

WHEN RECORDED RETURN TO:
Susan Impson
PO Box 321
Stevenson, Wa
98648

DOCUMENT TITLE(S)
Community property agreement /
Death Certificate

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page _____ of document.

GRANTOR(S):
Hugh Bateman Impson Jr.

☐ Additional names on page _____ of document.

GRANTEE(S):
Susan B. Impson

☐ Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):
Lot 9+10 Blk 3 2nd addition to Hellonish
Acne tract Acc. to the recorded Plat
The ref, recorded in BKA of Plats, PG 100,
☐ Complete legal on page _____ of document. in the County of Skamania

TAX PARCEL NUMBER(S): in the State of Wash.
03753623040000

☐ Additional parcel numbers on page _____ of document.

Skamania County Assessor
Date 7-18-12 Parcel 3-75-36-23-0400
ym

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.

REAL ESTATE EXCISE TAX
29638
JUL 18 2012
PAID EXEMPT
Timothy O. Todd Deputy
SKAMANIA COUNTY TREASURER

COMMUNITY PROPERTY AGREEMENT

THIS COMMUNITY PROPERTY AGREEMENT, entered into this day by and between **HUGH BATEMEMAN IMPSON** and **SUSAN ANN IMPSON**, husband and wife, of County, State of Washington.

WITNESSETH:

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

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

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

NOW THEREFORE, WE, HUGH BATEMAN IMPSON and SUSAN ANN IMPSON, 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

<u>HB</u>	H's initials
<u>SA</u>	W's initials

own separately, jointly, or otherwise, and whether real, personal or otherwise, and where so ever situate, shall be and it is hereby declared to be the community property of the parties, and each of the parties to this agreement do hereby convey and transfer to the other party and to their community all property owned by them, 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 where so ever situate, shall be and it is hereby declared to be community property, and each of the parties do hereby convey and transfer to the other and to their 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 property now owned by us or hereafter acquired by us, including all property the status of which is changed or created by this agreement, shall at once, in the event of the death of , while the said survives, be vested in , absolutely and in fee simple as her sole and separate property; and, in the event of the death of the said , while the said survives, then the whole of the community property now owned by us or hereafter acquired by us, including all property now owned by us or hereafter acquired by us, including all property the status of which is changed or created by this agreement, shall at once vest in the said , absolutely and in fee simple as his sole and separate property.

<u>HL</u>	H's initials
<u>JS</u>	W's initials

IN WITNESS WHEREOF, the parties have executed this agreement this 1st day of August, 2007 .

Hugh Bateman Impson
HUGH BATEMAN IMPSON

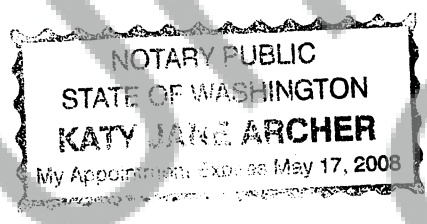
Susan Ann Impson
SUSAN ANN IMPSON

STATE OF WASHINGTON)
) ss.
County of Skamania)

I certify that I know or have satisfactory evidence that **HUGH BATEMAN IMPSON** and **SUSAN ANN IMPSON** are the persons who appeared before me, and said persons acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 1st day of August, 2007.

Katy Jane Archer
Notary Public in and for the
State of Washington.
Commission expires:



H H's initials
S W's initials

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death					State File Number	
1. Legal Name (include AKA's if any) First: Hugh Middle: Bateman LAST: Impson Suffix: Jr.			2. Death Date: May 28, 2012			
3. Sex (M/F): Male	4a. Age - Last Birthday: 85	4b. Under 1 Year: Months	4c. Under 1 Day: Hours	5. Social Security Number: [REDACTED]	6. County of Death: Skamania	
7. Birthdate: Nov. 3, 1926	8a. Birthplace (City, Town, or County): Monroe	8b. (State or Foreign Country): Mississippi		9. Decedent's Education: 2 Years College		
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? Yes	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.): 232 Shepard Avenue					13b. City or Town: Stevenson	
13c. Residence: County: Skamania		13d. Tribal Reservation Name (if applicable):		13e. State or Foreign Country: Washington	13f. Zip Code + 4: 98648	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence: 21 Years		15. Marital Status at Time of Death: Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): Susan Ann Brady		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)): Line Assigner				18. Kind of Business/Industry (Do not use Company Name): Communications		
19. Father's Name (First, Middle, Last, Suffix): Hugh Bateman Impson				20. Mother's Name Before First Marriage (First, Middle, Last): Mattie Purvis		
21. Informant's Name: Susan Impson		22. Relationship to Decedent: Spouse		23. Mailing Address: Number and Street or RFD No.: PO Box 321, Stevenson, WA 98648		
24. Place of Death, if Death Occurred in a Hospital: 232 Shepard Avenue				25. Facility Name (If not a facility, give number & street or location): 232 Shepard Avenue		
26a. City, Town, or Location of Death: Stevenson				26b. State: WA	27. Zip Code: 98648	
28. Method of Disposition: Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place): PFS Crematory		30. Location-City/Town, and State: Portland, OR		
31. Name and Complete Address of Funeral Facility: Neptune Cremation Service 17819 NE Riverside Pkwy, #E, Portland, OR 97230					32. Date of Disposition: 06/01/2012	
33. Funeral Director Signature X Kelly Bax						
34. Enter the <u>chain of events</u> - 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) → Respiratory Arrest				Interval between Onset & Death: 3 hours		
Sequentially list conditions, if any, lead to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST Compensatory Mechanism Failure				Interval between Onset & Death: 2 days		
35. Other significant conditions contributing to death but not resulting in the underlying cause given above: prior CVA's, HTN, Hyperlipidemia, CHF, CAD				36. Autopsy? <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 & Street: [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.				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 (Type or Print): Troy Witherite, MD 212 Skyline Drive, WA 98672				50. Hour of Death (24hrs): 0843		
51. Name and Title of Attending Physician if other than Certifier (Type or Print):				52. Date Signed (MM/DD/YYYY): 5/30/12		
53. Title of Certifier: MD	54. License Number: WA 46597	55. Coroner File Number:		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
57. Registrar Signature: [Signature]				58. Date Received (MM/DD/YYYY): 05/31/2012		
59. Amendments:						

