

WHEN RECORDED RETURN TO:
Sharon L Acker
P.O. Box 990
Carson, WA. 98610

REAL ESTATE EXCISE TAX
29868
DEC 17 2012
PAID exempt
9 deputy
SKAMANIA COUNTY TREASURER

DOCUMENT TITLE(S)
Community Property Agreement

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

GRANTOR(S):
ACKER, George M & Sharon L

[] Additional names on page ____ of document.

GRANTEE(S):
ACKER, Sharon L

[] Additional names on page ____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):
In Attached Lot 20 Columbia Heights
A136

[☒] Complete legal on page 2+3 of document.

TAX PARCEL NUMBER(S):
03080708060100
03080900660106
03082941348800
ym

[] 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.

FILED FOR RECORD
SKAMANIA CO. WASH
BY Sharron Acker

After recording return document to:

George and Sharron Acker
P. O. Box 990
Carson, WA 98610

MAR 12 12 35 PM '96
P. Olson
AUDITOR
GARY M. OLSON

124770

BOOK 165 PAGE 972

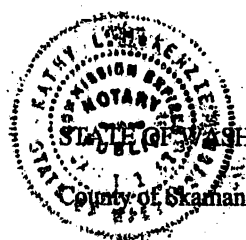
QUIT CLAIM DEED

The Grantor, SHARRON L. ACKER (previously known as Sharron L. Feldhausen) for and in consideration of love and affection, conveys and quit claims to GEORGE M. ACKER and SHARRON L. ACKER, husband and wife, as tenants in common with right of survivorship, the following described real estate, situated in the County of Skamania, State of Washington, together with all after acquired title of the grantor therein:

Lot 20 of Columbia Heights, according to the official plat thereof on file and of record at Page 136 of Book A of Plats, Records of Skamania County, Washington.

Dated this 11th day of March, 1996.

Gary M. Olson, Skamania County Auditor
Date 3/12/96 Parcel # 3-8-29-4-1-3400
unrec'd



Sharron L. Acker
SHARRON L. ACKER

Skamania County Assessor
Date 12-17-12 Parcel # 3-8-29-4-1-3400
LM

On this day personally appeared before me SHARRON L. ACKER, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 11th day of March, 1996.

17543
REAL ESTATE EXCISE TAX

MAR 12 1996
PAID Unmpst
SW
SKAMANIA COUNTY TREASURER

Kathy L. McKenzie
Kathy L. McKenzie, Notary
Public in and for the State of Washington,
residing at Stevenson

My commission expires: 1/1/97

Registered ☒
Advised, Dir ☒
Indirect ☒
Filmed ☐
Mailed ☐

BOOK 186 PAGE 499

After recording return document to:

George Acker
P. O. Box 990
Carson, WA 98610

20057
REAL ESTATE EXCISE TAX

FEB 12 1999

PAID excise
of Deputy
SKAMANIA COUNTY TREASURER

QUIT CLAIM DEED

The Grantors, BETTY BRADER, BARBARA ACKER and BONNIE LAMB, for and in consideration of love and affection, convey and quit claim to GEORGE M. ACKER and SHARRON L. ACKER, husband and wife, as tenants in common with right of survivorship, the following described real estate, situated in the County of Skamania, State of Washington, together with all after acquired title of the grantors therein:

Beginning at the 'common corner' which is a point lying S 01-21-14 E, 3745.12 feet and S 89-23-44 E, 133.03 feet from the North ¼ corner of Section 7, Township 3 North, Range 8 East, W.M., in the County of Skamania and the State of Washington and which is marked by an iron rod with aluminum cap; thence N 01-21-14 W, 811.32 feet along a common line with Parcel 1 to a point in an existing fence line; thence S 87-58-18 W, 132.96 feet along said fence line; thence S 01-21-14 E, 29.57 feet; thence N 89-19-07 W, 1738.48 feet, more or less, to the center of WIND RIVER and the northwest corner of this parcel description; thence Southerly along said centerline to a point lying S 06-12-18 E, 915.02 feet from said northwest corner; thence Easterly along said centerline to a point lying N 82-22-30 E, 915.48 feet from said last call; thence S 89-23-44 E, 883.47 feet along a common line with Parcel 3 to the point of beginning; TOGETHER WITH AND SUBJECT TO an easement of 60 feet in width for access and utility purposes over, under and across ACKER ROAD [private] from Point "A" as follows, to wit: N 03-26-46 E, 40.40 feet; thence N 22-26-21 E, 62.71 feet; thence N 27-08-27 E, 12.91 feet to the Southwesterly right of way of WIND RIVER HIGHWAY, and there terminating; ALSO TOGETHER WITH AND SUBJECT TO an easement of 60 feet in width for access and utility purposes over, under and across NINA LANE (private road) from said Point "A"; ALSO TOGETHER WITH AND SUBJECT TO an easement over said ACKER ROAD for ingress and egress to the common picnic area.

Containing 34.48 acres, more or less.

Gary H. Martin, Skamania County Assessor
Date 2/12/99 Parcel # 3-8-07-0-0-601-00

Skamania County Assessor
Date 12-17-92 Parcel # 3-8-07-0-0-601-00
JM + 601-06

COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 2nd day of April, 1996, between **GEORGE M. ACKER** ("Husband") and **SHARRON L. ACKER** ("Wife"), 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 community property now owned or hereafter acquired by Husband and Wife (except for assets for which a separate beneficiary designation has been or is hereafter made by Husband or Wife and approved by the other spouse) even though some items may have been or may be purchased or acquired by one or the other or both or may have been or may be registered in the name of one or the other or both. If Husband dies and Wife survives, any separate property of Husband which is owned by Husband at the time of his death except for assets for which Husband has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of his death, and if Wife dies and Husband survives her, any separate property of Wife which is owned by Wife at the time of her death (except for assets for which Wife has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of her death. All such property is referred to in this Agreement as the "described community property."

2. **Vesting at Death of a Spouse:** If Husband dies and Wife survives him, all of the described community property shall vest in Wife as of the moment of Husband's death. If Wife dies and Husband survives her, all of the described community property shall vest in Husband as of the moment of Wife's death.

3. **Disclaimer:** Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, or with reference to specific parts, shares or assets thereof, in which event the interest disclaimed shall pass as if the provisions of Paragraph 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.

4. **Automatic Revocation:** The provisions of Paragraph 2 shall be automatically revoked:

(a) Upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce; or

(b) Upon the establishment of a domicile out of the State of Washington by either party; or

(c) Immediately prior to death, if the order of death cannot be ascertained.

5. **Optional Revocation by One Party:** If either party becomes disabled, the other party shall have the power to terminate the provisions of Paragraph 2 and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. 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 person. 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 person is unable to manage his or her own affairs.

6. **Powers of Appointment:** This Agreement shall not affect any power of appointment now held by or hereafter given to Husband or Wife or both of them, nor shall it obligate Husband or Wife or both of them to exercise any such power of appointment in any way.

2 - COMMUNITY PROPERTY AGREEMENT

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

Joseph M. Oakes DATED: 4 - 2 - 96
Husband

Sharon L. Oakes DATED: 4 - 2 - 96
Wife

Mary L. McJannet *Carla S. Grant*
Witness Witness

Unofficial Copy

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 George Marion Acker					2. Death Date 10/12/2012		
3. Sex (M/F) M	4a. Age - Last Birthday 83	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	6. County of Death Skamania		
7. Birthdate 10/22/1928		8a. Birthplace (City, Town, or County) Camas		8b. (State or Foreign Country) Washington	9. Decedent's Education Some 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? No	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 41 Tamarack Lane					13b. City or Town Carson		
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98610	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. 18 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Sharron Monroe			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Woods Superintendent				18. Kind of Business/Industry (Do not use Company Name) Logging			
19. Father's Name (First, Middle, Last, Suffix) Otis Acker				20. Mother's Name Before First Marriage (First, Middle, Last) Nina Hall			
21. Informant's Name Sharron Acker		22. Relationship to Decedent Spouse		23. Mailing Address: Number and Street or RFD No. City or Town State Zip PO Box 990, Carson, WA 98610			
24. Place of Death, if Death Occurred in a Hospital:				25. Facility Name (If not a facility, give number & street or location) 41 Tamarack Lane			
25. Facility Name (If not a facility, give number & street or location) 41 Tamarack Lane				26a. City, Town, or Location of Death Carson		26b. State WA	
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 Ross Hollywood Chapel 4733 NE Thompson St, Portland, OR 97213						32. Date of Disposition 10/24/2012	
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. Cause of Death (See instructions and examples) IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Metastatic small cell lung cancer Interval between Onset & Death Months 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. Small cell lung cancer Interval between Onset & Death Months 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 d. 35. Other significant conditions contributing to death but not resulting in the underlying cause given above NONE 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Probably <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-To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. x Ray Fitzsimmons MD 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. x 49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) RAY FITZSIMMONS MD 2128 1 st St. White Salmon WA 98672 50. Hour of Death (24hrs) 11:35 51. Name and Title of Attending Physician if other than Certifier (Type or Print) SAME 52. Date Signed (MM/DD/YYYY) 10/17/2012 53. Title of Certifier MD 54. License Number MD 00016666 55. Coroner File Number 56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 57. Registrar Signature 58. Date Received (MM/DD/YYYY) OCT 23 2012 59. Amendments							