

WHEN RECORDED RETURN TO:

SHERRI L. CALLISON
291 MT PLEASANT RD
WASHOUGAL, WA 98671

DOCUMENT TITLE(S)

Community Property Agreement

REFERENCE NUMBER(S) of Documents assigned or released:

DEE C. CALLISON

REAL ESTATE EXCISE TAX

☐ Additional numbers on page _____ of document.

29347

GRANTOR(S):

DEC 13 2011

PAID

exempt

☐ Additional names on page _____ of document.

GRANTEE(S):

Vicki Chelland, Deputy
SKAMANIA COUNTY TREASURER

SHERRI L. CALLISON

☐ Additional names on page _____ of document.

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

EX. A.

☐ Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

010508000902000

☐ 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.

County of Skamania, State of Washington

Ex A

PARCEL 1:

The West 391.00 feet of that parcel of land conveyed to Dee C. and Judy M. Callison as recorded in Book 74, page 297 of Deeds, described as follows:

BEGINNING at the Northeast corner of the Southeast quarter of the Northeast quarter, Section 8, Township 1 North, Range 5 East of the Willamette Meridian; thence south $1^{\circ} 40' 35''$ West, along the east line of said Section 8, a distance of 175.00 feet; thence North $82^{\circ} 25' 25''$ West a distance of 511.71 feet to the TRUE POINT OF BEGINNING; thence North $82^{\circ} 25' 20''$ West a distance of 393.08 feet; thence South $1^{\circ} 40' 35''$ West a distance of 1266 feet to the North line of Mt. Pleasant Road; thence easterly along the north line of said Mt. Pleasant Road to a point which bears South $1^{\circ} 40' 35''$ West from the TRUE POINT OF BEGINNING; thence North $1^{\circ} 40' 35''$ East a distance of 1308 feet more or less to the TRUE POINT OF BEGINNING.

EASEMENT for rights of way 25 feet in width over an existing roadway connecting with Mt. Pleasant County Road as granted by instrument recorded February 16, 1968, under Auditor's File No. 85816. Included are appurtenant water rights (recorded at page 420 of Book J of miscellaneous records of Skamania County).

TOGETHER WITH that certain real property conveyed by Quit Claim Deed dated April 22, 1998 and more particularly described as follows:

A portion of the Southeast quarter of the Northeast quarter of Section 8, Township 1 North, Range 5 East, Skamania County, Washington described as follows:

BEGINNING at an iron rod with aluminum cap marking the quarter corner between Sections 8 and 9; thence North $01^{\circ} 40' 19''$ East, along the East line of the Northeast quarter of Section 8, for a distance of 1094.81 feet to a point that is South $01^{\circ} 40' 19''$ West,

175.00 feet from the Northeast corner of the Southeast quarter of the Northeast quarter of Section 8, said point being the Southeast corner of the "Collins tract" as described in Deed Book 51, page 13, Skamania County Auditor's records; thence North $82^{\circ} 33' 28''$ West, along the South line of the "Collins tract" and along the North line of the "Callison tract" as described in Deed Book 74, page 297, for a distance of 904.58 feet to the Northwest corner of the "Callison tract", and the TRUE POINT OF BEGINNING; thence South $01^{\circ} 40' 19''$ West, parallel with and 900 feet Westerly of the East line of the Northeast quarter of Section 8, and along the West line of the "Callison tract", 1178.72 feet to an existing fence; thence North $00^{\circ} 22' 00''$ West, along said fence, 172.21 feet to a 5/8 inch iron rod as set in a 1998 "Hagedorn, Inc. Survey" at an angle point in said fence; thence continuing along said fence, North $00^{\circ} 16' 00''$ East, 400.00 feet to a 5/8 inch iron rod (1998 "Hagedorn, Inc. Survey") at an angle point in said fence; thence North $00^{\circ} 48' 00''$ East, 609.35 feet to a 5/8 inch iron rod (1998 "Hagedorn, Inc. Survey") on the South line of the "Collins tract" above described; thence South $82^{\circ} 33' 28''$ East, along said South line, 25.34 feet to the TRUE POINT OF BEGINNING.

SUBJECT TO easements and restrictions of record.

Skamania County Assessor
Date 6/8/10 Parcel 1-5-8-902

THIS DEED is given to convert the aforescribed real property from the separate

Skamania County Assessor
Date 12-13-11 Parcel 1-5-8-902

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made this day by and between DEE C. CALLISON and SHERRI L. CALLISON, husband and wife, both of Skamania County, Washington.

WITNESSETH:

That whereas said DEE C. CALLISON and SHERRI L. CALLISON are the owners of certain community and separate property, 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 the sole purpose of disposition of assets upon the death of DEE C. CALLISON or SHERRI L. CALLISON.

II

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

Community Property Agreement of
DEE C. CALLISON and SHERRI L. CALLISON

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III

This Agreement is executed by the parties hereto for the sole purpose of providing for the disposition of assets upon the death of DEE C. CALLISON or SHERRI L. CALLISON, and shall not be utilized for any other purpose.

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

13th day of JANUARY, 2005
~~November, 2004.~~

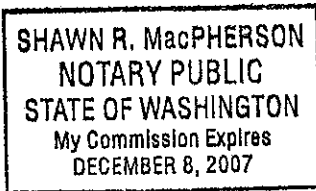
Dee C Callison
DEE C. CALLISON

Sherri L Callison
SHERRI L. CALLISON

STATE OF WASHINGTON)
COUNTY OF CLARK) ss.

On this 13th day of JANUARY, 2005
~~November, 2004~~, before me a Notary Public in and for the State of Washington, personally appeared the above named DEE C. CALLISON and SHERRI L. CALLISON, 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.



Shawn R. MacPherson
Notary Public in and for the State of
Washington, Residing at Camas
My appointment expires: 12-8-07

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any): First Middle LAST Dee Clark CALLISON			2. Death Date Dec. 10, 2010		
3. Sex (M/F) Male	4a. Age - Last Birthday 68	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Skamania
7. Birthdate Mar. 15, 1942		8a. Birthplace (City, Town, or County) Vancouver	8b. (State of Foreign Country) Washington	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? No
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 291 Mt. Pleasant Road				13b. City or Town Washougal	
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98671	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 35 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Sherri L. Bennett	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Fireman			18. Kind of Business/Industry (Do not use Company Name) Paper Mill		
19. Father's Name (First, Middle, Last, Suffix) Dougal E. Callison			20. Mother's Name Before First Marriage (First, Middle, Last) Vera V. Hostick		
21. Informant's Name Sherri Callison		22. Relationship to Decedent Wife	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 291 Mt. Pleasant Rd. Washougal, WA 98671		
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) 291 Mt. Pleasant Road			26a. City, Town, or Location of Death Washougal	26b. State WA	27. Zip Code 98671
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, WA	
31. Name and Complete Address of Funeral Facility Straub's Funeral Home 325 NE 3rd Ave. Camas, WA 98607			32. Date of Disposition 12/15/2010		
33. Funeral Director Signature X <i>[Signature]</i>					
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. Heart system Organ Failure			Interval between Onset & Death 6 weeks
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. Metastatic Bladder Cancer			Interval between Onset & Death 22 months
c. [REDACTED]		Interval between Onset & Death			
d. [REDACTED]		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 checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street [REDACTED]				Apt No. [REDACTED]	
City or Town: [REDACTED] County: [REDACTED] State: [REDACTED] Zip Code + 4: [REDACTED]					
46. Describe how injury occurred [REDACTED]				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. <i>[Signature]</i>				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. <i>[Signature]</i>	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) David Hagen 327 NE 5th Ave. Camas, WA 98607				50. Hour of Death (24hrs) 2215	
51. Name and Title of Attending Physician (other than Certifier) (Type or Print) [REDACTED]				52. Date Signed (mm/dd/yyyy) 12/13/10	
53. Title of Certifier MD		54. License Number MD000 23984		55. ME/Coroner File Number: [REDACTED]	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
57. Registrar Signature <i>[Signature]</i>				58. Date Received (mm/dd/yyyy) 12/15/2010	
59. Amendments					