

WHEN RECORDED RETURN TO:

Janice L Golphene
P.O. Box 989
Carson, WA 98610

DOCUMENT TITLE(S)

CPA

REFERENCE NUMBER(S) of Documents assigned or released:

REAL ESTATE EXCISE TAX

☐ Additional numbers on page _____ of document.

28998

GRANTOR(S):

Duane R. Golphene

MAR 28 2011

PAID

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☐ Additional names on page _____ of document.

Vickie Pelland, Reg. Clk
SKAMANIA COUNTY TREASURER

GRANTEE(S):

Janice L. Golphene

☐ Additional names on page _____ of document.

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

*Lot 5 of Wells' Home Sites, according to the official plat
thereon on file and of record at pg 102 of Book 4, of plats, Records
of Skamania County.*

☐ Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

03082130100100 AWP

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, 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 April, 1980.

Duane R. Golphene
Janice L. Golphene

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 April, 1980.

Michaela Reed
NOTARY PUBLIC in and for the State
of Washington, residing at
Goldendale

CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK

489958
LD, TAG NO.

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

136-

STATE FILE NUMBER

1. Legal Name (Include AKA, if any) First Duane Middle Robert Last GOLPHENEE Suffix			2. Death Date (MM/DD/YYYY) April 17, 2008		
3. Sex (M/F) Male	4a. Age - Last Birthday 67	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Hood River
7. Birthdate (MM/DD/YYYY) Aug. 3, 1940	8a. Birthplace (City/Town or County) Fairview	8b. (State or 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 SE 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/DD/YYYY) April 21, 2008			40. Funeral Director's Signature [Signature]		
41. OR License Number RR64			42. Registrar's Signature [Signature]		
43. Date Received (MM/DD/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			CAUSE OF DEATH (See instructions and examples.)		
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
51. Final disease or condition resulting in death - Sequitely flat 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).					IMMEDIATE CAUSE - a. Due to (or as a consequence of) - b. Due to (or as a consequence of) - c. Due to (or as a consequence of) - d. Due to (or as a consequence of) -
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"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending			53. 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		
54. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown			55. Date of Injury (MM/DD/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 checked="" 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"/> Pedestrian <input type="checkbox"/> Other (Specify)		
62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4) Gary Regalbutto, 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 12345		
66. Date Certified (MM/DD/YYYY) 04/21/2008			67. Medical Examiner - 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		

ORIGINAL - VITAL RECORDS COPY

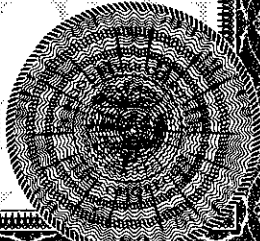
45-2 (01/06)

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

DATE ISSUED: _____

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Maria C. Santoyo
MARIA C. SANTOYO
COUNTY REGISTRAR
HOOD RIVER COUNTY, OREGON