
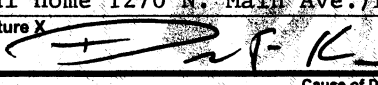
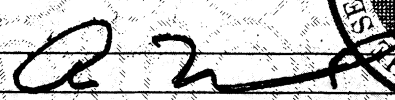


WHEN RECORDED RETURN TO:
Patricia Hargrove
P.O. Box 23
Underwood, WA 98651

DOCUMENT TITLE(S)	
Death certificate	
REFERENCE NUMBER(S) of Documents assigned or released:	
REAL ESTATE EXCISE TAX	
<input type="checkbox"/> Additional numbers on page _____ of document.	
GRANTOR(S):	
Robert E. Hargrove	PAID <u>29809</u>
	NOV 14 2012
<input type="checkbox"/> Additional names on page _____ of document.	
GRANTEE(S):	
Patricia M. Hargrove	
<input type="checkbox"/> Additional names on page _____ of document.	
LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):	
EX. A	
<input type="checkbox"/> Complete legal on page _____ of document.	
TAX PARCEL NUMBER(S):	
03.10.22.0.0.1300.00 	
<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.	

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 Suffix Robert Earl HARGROVE				2. Death Date July 2, 2011							
3. Sex (M/F) Male		4a. Age - Last Birthday 59		4b. Under 1 Year Months Days		4c. Under 1 Day Hours Minutes		5. Social Security Number [REDACTED]		6. County of Death Skamania	
7. Birthdate March 11, 1952		8a. Birthplace (City, Town, or County) Cleveland		8b. (State or Foreign Country) Mississippi		9. Decedent's Education Some College, No Degree					
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 5th St.) (Include Apt. No.) 21 Hood Road								13b. City or Town Underwood			
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 98651		13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence. 32 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)- Patricia Marie James							
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Carpenter				18. Kind of Business/Industry (Do not use Company Name) Construction							
19. Father's Name (First, Middle, Last, Suffix) Belton Hargrove				20. Mother's Name Before First Marriage (First, Middle, Last) Thelma Overstreet							
21. Informant's Name Patti Hargrove		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip P.O. Box 23 Underwood, WA 98651							
24. Place of Death, if Death Occurred in a Hospital: 21 Hood Road				25. Facility Name (if not a facility, give number & street or location) 21 Hood Road							
26a. City, Town, or Location of Death Underwood				26b. State WA		27. Zip Code 98651					
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Columbia River Crematory				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 7-8-2011			
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. <u>Legionnaires</u> Due to (or as a consequence of):										Interval between Onset & Death <u>< 1995</u>	
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 b. <u>Septicemia</u> Due to (or as a consequence of):										Interval between Onset & Death <u>Jan 2010</u>	
c. Due to (or as a consequence of):										Interval between Onset & Death	
d. 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 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: 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. x <u>Steven S. Koontz</u>						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 Steve Koontz PO Box 1519 White Salmon								50. Hour of Death (24hrs) 0530			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)								52. Date Signed (MM/DD/YYYY) 07-06-2011			
53. Title of Certifier Physician Assistant		54. License Number WA 10001		55. Coroner File Number				56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
57. Registrar Signature X 								58. Date Received (MM/DD/YYYY) 07/11/2011			
59. Amendments											

COMMUNITY PROPERTY AGREEMENT

This COMMUNITY PROPERTY AGREEMENT dated 5/6/2011, is between Robert Hargrove and Patricia Hargrove (the "parties"), as husband and wife.

The parties are married to each other, are residents of the State of Washington, and desire to enter into this Agreement in order to set forth the status of their property as Community Property and to provide for its disposition to the survivor of them at the death of the first of them to die.

WHEREFORE, the parties revoke all prior Community Property Agreements and any other agreement regarding the status or disposition of his, her, or their property to the extent of any inconsistency with this Agreement and agree as follows:

1. **Financial Disclosure.** Each party has fully disclosed to the other party his/her assets, incomes, debts, and liabilities, and the other party is satisfied that full disclosure has been made.
2. **Status of Property.** All property of whatever nature or description, whether real, personal, or mixed, and wherever located, within or without the State of Washington, now owned or hereafter acquired by either party or both of the parties shall be and is the Community Property of the parties.
3. **Disposition of Property.** Upon the death of either party survived by the other party, all interest of the deceased party in the then current Community Property of the parties shall pass to and become the sole and separate property of the survivor of the parties.
4. **Disclaimer.** Upon the death of either party survived by the other party, the surviving spouse may disclaim, in whole or in part, and if in part, any specific part, share, or asset, any interest passing under this Agreement. Upon such disclaimer, the disclaimed interest shall pass as if Paragraph 3 immediately above had been revoked as to that interest at the deceased spouse's death but with the surviving spouse continuing to be entitled to any benefits by any alternative disposition.
5. **Automatic Revocation of Paragraph 3.** Paragraph 3 immediately above shall be automatically revoked upon the occurrence of any of the following events:
 - a. The establishment of a domicile outside the State of Washington by either party.
 - b. The simultaneous death of both parties or their death if its order cannot be reasonably determined.
 - c. The filing in a Court of competent jurisdiction by either party or both parties of a Petition for Marital Dissolution, Legal Separation, or Declaration of Marital Invalidity followed by the death of either party survived by the other party before such proceeding is either dismissed, abandoned, or completed, with its completion

being determined by the entry of an Order of Dissolution, Legal Separation, or Marital Invalidity, respectively.

6. Optional Revocation of Paragraph 3 by Either Party. If either party becomes disabled, the other party may revoke Paragraph 3 above but only by a writing signed by that party and acknowledged before a Notary Public. For purposes of this paragraph, a party shall be "disabled" if he/she is:

- Determined in a writing to be unable to adequately manage his/her property or financial affairs by two independent physicians, or
- Found to be legally disabled by a Court of competent jurisdiction.

7. Optional Revocation of Paragraph 3 by Both Parties. Paragraph 3 above may be revoked by both parties but only by a writing signed by both of them and acknowledged before a Notary Public.

8. Independent Counsel. Each party recognizes that he/she has the right to be represented by independent counsel as regards the advisability of his/her entering into this Agreement and waives that right.

IN WITNESS WHEREOF, the Parties have signed this Agreement on *May 6th 2011*

Robert Hargrove
Patricia Hargrove

STATE OF WASHINGTON)
COUNTY OF *Klickitat*) ss.

On this day personally appeared before me *Robert Hargrove* and *Patricia Hargrove* proven to be the individuals described in and who executed the within and foregoing Community Property Agreement, and acknowledged 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 official seal on:



Steven A. Springer
NOTARY PUBLIC in & for Washington
My appointment expires on: *6/16 Dec 14th 2011*

BOOK 87 PAGE 13

EXHIBIT "A"

That portion of the Southwest Quarter of the Northwest Quarter of Section 22, Township 3 North, Range 10 East of the Willamette Meridian, described as follows:

The North 254.09 feet of the following:

Beginning at the West Quarter corner of said Section 22; thence North $0^{\circ} 19'$ East 20.17 chains (1331.22 feet); thence South $89^{\circ} 59'$ East 4.96 chains (327.36 feet); thence South $0^{\circ} 19'$ West 20.17 chains (1331.22 feet); thence North $89^{\circ} 59'$ West 4.96 chains (327.36 feet) to the point of beginning.

EXCEPT: The South 266.15 feet thereof.

ALSO EXCEPT: Beginning at the Northeast Corner of the above conveyed tract; thence South $0^{\circ} 19'$ West a distance of 180 feet; thence North $89^{\circ} 59'$ West a distance of 112 feet; thence North $0^{\circ} 19'$ East a distance of 180 feet; thence South $89^{\circ} 59'$ East a distance of 112 feet to the point of beginning of this exception.

ALSO KNOWN AS LOT 1 of the Sroufe Short Plat, recorded March 19, 1979, under Auditor's File No. 88208, records of Skamania County, Washington.

SUBJECT TO water rights for one-half of the water from a well located on the above-described property.

Skamania County Assessor
Date 11-14-12 Parcel 3-10-22-1300

No.
TRANSACTION EXCISE TAX
OCT 11 1984
Amount Paid
By

OHNGREN - HARGROVE & JAMES
Warranty Fulfillment Deed
Exhibit "A"