

AFTER RECORDING MAIL TO;
Ross R. Rakow
117 East Main St.
Goldendale, WA 98620

Document Title(s) (or Transactions contained herein)

1. Declaration of Non Probate

Reference Number(s) of Documents assigned or released.

None

REAL ESTATE EXCISE TAX

Grantor:

1. Graves, Frank James, Sr.

29510
APR 26 2012

Grantee:

1. Graves, Nelda

PAID EXEMPT
[Signature]
SKAMANIA COUNTY TREASURER

Legal Description of property affected is as follows:

IN SKAMANIA COUNTY WASHINGTON

A single parcel situated and commonly known as:
An Island in the Columbia River (AC:3.) as recorded and the further identified in the records of the Office of the Auditor of Skamania County:

Property Account # 02071100090100. described as:
An Island in the Columbia River (AC:#) as recorded and the further identified in the records of the Office of the Auditor of Skamania County, more particularly described as Gov. Lot 6 of Section 11 and Gov. Lot of 1, Section 12, all in Township 2 North, Range 7 East of the Willamette Meridan, Skamania County, WA.

Skamania County Assessor
Date 4-26-12 Parcel# 2-7-11-0-0-901
JW

After Recording please Return to:
Ross R. Rakow
227 East Main St.
Goldendale, Wa 98620

DECLARATION OF NON PROBATE

Re: Frank James Graves, Sr. Deceased

I, Nelda Clara Graves, do hereby declare under the penalties of perjury under the laws of the State of Washington that each of the following facts are true.

Identity of Declarant: I, Nelda Clara Graves am of the age of majority; in all ways competent to be a witness in any court; and I set forth the following facts of my own personal knowledge.

My address is as follows:

Ms. Nelda C. Graves

509-493-3935

P. O. Box 476

Whie Salmon, Wa 98672

Identity of Decedent: Frank James Graves. Sr. died on February 12th, 2012 being at said time a resident of Klickitat County, Washington. A true copy of his death certificate is attached.

Heirship: Decedent and I were married February 18th, 1975 and we remained married at the time of his death. Decedent had had only three children born to or adopted by him, all of whom are of the age of majority, and children of deceased son whose names and addresses are as follows and set forth on attachment hereto.:

Rick Graves

Frank James Graves, Jr.

Sue Anne Klugel

Deceased

Deceased

Community Property Agreement. On February 25th, 2010 Decedent and I duly executed an agreement in writing before a Notary Public in which all separate property of each party was converted to community property and which provided that the interests therein of the first to die would pass to the other. The original is attached hereto.

Intestate: Decedent is not known to have left a will and which, in any case would not dispose of any property because of the community property agreement.

Probate: No probate proceedings are necessary in the State of Washington nor will they be conducted here or in any other state.

Disposition of Estate: Declarant is entitled to inherit all of decedent's interest in our community property and pursuant to the statutes of descent and distribution of the State of Washington.

Estate Property: At the time of his death decedent and I owned real and personal property in Skamania County, State of Washington all of which was our community property more particularly described as follows:

IN SKAMANIA COUNTY WASHINGTON

A single parcel and commonly known as an Island in the Columbia River (AC:3.) as recorded and further identified in the records of the office of the Auditor of Skamania County.

Property Account # 0271100090100

(See page 1 hereof)

Creditors: All debts and obligations of the decedent of every kind and nature whatsoever including but not limited to those of last illness, burial and costs of administration have been fully paid or provided for.

Taxes: The value of Decedent's interests in all property in which he had any interest at the time of his death wheresoever situated, did not exceed \$1,000,000 and all state no state or federal taxes returns were required and no obligations arose incident to his death.

Notice to State of Washington: Although the decedent had never received from the State of Washington, or any other state, any form of assistance consisting of nursing facility services, or any other form of assistance I have caused a copy of this declaration to be transmitted to the State of Washington, addressed as follows:

Department of Revenue
Estate Recovery Unit
P. O. Box 9501
Olympia, Wa. 98507-9501

Covenant: I make this declaration in order to induce any and all persons, agencies, and entities to whose attention it may come, particularly public agencies and those engaged in the issuance of title insurance policies, to rely hereon without qualification or condition and hereby covenants to warrant and defend the facts as herein set forth to any and all such persons and entities acting in reliance hereon.

Attachments:

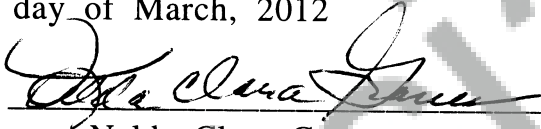
Original of Community Property Agreement.

Copy of Death Certificate

Names addresses of children and Grandchildren of Deceased Son.

I certify and declare under the penalties of perjury of the State of Washington that the foregoing facts are true.

Dated this 16th day of March, 2012


Nelda Clara Graves

Unofficial Copy

COMMUNITY PROPERTY SURVIVORSHIP AGREEMENT

This agreement is entered into this day last below written by and between the undersigned who are husband and wife and residents of the State of Washington who desire to enter into and to establish an agreement with respect to the status of their property and the disposition thereof upon the death of either.

NOW THEREFORE, the parties do hereby agree that

(a) All property of whatever nature or description, whether real, personal, or mixed, wherever situate, now owned or hereafter acquired by one of the parties, including any real real or personal property which has been heretofore or which may hereafter be received by either party through gift devise and/or inheritance from third parties, is hereby declared to be their Community Property;

(b) Upon the death of one of the parties, survived by the other, the title and right to possession of all such property shall vest in and become the sole and separate property of the survivor in fee simple;

(c) The survivor may, however, disclaim any interest passing under the terms of this agreement in whole or in part, or with reference to specific assets, parts, portions or shares thereof, in the same manner as provided by law for disclaimers of testamentary bequests, and the disclaimed interest shall pass as if this agreement had been revoked as to the disclaimed property immediately prior to the death of the decedent;

(d) Each party acknowledges having read or having had this agreement had read to him and her; understands its legal effect; has been informed of the important right of each to be represented by independent counsel in



the negotiation and drafting of this agreement. Each party acknowledges that each has had adequate, full and fair disclosure of all assets now owned and the value of each involved in this agreement; and has had as much opportunity as they each desire to inquire as to the legal consequences of this agreement, and elects to waive said right; and that

(e) This agreement may be terminated upon (1) the mutual agreement of the parties evidenced by any writing signed by both; and (2) it shall be deemed terminated, revoked and of no further force or affect upon the death of the parties where the order of death can not in fact be ascertained without the aid of presumptions in law.

IN WITNESS WHEREOF, the parties' hereto have executed this agreement on this 25th day of February, 2002010.

Frank Sauer Nelda S. Graves
Husband Wife

State of Washington)


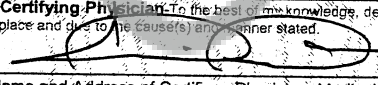
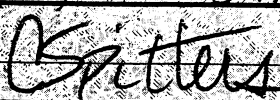
County of Klickitat)

I, the undersigned Notary Public in and for the State of Washington do hereby certify that on this day personally appeared before me Frank T. GRAVES AND NELDA S. GRAVES husband and wife, to me known to be the persons described in and who executed the within and foregoing instrument, and acknowledged to me, each for himself and herself, that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and seal this 25th day of February, 2002010.

Ross R. Pahan
Notary Public in and for the State of Washington, residing at Goldendale.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number 2012-1022		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix Frank James GRAVES			2. Death Date Feb. 19, 2012		
3. Sex (M/F) Male	4a. Age - Last Birthday 83	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Klickitat
7. Birthdate March 28, 1928		8a. Birthplace (City, Town, or County) Covington	8b. (State or Foreign Country) Indiana	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 5 th St.) (Include Apt. No.) 344 Wyers St.			13b. City or Town White Salmon		
13c. Residence: County Klickitat		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98672
14. Estimated length of time at residence. 40 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Nelda Clara Stephenson	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Logger			18. Kind of Business/Industry (Do not use Company Name) Timber		
19. Father's Name (First, Middle, Last, Suffix) Oliver Graves			20. Mother's Name Before First Marriage (First, Middle, Last) Anna Aasheim		
21. Informant's Name Nelda Graves		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip P.O. Box 476 White Salmon, WA 98672	
24. Place of Death, if Death Occurred in a Hospital			25. 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) 344 Wyers St.			26a. City, Town, or Location of Death White Salmon		26b. State WA
27. Zip Code 98672		28. Method of Disposition Burial			
29. Place of Final Disposition (Name of cemetery, crematory, other place) White Salmon Cemetery		30. Location - City/Town, and State White Salmon, Washington			
31. Name and Complete Address of Funeral Facility Gardner Funeral Home 1270 N. Main Ave./POB 390 White Salmon, WA 98672					32. Date of Disposition MAR 21 2012
33. Funeral Director Signature X 					
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. brainstem stroke (infarction) Interval between Onset & Death: 2 weeks Due to (or as a consequence of): 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 Due to (or as a consequence of): Interval between Onset & Death: Due to (or as a consequence of): 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? <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 type="checkbox"/> No <input type="checkbox"/> Unk		45. Location of Injury: Number and Street, Apt. No., City or Town, County, State, Zip Code + 4:			
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: To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner 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 cause(s) and manner stated.		
49. Name and Address of Certifier - Physician, Medical Examiner, or Coroner Kirk Land Weller 501 N. Graham, Ste. 510 Portland, OR 97227			50. Hour of Death (24hrs) 2:10		
51. Name and Title of Attending Physician, if other than Certifier (Type of Print)			52. Date Signed (MM/DD/YYYY) 2/23/12		
53. Title of Certifier Neurologist (MD)		54. License Number MD 17340		55. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature 				58. Date Received (MM/DD/YYYY) MAR 21 2012	
59. Amendments					

1097425 DECL
04/13/2012 02:46 PM Page: 7 of 8 Fees: 69.00
Brenda Sorensen County Auditor, Klickitat County WADOH 01-003 (5/99)
MUST HAVE THE OFFICIAL SEAL