

WHEN RECORDED RETURN TO:
<u>ERNEST G. REYNOLDS</u>
<u>PO Box 422</u>
<u>CARSON, WA 98610</u>

DOCUMENT TITLE(S)	REAL ESTATE EXCISE TAX
<u>CPA</u>	<u>29893</u>
	<u>JAN - 8 2013</u>
REFERENCE NUMBER(S) of Documents assigned or released:	PAID <u>exempt</u> <u>Michael Landy, Deputy</u> SKAMANIA COUNTY TREASURER
<input type="checkbox"/> Additional numbers on page ____ of document.	
GRANTOR(S):	
<u>JANINE C. REYNOLDS</u>	
<input type="checkbox"/> Additional names on page ____ of document.	
GRANTEE(S):	
<u>ERNEST G. REYNOLDS</u>	
<input type="checkbox"/> Additional names on page ____ of document.	
LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):	
<u>SE 1/4 OF THE SE 1/4 S25, T4N, R 7 1/2 E</u>	
<input checked="" type="checkbox"/> Complete legal on page <u>4</u> of document.	
TAX PARCEL NUMBER(S):	
<u>04752540020000</u>	
<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.	

COMMUNITY PROPERTY AGREEMENT

This **COMMUNITY PROPERTY AGREEMENT** dated Feb 27, 2012 is between Tamara C. Reynolds and Ernest G. Reynolds (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

NOTARY PUBLIC in & for Washington
My appointment expires on: 04/28/15

BOOK 235 PAGE 578

EXHIBIT 'A'

PARCEL I

A tract of land located in the Southeast Quarter of the Southeast Quarter of Section 25, Township 4 North, Range 7-1/2 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at a point 1,485 feet East of the Southwest corner of the Southeast Quarter of the said Section 25; thence North 1,320 feet; thence East 165 feet; thence South 1,320 feet; thence West 165 feet to the point of beginning.

PARCEL II

A tract of land in the Southeast Quarter of Section 25, Township 4 North, Range 7-1/2 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at a 2-inch aluminum pipe and cap marked "Corner No. 4", which is located 981.66 feet, more or less, North 88°40'41" West of the South 1/16 corner of the East line of Section 25, Township 4 North, Range 7.5 East, Willamette Meridian, which corner is also the Northeast corner of property owned by Robert E. and Margaret M. Woster, further described in Deed recorded in Book 63, Page 582, Skamania County Records; thence North 88°40'41" West, 163.61 feet, more or less, to a 2-inch aluminum pipe and cap marked "Corner No. 1", which corner is also the Northwest corner of Wosters' property as previously described; thence North 01°14'18" East, 22.5 feet, more or less, to a 2-inch aluminum pipe and cap marked "Corner No. 2"; thence South 88°40'41" East, 163.62 feet, more or less, to a 2-inch aluminum pipe and cap marked "Corner No. 3"; thence South 01°15'51" West, 22.5 feet, more or less, to the point of beginning.


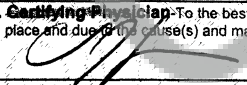
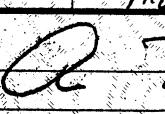
Gary M. Marun, Skamania County Assessor

Date 1-15-03 Parcel # 4-712-25-4-200

GMM

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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1. Legal Name (Include AKA's if any): First Middle LAST Janine Claire REYNOLDS				2. Death Date March 3, 2012	
3. Sex (M/F) Female	4a. Age - Last Birthday 65	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Skamania
7. Birthdate Sept. 9, 1947	8a. Birthplace (City, Town, or County) Milwaukie		8b. (State or Foreign Country) Oregon		9. Decedent's Education Doctorate
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.) 501 Cedar Creek				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
14. Estimated length of time at residence. 9 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Ernest George Reynolds	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Veterinarian				18. Kind of Business/Industry (Do not use Company Name) Animal Medicine	
19. Father's Name (First, Middle, Last, Suffix) Joseph Casper Jasper			20. Mother's Name Before First Marriage (First, Middle, Last) Anita Dorothy Wallace		
21. Informant's Name Ernest Reynolds		22. Relationship to Decedent Husband		23. Mailing Address: Number and Street or RFD No. City or Town State Zip PO Box 422 Carson WA 98610	
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence					
25. Facility Name (If not a facility, give number & street or location) 501 Cedar Creek				26a. City, Town, or Location of Death Carson	26b. State WA
				27. Zip Code 98610	
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 Mar. 7, 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Ischemic heart disease 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 Due to (or as a consequence of): Interval between Onset & Death: 1 yr. 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				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
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 checked="" 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 checked="" 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 				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) Sonia Schuemann 1620 E. 12th St. The Dalles WA 97058				50. Hour of Death (24hrs) 1600	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) March 8 2012	
53. Title of Certifier MD	54. License Number MD 20946		55. Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
57. Registrar Signature X 				58. Date Received (MM/DD/YYYY) 03/08/2012	
59. Amendments					