

WHEN RECORDED RETURN TO:
Curtis A. Skaar
181 Skaar Road
Stevenson, WA 98648

DOCUMENT TITLE(S)
Death Cert (Exhibit)

REFERENCE NUMBER(S) of Documents assigned or released:
CPA Book 62 Page 84
73019

REAL ESTATE EXCISE TAX
296.25
JUL - 5 2012

☐ Additional numbers on page _____ of document.

GRANTOR(S):
Barbra J. Skaar

PAID *[Signature]*
Vickie Chelland
SKAMANIA COUNTY TREASURER

☐ Additional names on page _____ of document.

GRANTEE(S):
Curtis A. Skaar

☐ Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):
All that portion of land located in T3N, R7E, Sec 24
and in the NW 1/4 of T3N, R7E, Sec 25, Skamania, WA

☐ Complete legal on page _____ of document.

TAX PARCEL NUMBER(S): 6.S.
03072400140000

☐ 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.

CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK

H100348
I.D. TAG NO.

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	1. Legal Name (Include AKA, if any) First: Barbra Middle: Jean Last: SKAAR Suffix:					2. Death Date (MON DO YYYY) June 9, 2012	
	3. Sex (MF) Female	4a. Age - Last Birthday 72	4b. Under 1 Year Months: Days:	4c. Under 1 Day Hours: Minutes:	5. Social Security Number	6. County of Death Multnomah	
	7. Birthdate (MON DO YYYY) Dec. 7, 1939		8a. Birthplace (City/Town, or County) North Bonneville		8b. (State or 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	13. Residence: Number and Street (e.g., 624 SE 9th Street, Apt. No. 8) 181 Skaar Road				14. City/Town Stevenson		
	15. Residence County Skamania		16. State or Foreign Country Washington		17. Zip Code + 4 98648		
	18. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown						
	19. Marital Status at Time of Death Married			20. Spouse's Name (If married or widowed, give name prior to first marriage.) Curtis A. Skaar			
	21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") Business Owner				22. Kind of Business/Industry (DO NOT USE COMPANY NAME.) Upholstery Shop		
	23. Father's Name (First, Middle, Last, Suffix) Elbert E. Bowen			24. Mother's Name Prior to First Marriage (First, Middle, Last) Mildren Larson			
	25. Informant's Name Curt Skaar		26. Telephone Number 509-427-8156		27. Relation to Decedent Husband		
	28. Mailing Address (Number & Street, City/Town, State, Zip + 4) 181 Skaar Rd. Stevenson, WA 98648						
	29. Place of Death Inpatient-Hospital			30. Facility Name Providence Medical Center			
	31. Location of Death (Give address.) 4805 NE Glisan			32. City/Town or Location of Death Portland		33. State OR	
	34. Zip Code + 4 97213						
TO BE COMPLETED BY MEDICAL CERTIFIER	35. Method of Disposition Removal From State		36. Place of Disposition (Name of cemetery, crematory, or other place) Columbia River Crematory		37. Location White Salmon, Washington		
	38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) Gardner Funeral Home 1270 N. Main Ave./POB 390 White Salmon, WA 98672						
	39. Date of Disposition (MON DO YYYY) June 11, 2012		40. Funeral Director's Signature <i>[Signature]</i>		41. OR License Number RR64		
	42. Registrar's Signature <i>[Signature]</i>		43. Date Received (MON DO YYYY) JUN 20 2012		44. Local File Number 00761		
	45. Record Amendment						
	46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Time of Death 0120		
	49. Cause of Death (See instructions and examples.)						
	50. 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.					Approximate Interval: Onset to Death	
	Final disease or condition resulting in death -> Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).						
	IMMEDIATE CAUSE a. Adult Respiratory Distress Syndrome					4 days	
	Due to (or as a consequence of) b. Interstitial Fibrosis					2 years	
	Due to (or as a consequence of) c. Sjogren's Syndrome					6 years	
	Due to (or as a consequence of) d.						
	51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: Hypertensive Lung Cancer						
	52. 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		53. If Female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		
55. Date of Injury (MON DO YYYY)		56. Time of injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)			
58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
59. Location of Injury (Number & Street, City/Town, State, Zip + 4)							
60. Describe how injury occurred.							
61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)							
62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4) Michael Harris 1304 Montello Hood River, OR 97031							
63. Name and Title of Attending Physician [If Other than Certifier]							
64. Title of Certifier MD			65. License Number 17422		66. Date Signed (MON DO YYYY) 06-13-2012		
67. Medical Certifier - 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>			68. Medical Examiner - 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.				
69. Record Amendment							

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS OR A DELEGATED LOCAL OFFICE.

DATE ISSUED:

JUN 20 2012

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Legal description for
03-07-24-0-0-1400-00

A tract of land located in the SW $\frac{1}{4}$ of Sec. 24, T3N, R7E W.M.
And the NW $\frac{1}{4}$ of Section 25, T3N, R7E W.M. Skamania County
State of Washington.

Beginning at a point in the centerline of the county road known and designated as the Cloverdale-Skaar Road, said point being 178.9 feet north and 1,649 feet east of the southwest corner of the said section 24; thence south 157.8 feet to intersection with the south line of the said section 24; thence north 89 degrees 16' east along said section line 186.6 feet to the SE corner of the West half of the East half of the West half of the Southeast $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ of said section 24; thence north along the east line of the West half of the East half of the West half of the southeast $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ of the said section 24 to an intersection with the centerline of said Cloverdale-Skaar road; thence Southwesterly following the centerline of said road to the point of beginning; said tract containing .73 acre more or less.

Also including the following portion of land recorded under Auditor Book and Page number Book 64 Page 999; Skamania County, State of Washington.

Also including the following portion of land recorded under Auditor File number 2004153486, Skamania County, State of Washington.

Also including the following portion of land recorded under Auditor File number 2005157610, Skamania County, State of Washington.

Subject To easement and right of way for the County road known and designated as Cloverdale-Skaar Road.

73019

BOOK 62 PAGE 484

COMMUNITY PROPERTY AGREEMENT

This COMMUNITY PROPERTY AGREEMENT entered into this day by and between CURTIS A. SKAAR AND BARBERA J. SKAAR, husband and wife, of Stevenson in Skamania County, State of Washington:

WITNESSETH:

WHEREAS, the parties hereto are the owners of certain real and personal property in the State of Washington; and

WHEREAS, it is contemplated by the parties hereto that in the future they may acquire additional property situated in the State of Washington; and

WHEREAS, it is the desire of the parties hereto that all of their property situated in the State of Washington shall pass to the survivor without delay or expense in the event of the death of either party;

NOW, THEREFORE, we, CURTIS A. SKAAR and BARBERA J. SKAAR, husband and wife, for and in consideration of the love and affection which we have one for the other, do hereby mutually agree that all of the property which we now own separately, jointly or otherwise, and whether real, personal or otherwise, and situated in the State of Washington, shall be and it is hereby declared to be the community property of the parties, and each of the parties to this agreement does hereby convey and transfer to the other party and to the community, all property owned by them in the State of Washington, even though the same be held in his or her separate estate; and

We hereby mutually agree that all of the property which shall hereafter be acquired by either of us, whether separately, jointly or otherwise, and of whatsoever nature and situated in the State of Washington, shall be and it is hereby declared to be community property, and each of the parties does hereby convey and transfer to the other and to the community all such property hereafter acquired by either of them, even though the same be acquired in his or her separate estate; and

IT IS FURTHER AGREED that the whole of the community now owned by us or hereafter acquired by us in the State of Washington, including all property the status

COMMUNITY PROPERTY AGREEMENT -Page Two.

of which is changed or created by this agreement, shall at once, in the event of the death of Curtis A. Skaar while the said Barbra J. Skaar survives, be vested in Barbra J. Skaar absolutely and in fee simple as her sole and separate property; and in the event of the death of the said Barbra J. Skaar while the said Curtis A. Skaar survives, then the whole of the community property now owned by us or hereafter acquired by us in the State of Washington, including all property the status of which is changed or created by this agreement, shall at once vest in the said Curtis A. Skaar absolutely and in fee simple as his sole and separate property.

IT IS FURTHER AGREED that this community property agreement shall pertain only to real and personal property situated in the State of Washington.

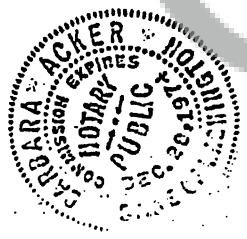
IN WITNESS WHEREOF the parties hereto have executed this agreement this 4th day of January, 1971.

Curtis A. Skaar (SEAL)
CURTIS A. SKAAR
Barbra J. Skaar (SEAL)
BARBRA J. SKAAR

STATE OF WASHINGTON)
)) ss.
County of Skamania)

I, the undersigned, a Notary Public in and for the State of Washington, hereby certify that on this 4th day of January, 1971 personally appeared before me CURTIS A. SKAAR and BARBRA J. SKAAR, husband and wife, to me known to be the individuals described in and who executed the foregoing instrument, and acknowledged that they signed and sealed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal the day and year last above written.



Barbara Ackers
Notary Public, in and for the State of Washington, residing at Stevenson, Washington