

WHEN RECORDED RETURN TO:
Rossetta M. Drury
PO Box 46
Carson, WA 98610

DOCUMENT TITLE(S)
Community Property Agreement

REFERENCE NUMBER(S) of Documents assigned or released:
67/981 & 76/616

☐ Additional numbers on page _____ of document.

GRANTOR(S):
William A. Drury

☐ Additional names on page _____ of document.

GRANTEE(S):
Rossetta M. Drury

☐ Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):
Sect 21 T3N R8E

☒ Complete legal on page 5 of document.

TAX PARCEL NUMBER(S):
03.08.21.200.81 600 JM 2-4-13

☐ 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.

REAL ESTATE EXCISE TAX

29924
FEB -4, 2013

PAID Exempt
Audrey Fahris Deputy
SKAMANIA COUNTY TREASURER

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COMMUNITY PROPERTY AGREEMENT

Agreement made in Stevenson, Washington on May 25, 1979,
between ROSSETTA M. HOLLENBERRY DRURY (Wife) and WILLIAM A. DRURY,
(Husband) , 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 property (community and separate) now owned or hereafter acquired by Husband and Wife whether now or hereafter registered in the name of one or the other or both parties or whether acquired by one or the other or both, which shall be considered and is declared to be the community property of the parties. All such property is referred to in this Agreement as the "described community property."

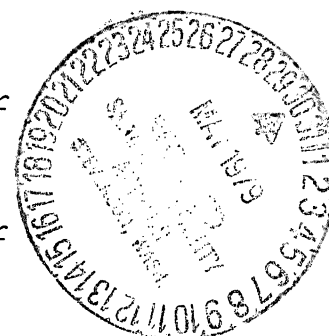
2. Vesting at Death of a Spouse: If Husband dies and Wife survives him by ten days, all of the described community property shall vest in Wife. If Wife dies and Husband survives her by ten days, all of the described community property shall vest in Husband.

3. Automatic Revocation: The provisions of paragraph 1 regarding after-acquired property and the provisions of paragraph 2 shall be automatically revoked if:

(a) Either files a petition, complaint or other pleading for separation, dissolution or divorce; or

(b) The parties move their domicile to another jurisdiction.

4. Optional Revocation by One Party: If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 1 regarding after-acquired property and 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



BOOK 76 PAGE 617

88666

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.

5. Powers of Appointment: This agreement shall not affect any power of appointment that is now held or is 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.

6. Revocation of Inconsistant Agreements: To the extent this Agreement is inconsistant with the provisions of any community property agreement or other arrangment previously made by the parties affecting the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

William A Drury
Rosetta M. Hollenberry Drury.

STATE OF WASHINGTON)
) ss
COUNTY OF SKAMANIA)

On this day personally appeared before me Rossetta M. Hollenberry Drury and William A. Drury, husband and wife, to me known 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 May 25, 1979.

STATE OF WASHINGTON)
COUNTY OF SKAMANIA) ss

Stephen G. Stevenson
NOTARY PUBLIC in and for the
State of Washington, residing
at Stevenson

I HEREBY CERTIFY THAT THE WITHIN

INSTRUMENT OF WRITING, FILED BY _____

Rosetta M. Drury
OF W. B. & Co., Carson, WA
AT 1:15 P.M. May 30, 79

WAS RECORDED IN BOOK 76
OF deeds PAGE 616-7

CLERK OF SKAMANIA COUNTY, WASH.

J. P. Todd
COUNTY AUDITOR
B. Babcock

| | |
|----------|----------|
| RECEIVED | <i>h</i> |
| INDEXED | <i>h</i> |
| FILED | <i>h</i> |
| RECORDED | <i>h</i> |
| COMPALED | <i>h</i> |
| MAILED | 5-31-79 |

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK.

H100368

I.D. TAG NO.

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS

136-

CERTIFICATE OF DEATH

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name (Include AKA's, if any)

First Middle Last Suffix

William Aaron DRURY

2. Death Date (MON DO YYYY)

Dec. 1, 2012

3. Sex (MF)

Male

4a. Age - Last Birthday

74

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)

March 15, 1938

8a. Birthplace (City/Town, or County)

Camas

8b. (State or Foreign Country)

Washington

9. Decedent's Education

GED

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 ☐ No

13. Residence: Number and Street (e.g., 824 SE 5th Street, Apt. No. 8)

71 Shipherd Falls Road

14. City/Town

Carson

15. Residence County

Skamania

16. State or Foreign Country

Washington

17. Zip Code + 4

98610

18. Inside City Limits?

☐ Yes ☒ No ☐ Unknown

19. Marital Status at Time of Death

Married

20. Spouse's Name (If married or widowed, give name prior to first marriage.)

Rosetta Maria Hollenberry

21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.")

Truck Driver

22. Kind of Business/Industry (DO NOT USE COMPANY NAME.)

Timber

23. Father's Name (First, Middle, Last, Suffix)

Eugene G. Drury

24. Mother's Name Prior to First Marriage (First, Middle, Last)

Mildred Rasmor

25. Informant's Name

Rosetta Drury

26. Telephone Number

509-427-8683

27. Relation to Decedent

Wife

28. Mailing Address (Number & Street, City/Town, State, Zip + 4)

PO Box 46 Carson, WA 98610

29. Place of Death

Inpatient-Hospital

30. Facility Name

Oregon Health Sciences University Hospital

31. Location of Death (Give address.)

3181 SW Sam Jackson Park Road

32. City/Town or Location of Death

Portland

33. State

OR

34. Zip Code + 4

97239

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)

Dec. 1, 2012

40. Funeral Director's Signature

41. OR License Number

RR64

42. Registrar's Signature

43. Date Received (MON DO YYYY)

DEC 06 2012

44. Local File Number

05726

45. Record Amendment

TO BE COMPLETED BY MEDICAL CERTIFIER

46. Was case referred to Medical Examiner?

☐ Yes ☒ No

47. Autopsy?

☐ Yes ☒ No

48. Were autopsy findings available to complete the cause of death?

☐ Yes ☒ No

49. Time of Death

12:00 PM

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.

Final disease or condition resulting in death →

IMMEDIATE CAUSE ↓

a. ACUTE RESPIRATORY FAILURE

Due to (or as a consequence of) ↓

b. METASTATIC CARCINOMA OF UNKNOWN PRIMARY

Due to (or as a consequence of) ↓

c.

Due to (or as a consequence of) ↓

d.

Approximate Interval: Onset to Death

MINUTES

WEEKS

51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:

CO2PD, ATRIAL FIBRILLATION

52. Manner of Death

☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending

53. If Female

☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Unknown if pregnant within the past year ☐ Not pregnant, but pregnant within 42 days before death

54. Did tobacco use contribute to death?

☒ Yes ☐ Probably ☐ No ☐ 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?

☐ Yes ☐ No ☐ Unknown

59. Location of Injury (Number & Street, City/Town, State, Zip + 4)

60. Describe how injury occurred.

61. If transportation injury, specify.

☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4)

SHARL AZAR, MD 8181 SW SAM JACKSON PARK ROAD, PORTLAND, OR 97239

63. Name and Title of Attending Physician if Other than Certifier

AKRAM KHAN, MD

64. Title of Certifier

MD

65. License Number

PC159288

66. Date Signed (MON DO YYYY)

DEC 01, 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.

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: DEC 06 2012

JENNIFER A. WOODWARD

JENNIFER A. WOODWARD, Ph.D.

STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

78513

BOOK 67 PAGE 981

WARRANTY DEED

THE GRANTOR, BAILEY CONSTRUCTION CORPORATION, a Washington corporation for
and in consideration of Ten Dollars and other Valuable Considerations in hand paid,
conveys and warrants to WILLIAM A. DRURY, a single man, the following described
real estate, situated in the County of Skamania, State of Washington:

A tract of land located in the Southwest Quarter of the Northwest Quarter (SW $\frac{1}{4}$ NW $\frac{1}{4}$) of Section 21, Township 3 North, Range 8 E. W. M., described as follows:

Beginning at a point 60 rods and 10-2/3 feet east and 101 rods and 13-1/2 feet north of the southwest corner of the NW $\frac{1}{4}$ of the SW $\frac{1}{4}$ of the said Section 21; thence east 184.3 feet; thence north 341 feet to the initial point of the tract hereby described; thence north 92 feet; thence east 144 feet to the east line of the SW $\frac{1}{4}$ of the NW $\frac{1}{4}$ of the said Section 21; thence south along the east line 92 feet to a point east of the initial point; thence west 144 feet to the initial point.

IN WITNESS WHEREOF, said corporation has caused this instrument to be executed by its proper officers this 25th day of November, 1974.

Skamania County Assessor

Date 2-4-13 Parcel# 3-8-21-2-0

816

BAILEY CONSTRUCTION CORPORATION

By [Signature]
President

By Barbara L. Secretary

STATE OF WASHINGTON)
) ss.
County of Skamania)

On this 25th day of November, 1974, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared JAMES C. BAILEY and BARBARA L. BAILEY to me known to be the President and Secretary, respectively, of BAILEY CONSTRUCTION CORPORATION, a Washington corporation, the corporation that executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that they are authorized to execute the said instrument and that the seal affixed is the corporate seal of said corporation.

Witness my hand and official seal hereto affixed the day and year first above

Notary Public in and for the State of Wash-
ington, residing at Stevenson, Washington.

2987

No. _____
TRANSACTION EXCISE TAX

DEC 9 1974

Amount Paid 272.25

Skamania County Treasurer

By Barry J. Halligan