

WHEN RECORDED RETURN TO:

David L. Drott

191 Norush Rd

Washougal, WA 98671

DOCUMENT TITLE(S)

CPA

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page _____ of document.

GRANTOR(S):

Jean A. Drott

REAL ESTATE EXCISE TAX

29207

SEP - 6 2011

☐ Additional names on page _____ of document.

GRANTEE(S):

David L. Drott

PAID

exempt

Vickie Chelland, Deputy
SKAMANIA COUNTY TREASURER

☐ Additional names on page _____ of document.

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

Lot 1 Dave Drott SP BK 3/Pg 302

☐ Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

0205310020000
JLD

Skamania County Assessor
Date 9-6-11 Parcel# 2-5-31-1-0-200
3111

☐ 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 this day by and between DAVID L. DROTT and JEAN A. DROTT, husband and wife, both of Clark County, Washington.

WITNESSETH:

That whereas said DAVID L. DROTT and JEAN A. DROTT are the owners of certain community and separate property, and whereas all of the property now owned, or which shall hereafter be acquired by them or either of them, is hereby declared to be the community property of the said DAVID L. DROTT and JEAN A. DROTT, and whereas said parties are desirous of providing for the disposition of said property upon the death of either, under and by virtue of and in conformity with the provisions of Section 26.16.120, Revised Code of Washington, and to provide that said property and all property of which either may die possessed, both real and personal and wherever situate, shall pass without delay or expense in case of the death of either of the said parties to the survivor;

NOW, THEREFORE, in consideration of the love and affection that each of said parties has for the other, **IT IS HEREBY AGREED:**

I

That all property of whatsoever nature or description, whether separate or community, whether real, personal or mixed and wheresoever situated now owned or hereafter acquired by them or either of them is hereby conveyed and converted into community property and hereafter shall be deemed community property for all purposes under the laws of the State of Washington.

II

That in case of the death of the said DAVID L. DROTT while the said JEAN A. DROTT survives, the whole of the said property hereinbefore described, together with any other property by them hereafter acquired, shall at once vest in the said JEAN A. DROTT, in fee simple, as her sole and separate property; and in case of the death of the said JEAN A. DROTT, leaving the said DAVID L. DROTT surviving, the whole of said property hereinbefore described, together with any other property by them hereafter acquired, shall at once vest in the said DAVID L. DROTT in fee simple, as his sole and separate property.

Community Property Agreement of
DAVID L. DROTT and JEAN A. DROTT

Page 2

IN WITNESS WHEREOF, the said parties have hereunto set their hand in duplicate this

3rd day of March, 2000.

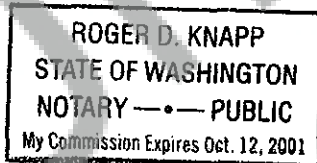

DAVID L. DROTT



JEAN A. DROTT

STATE OF WASHINGTON)
) ss.
COUNTY OF CLARK)

On this 3rd day of March, 2000, before me a Notary Public in and for the State of Washington, personally appeared the above named DAVID L. DROTT and JEAN A. DROTT, husband and wife, and acknowledged to me that they signed, sealed and executed the above Community Property Agreement as their free act and deed, for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year in the certificate first above written.




Notary Public in and for the State of
Washington, Residing at Ames.
My appointment expires: 10-12-01.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death

6 Local File Number: <u>1774</u>		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST <u>Jean Alice Drott</u>		2. Death Date <u>Aug. 24, 2011</u>	
3. Sex (M/F) <u>Female</u>	4a. Age - Last Birthday <u>66</u>	4b. Under 1 Year Months Days <u> </u>	4c. Under 1 Day Hours Minutes <u> </u>
5. Social Security Number <u> </u>	6. County of Death <u>Clark</u>		
7. Birthdate <u>Feb. 20, 1945</u>	8a. Birthplace (City, Town, or County) <u>El Paso</u>	8b. (State or Foreign Country) <u>Texas</u>	8. Decedent's Education <u>High School Graduate</u>
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <u>No</u>		11. Decedent's Race(s) <u>White</u>	
12. Was Decedent ever in U.S. Armed Forces? <u>No</u>			
13a. Residence: Number and Street (e.g., 824 SE 5th St.) (Include Apt. No.) <u>191 Norush Road</u>		13b. City or Town <u>Washougal</u>	
13c. Residence: County <u>Skamania</u>	13d. Tribal Reservation Name (if applicable) <u>N/A</u>	13e. State or Foreign Country <u>WA</u>	13f. Zip Code + 4 <u>98671</u>
13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence <u>12 Years</u>	15. Marital Status at Time of Death <u>Married</u>	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <u>David Drott</u>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) <u>Cook</u>		18. Kind of Business/Industry (Do not use Company Name) <u>School District Industry</u>	
19. Father's Name (First, Middle, Last, Suffix) <u>Carlton Lee Sandhorst</u>		20. Mother's Name Before First Marriage (First, Middle, Last) <u>Esther Marie Brixius</u>	
21. Informant's Name <u>David Drott</u>	22. Relationship to Decedent <u>Husband</u>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <u>191 Norush Road Washougal WA 98671</u>	
24. Place of Death, if Death Occurred in a Hospital: <u>Inpatient</u>		25. Facility Name (If not a facility, give number & street or location) <u>Southwest Washington Medical Center</u>	
26a. City, Town, or Location of Death <u>Vancouver</u>		26b. State <u>WA</u>	27. Zip Code <u>98664</u>
28. Method of Disposition <u>Burial</u>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <u>Camas Cemetery</u>	
30. Location: City/Town, and State <u>Camas, Washington</u>		31. Name and Complete Address of Funeral Facility <u>Brown's Funeral Home 410 NE Garfield St. Camas, WA 96807</u>	
32. Date of Disposition <u>Sept. 1, 2011</u>		33. Funeral Director Signature X <u>[Signature]</u>	
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) → <u>Severe Septic Shock</u>		Interval between Onset & Death <u>Day</u>	
Due to (or as a consequence of):		Interval between Onset & Death	
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 <u>Pyelonephritis</u>		Interval between Onset & Death <u>Days</u>	
Due to (or as a consequence of):		Interval between Onset & Death	
<u>Nephrolithiasis</u>		Interval between Onset & Death <u>Days</u>	
Due to (or as a consequence of):		Interval between Onset & Death	
d. <u>Disseminated Intravascular Coagulation</u>		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 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 checked="" 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. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
42. Date of Injury (MM/DD/YYYY) <u> </u>	43. Hour of Injury (24hrs) <u> </u>	44. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) <u> </u>	
45. Location of Injury: Number & Street <u> </u>		Apt No. <u> </u>	
City or Town <u> </u>		County <u> </u>	
State <u> </u>		Zip Code + 4 <u> </u>	
46. Describe how injury occurred: <u> </u>		47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) <u> </u>	
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. <u>[Signature]</u>		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. <u> </u>	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type of Print) <u>2211 E. Mill Plain Blvd</u>		50. Hour of Death (24hrs) <u>1744 Hours</u>	
51. Name and Title of Attending Physician if other than Certifier (Type of Print) <u> </u>		52. Date Signed (MM/DD/YYYY) <u>8/25/2011</u>	
53. Title of Certifier <u>MD</u>	54. License Number <u>000460824</u>	55. ME/Coroner File Number <u> </u>	56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature <u>[Signature]</u>		58. Date Received (MM/DD/YYYY) <u>AUG 29 2011</u>	
59. Amendments <u> </u>			