

WHEN RECORDED RETURN TO:
 Elma Christner
 24801 Ash Place
 Ocean Park Wa
 98640

DOCUMENT TITLE(S)
 Community Property Agreement

REFERENCE NUMBER(S) of Documents assigned or released:
 Additional numbers on page _____ of document.

GRANTOR(S): Laverne Christner

REAL ESTATE EXCISE TAX
 29525
 MAY 08 2012

Additional names on page _____ of document.

GRANTEE(S): Elma B Christner

PAID exempt
 Vicki Cullendeady
 SKAMANIA COUNTY TREASURER

Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):
 S 28 T 2 R 5

Complete legal on page 7 of document.

TAX PARCEL NUMBER(S):
 02052820010500 and 10580 LM
 5-8-12

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.

Return to:
Guy M. Glenn, Attorney at Law
12305 Sandridge Road
Long Beach, Washington 98631

COMMUNITY PROPERTY AGREEMENT

This Agreement is made and entered into on April 7, 2004,
by and between **LAVERNE N. CHRISTNER and ELMA B. CHRISTNER**, husband and
wife, both of whom are domiciled in the State of Washington. In consideration of their
mutual agreements set forth below, the parties agree as follows:

1. Property Covered. This Agreement shall apply to all property (community and
separate) now owned or hereafter acquired by Husband and Wife even though some items
may have been purchased or acquired by one or the other or both or may have been or may
be registered in the name of one or other or both, which shall be considered and is declared
to be the community property of the parties.

2. Vesting at Death of a Spouse. If one spouse dies and the other spouse survives by
ten days, all of the described community property shall vest in the surviving spouse as of the
moment of death of the first spouse to die.


3. Automatic Revocation. The provisions of Sections 1 and 2 above shall be
automatically revoked upon the filing by either party of a petition, complaint or other pleading
for separation, dissolution or divorce.

4. Optional Revocation by One Party. If either party becomes disabled, the other party shall have the power to terminate the provisions of Section 2 above. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardians, if any, of the person and of the estate of the disabled spouse. Each party designates the other party as attorney-in-fact to become effective upon disability to agree to the termination. For the purposes of this paragraph, a spouse shall be deemed disabled if a person duly licensed to practice medicine in the State of Washington signs a statement declaring that the named spouse is unable to manage his or her own affairs.

5. Revocation of Inconsistent Agreements. To the extent this Agreement is inconsistent with the provisions of any community property agreement, will or other arrangement previously made by either or both of the parties that affect the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

Laverne N. Christner
LAVERNE N. CHRISTNER, Husband

Elma B. Christner
ELMA B. CHRISTNER, Wife

 3071610
Page: 2 of 3
04/09/2004 02:24P
Pacific Co, WA
GUY GLENN ATTY CPA 21.00

STATE OF WASHINGTON)
) ss:
County of Pacific)

On this day personally appeared before me LAVERNE N. CHRISTNER and ELMA B. CHRISTNER 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.

GIVEN under my hand and official seal on April 7, 2004.

Guy Glenn

Notary Public in and for the
State of Washington,
residing at Long Beach.

My Commission Expires: 2-25-7



Unofficial Copy

 **3071610**
Page: 3 of 3
04/09/2004 02:24P
Pacific Co, WA

GUY GLENN ATTY

CPA

21.00

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Last Name (Include Middle Initial)		First Name		Middle Name		Suffix		Date of Death		
LaVerne		Nicholas		CHRISTNER		CHRISTNER		Apr 5, 2010		
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death					
M	73	Months	Days	Hours	Minutes	Pacific				
7. Birthdate		8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)		9. Decedent's Education				
September 4, 1936		Mt. Pleasant		Iowa		High School Graduate / GED				
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				Caucasian			No			
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)						13b. City or Town				
24801 Ash Place						Ocean Park				
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country		13f. Zip Code + 4		13g. Inside City Limits?		
Pacific				Washington		98640		<input type="checkbox"/> Yes <input checked="" 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		Elma B. Dobbs						
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)						
Supervisor				Paper mill						
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)						
Archie Christner				Marie Hendrickson						
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No.		City or Town		State Zip		
Elma B. Christner		Wife		24801 Ash Place		Ocean Park		WA 98640		
24. Place of Death, if Death Occurred in a Hospital:				24. Place of Death, if Death Occurred Somewhere Other than a Hospital:						
Inpatient										
25. Facility Name (If not a facility, give number & street or location)				26a. City, Town, or Location of Death		26b. State		27. Zip Code		
Ocean Beach Hospital				Ilwaco		WA		98624		
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)			30. Location-City/Town, and State					
Cremation		Pacific Crematory			Long Beach, Washington					
31. Name and Complete Address of Funeral Facility						32. Date of Disposition				
Penttila's Chapel by The Sea 1515 S Pacific Ave POB 417 Long Beach, WA 98631						April 8, 2010				
33. Funeral Director Signature						33. Funeral Director Signature				
Daniel J. Hickey - WA Funeral Directors Lic #2104										
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. Respiratory Arrest Interval between Onset & Death: Immediate										
Due to (or as a consequence of): b. Pulmonary Fibrosis Interval between Onset & Death: Years										
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 c. Chronic Obstructive Pulmonary Disease Interval between Onset & Death: Years										
Due to (or as a consequence of): d. Smoking Interval between Onset & Death: Years										
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		
Chronic Lymphocytic Leukemia, Recurrent Pneumonia, Diabetes										
38. Manner of Death		39. If female		40. Did tobacco use contribute to death? 110 pack years						
<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		<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		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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 & 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 - On the basis of knowledge, skill, and experience, and after a physical examination, state the cause and date of the cause of death (in manner stated)						48b. Medical Examiner/Coroner - On the basis of examination, and the investigation, in my opinion, death occurred at the time, date, and place, and caused by the causes and manner stated				
Randy Ensinger M.D. 4-7-10										
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)						50. Hour of Death (24hrs)				
Randy Ensinger, M.D. 176 1st Avenue NE, Ilwaco, WA 98624						1850				
51. Name and Title of Attending Physician if other than Certifier (Type or Print)						52. Date Signed (MM/DD/YYYY)				
						April 7, 2010				
53. Title of Certifier		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Certifying Physician		MD23657								
57. Registrar Signature						58. Date Received (MM/DD/YYYY)				
Jeanne Weyl						04/08/2010				
59. Amendments										





Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

This is a legal Document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof: Certificate of Naturalization	Medical Record	School Record
Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
Insurance Records	Birth Record	Alien Registration Card (front and back)
Marriage/Divorce Records	Passport	

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

Dr. James Edstam, MD, Health Officer/Registrar
 PACIFIC COUNTY APR 15 2010
 PUBLIC HEALTH AND HUMAN SERVICES
 SOUTH BEND, WASHINGTON 98586

TT00238409

000208

BOOK 172 PAGE 749

BOOK 113 PAGE 44

LEGAL DESCRIPTION

THAT PORTION OF THE NORTHWEST QUARTER OF THE SECTION 28, TOWNSHIP 2 NORTH, RANGE 5 EAST OF THE WILLAMETTE MERIDIAN, COUNTY OF SKAMANIA, STATE OF WASHINGTON, DESCRIBED AS FOLLOWS:

BEGINNING AT THE CENTER OF SECTION 28, TOWNSHIP 2 NORTH, RANGE 5 E-W-M-1; THENCE NORTH 292.63 FEET; THENCE WEST 26.29 FEET TO A POINT ON THE WEST LINE OF THE COUNTY ROAD; THENCE WEST 315 FEET TO A PIPE AND THE POINT OF BEGINNING; THENCE NORTH 90° 00' 00" WEST 623 FEET; THENCE NORTH 00° 00' 00" EAST 699.15 FEET; THENCE NORTH 89° 38' 10" EAST 623 FEET; THENCE SOUTH 00° 00' 00" WEST 703.09 FEET TO THE POINT OF BEGINNING;

TOGETHER WITH AN EASEMENT FOR HIGHWAY AND EGRESS OVER AN EXISTING 60 FOOT ROAD WHICH STARTS AT A POINT ON THE EAST LINE OF THE TRACT DESCRIBED ABOVE 405.25 FEET NORTH OF THE SOUTHEAST CORNER OF SAID TRACT AND RUNS EASTERLY TO THE LA BARRE COUNTY ROAD; RESERVING TO THE SELLER TO ALSO USE THE 60 FOOT ROAD WHICH STARTS AT A POINT ON THE EAST LINE OF THE TRACT WHICH IS 405.25 FEET NORTH OF THE SOUTHEAST CORNER OF THE TRACT AND RUNS WESTERLY ACROSS THE TRACT.

RECORDS DEPARTMENT OF THIS COUNTY FOR QUALITY RECORDING

Skamania County Assessor
 Date 5-8-12 Parcel# 2-5-28-2-0-105-00
105-80

Handwritten mark resembling a stylized 'L' or '7' in a circle.