

WHEN RECORDED RETURN TO:
David Ornduff
700 NE 132 nd Ave
Vancouver, WA 98684

DOCUMENT TITLE(S)
CPA
REFERENCE NUMBER(S) of Documents assigned or released:
<input type="checkbox"/> Additional numbers on page _____ of document.
GRANTOR(S):
Patricia L. Ornduff
<input type="checkbox"/> Additional names on page _____ of document.
GRANTEE(S):
David H. Ornduff
<input type="checkbox"/> Additional names on page _____ of document.
LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):
SW 1/4, sec 15, T4N, R7E. LOT 2 EL Descanso AL RID
<input type="checkbox"/> Complete legal on page _____ of document.
TAX PARCEL NUMBER(S):
04071530020000
<input type="checkbox"/> 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.

Skamania County Assessor
Date 4-18-12 Parcel 4-7-15-3-200

REAL ESTATE EXCISE TAX

29491

APR 18 2012

PAID

EXEMPT

Timothy O. Todd
SKAMANIA COUNTY TREASURER

ORIGINAL

COMMUNITY PROPERTY AGREEMENT

This AGREEMENT is made and entered into this 16th day of March, 2012, by and between David H. Ornduff ("Husband") and Patricia L. Ornduff ("Wife"), of Clark County, Washington. For and in consideration of the love and affection that each has for the other, and in consideration of the mutual benefits to be derived by each, the parties agree as follows:

1. **Property Covered.** This agreement shall apply to all community and separate property now owned or hereafter acquired by Husband and Wife (except for assets for which a separate beneficiary designation has been or is hereafter made by Husband or Wife and approved by the other spouse) even though some items may have been or may be purchased or acquired by one or the other or both or may have been or may be registered in the name of one or the other or both. If Husband dies and Wife survives, any separate property of Husband which is owned by Husband at the time of his death (except for assets which Husband has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of his death, and if Wife dies and Husband survives her, any separate property of Wife which is owned by Wife at the time of her death (except for assets which Wife has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of her death. All such property shall be regarded as community property upon the death of the first spouse. (The parties agree that at the present time all properties they now own, whether titled individually or collectively, are community property and that neither has any separate property.)

2. **Vesting at Death of a Spouse:** If Husband dies and Wife survives him, all of the described community property shall vest in Wife as of the moment of Husband's death. If Wife dies and Husband survives her, all of the described community property shall vest in Husband as of the moment of Wife's death.

3. **Disclaimer:** Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this agreement in whole or in part, or with reference to specific parts, shares or assets thereof, in which event the interest disclaimed shall pass as if the provisions of Paragraph 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.

4. **Mutual Amendments/Revocation:** This agreement may be amended or revoked by written instrument executed and acknowledged by both spouses.

5. **Automatic Revocation:** The provisions of Paragraph 2 shall be automatically revoked:

(a) Upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce, in which case this agreement shall be null and void as of its inception as though it were never executed; or

(b) Immediately prior to death, if the order of death cannot be ascertained.

6. **Optional Revocation by One Party:** If either party becomes disabled, the other party shall have the power to terminate the provisions of Paragraph 2 and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardian(s), if any, of the person and of the estate of the disabled person. For the purposes of this

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST				2. Death Date			
Patricia Lea Ornduff				Mar 26, 2012			
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death		
Female	71	Months Days	Hours Minutes		Clark		
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)		9. Decedent's Education			
Feb 21, 1941	Unknown	California		Some College, No degree			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.				11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces?	
No, Not of hispanic Origin				White		No	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)				13b. City or Town			
700 NE 132nd Avenue				Vancouver			
13c. Residence: County	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country		13f. Zip Code + 4	13g. Inside City Limits?		
Clark		Washington		98684	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)			
15 years		Married		David Hugh Ornduff			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))				18. Kind of Business/Industry (Do not use Company Name)			
Homemaker				Own Home			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Raymond Hutchinson				Vivian Black			
21. Informant's Name		22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No. City or Town State Zip				
David Ornduff		Spouse	700 NE 132nd Ave, Vancouver, Washington 98684				
24. Place of Death, if Death Occurred in a Hospital:				24. Place of Death, if Death Occurred Somewhere Other than a Hospital:			
				Decedent's Residence			
25. Facility Name (If not a facility, give number & street or location)				26a. City, Town, or Location of Death	26b. State	27. Zip Code	
700 NE 132nd Avenue				Vancouver	WA	98684	
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State			
Cremation		First Call Plus Crematory		Portland, Oregon			
31. Name and Complete Address of Funeral Facility				97213	32. Date of Disposition		
Cremation & Burial Care of Oregon, 225 NE 80th Avenue Portland, Oregon					March 30, 2012		
33. Funeral Director Signature X							
Cause of Death (See instructions and examples)							
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)						Interval between Onset & Death	
→ Lung cancer						Month	
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						Interval between Onset & Death	
N/A						Interval between Onset & Death	
Due to (or as a consequence of):						Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above						36. Autopsy?	
None						<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		39. If female		40. Did tobacco use contribute to death?			
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide		<input checked="" type="checkbox"/> Not pregnant within past year		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably			
<input type="checkbox"/> Accident <input type="checkbox"/> Undetermined		<input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		<input type="checkbox"/> No <input type="checkbox"/> Unknown			
<input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Pregnant at time of death		<input type="checkbox"/> Unknown if pregnant within the past year			
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 type="checkbox"/> No <input type="checkbox"/> Unk		
45. Location of Injury: Number & Street:				Apt. No.			
City or Town:				State:			
46. Describe how injury occurred				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 - On the basis of my knowledge, death occurred at the time, date, and place and due to the causes stated.				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 causes, and manner stated.			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs)			
Rosie Palisson, MD 1260x 1st Plain Blvd				0400			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy)			
Vancouver, WA 98684				3/28/2012			
53. Title of Certifier		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner?	
Medical Doctor		MD047492				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature				58. Date Received (mm/dd/yyyy)			
X				MAR 29 2012			
59. Amendments							