MARIA C. SANTOYO
COUNTY REGISTRAR
HOOD RIVER COUNTY, OREGON

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OOD RIVER COUNTY, OREGON

