

WHEN RECORDED RETURN TO:

Louetta Gardell

Po Box ~~914~~ 914

~~STEVENSON WA 98648~~

CARSON WA 98610

REAL ESTATE EXCISE TAX

30350

OCT 28 2013

PAID ~~exempt~~
Vickie Chellard, Clerk
SKAMANIA COUNTY TREASURER

DOCUMENT TITLE(S)

Death certificate, community prop

REFERENCE NUMBER(S) of Documents assigned or released: agreement

☐ Additional numbers on page ____ of document.

GRANTOR(S):

Charles Leon Gardell Sr.

☐ Additional names on page ____ of document.

GRANTEE(S):

Louetta Gardell

☐ Additional names on page ____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):
a parcel of land located in the east 1/2 of Section 20, Township 3 North, Range 8 East, Willamette meridian in the county of Skamania, and state of Washington, being more particularly of

☒ Complete legal on page 12 of document. described as follows.

TAX PARCEL NUMBER(S):

03082031020000

Jun 10-28-13

☐ 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.

CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INKOREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

STATE FILE NUMBER

1. Legal Name (Include AKA's, if any) First: Charles Middle: Leon Last: GARDEE Suffix: Sr.										2. Death Date (MM/DD/YYYY) Jan. 31, 2008	
3. Sex (MF) Male		4a. Age - Last Birthday 72		4b. Under 1 Year Months: Days: Hours: Minutes:		4c. Under 1 Day Hours: Minutes:		5. Social Security Number		6. County of Death Multnomah	
7. Birthdate (MM/DD/YYYY) Jan. 8, 1936		8a. Birthplace (City/Town, or County) Wapato				8b. (State or Foreign Country) Washington		9. Decedent's Education GED Completed			
10. Was Decedent of Hispanic Origin? (Yes or No. If yes, specify.) No				11. Decedent's Race(s) Native American - Yakama				12. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
13. Residence: Number and Street (e.g., 824 SE 5th Street, Apt. No. 8) 1491 Wind River Road						14. City/Town Carson					
15. Residence County Skamania				16. State or Foreign Country Washington				17. Zip Code + 4 98610		18. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. Marital Status at Time of Death Married				20. Spouse's Name (If married or widowed, give name prior to first marriage.) Louetta Campo							
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") Fisherman						22. Kind of Business/Industry (DO NOT USE COMPANY NAME.) Inner-Tribal Fisheries					
23. Father's Name (First, Middle, Last, Suffix) Peter Leon Guard						24. Mother's Name Prior to First Marriage (First, Middle, Last) Mary Pachpe					
25. Informant's Name Louetta Gardee				26. Telephone Number 509/427-8581		27. Relation to Decedent Wife		28. Mailing Address (Number & Street, City/Town, State, Zip + 4) PO Box 914 Carson, WA 98610			
29. Place of Death Inpatient - Hospital				30. Facility Name Legacy Mt. Hood Medical Center							
31. Location of Death (give address.) 24800 SE Stark St.				32. City/Town or Location of Death Gresham				33. State Oregon		34. Zip Code + 4 97030	
35. Method of Disposition Removal From State				36. Place of Disposition (Name of cemetery, crematory, or other place) Stevenson Cemetery				37. Location Stevenson, Washington			
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) Gardner Funeral Home PO Box 390 White Salmon, WA 98672											
39. Date of Disposition (MM/DD/YYYY) Feb. 4, 2008				40. Funeral Director's Signature <i>[Signature]</i>				41. OR License Number RR64			
42. Registrar's Signature <i>[Signature]</i>				43. Date Received (MM/DD/YYYY) FEB 14 2008				44. Local File Number 00540			
45. Record Amendment											
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				49. Time of Death 0339	
CAUSE OF DEATH (See instructions and examples.)											
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.										Approximate Interval: Onset to Death	
Final disease or condition resulting in death →										IMMEDIATE CAUSE ↓	
Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).										a. Probable Coronary Artery Disease	
Due to (or as a consequence of) ↓										b. > 10 years	
Due to (or as a consequence of) ↓										c.	
Due to (or as a consequence of) ↓										d.	
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: Coronary Artery Disease											
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending				53. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death				54. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			
55. Date of Injury (MM/DD/YYYY)				56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)				58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
59. Location of Injury (Number & Street, City/Town, State, Zip + 4)											
60. Describe how injury occurred.										61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4) Betty Kim 1111 NE 99th Ave, Suite 301 Portland, OR 97220											
63. Name and Title of Attending Physician if Other than Certifier											
64. Title of Certifier MD				65. License Number MD24540				66. Date Certified (MM/DD/YYYY) 2/8/08			
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. <i>[Signature]</i>											
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											

ORIGINAL - VITAL RECORDS COPY

45-2 (01/06)

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY
REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

FEB 15 2008

DATE ISSUED:

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

Lila Wickham RN MS
LILA WICKHAM, RN, MS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COMMUNITY PROPERTY AGREEMENT

COPY

THIS COMMUNITY PROPERTY AGREEMENT, entered into this day by and between **CHARLES GARDEE** and **LOUETTA GARDEE**, husband and wife, of Skamania County, State of Washington.

W I T N E S S E T H:

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, CHARLES GARDEE and LOUETTA GARDEE, 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 own separate jointly, or otherwise, and whether real, personal or otherwise, and wheresoever 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

C.G. H's initials
L.G. W's initials

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 wheresoever 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 CHARLES GARDEE, while the said LOUETTA GARDEE survives, be vested in LOUETTA GARDEE, absolutely and in fee simple as her sole and separate property; and, in the event of the death of the said LOUETTA GARDEE, while the said CHARLES GARDEE survives, then the whole of the community property now owned by us or hereafter acquired by us, including all property now owned by us 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 CHARLES GARDEE, absolutely and in fee simple as his sole and separate property.

IN WITNESS WHEREOF, the parties have executed this agreement
this 9th day of December, 1998.

Charles Gardee
CHARLES GARDEE

Louetta Gardee
LOUETTA GARDEE

STATE OF WASHINGTON)
County of Skamania) ss.

I certify that I know or have satisfactory evidence that
CHARLES GARDEE and LOUETTA GARDEE 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 9th day of December, 1998.

Jan C. Kielpinski
Jan C. Kielpinski,
Notary Public in and for the
State of Washington.
Commission expires: 05/10/02

C. G. H's initials
L. G. W's initials

A parcel of land located in the East 1/2 of Section 20, Township 3 North, Range 8 East, Willamette Meridian in the County of Skamania, and State of Washington, being more particularly described as follows:

Commencing at the Southeast corner of the Southwest 1/4 of the Northeast 1/4 of said Section 20. Thence North 88° 56' 29" West along the center line of said Section 20 a distance of 30.00 feet to the point of beginning of the following described parcel.

Thence South 0° 52' 54" West along the West right of way line of the Wind River Highway a distance of 120.48 feet; thence North 89° 07' 06" West at right angles to the East line of the Northwest 1/4 of the Southeast 1/4 of said Section 20 a distance of 150.40 feet; thence North 0° 52' 54" East parallel to West right of way line of said Wind River Highway a distance of 290.00 feet; thence South 89° 07' 06" East at right angles to said East line of the Northwest 1/4 of the Southeast 1/4 a distance of 150.40 feet to the said West line of the Wind River Highway; thence South 0° 52' 54" West along said right of way a distance of 169.52 feet to the point of beginning. SUBJECT TO a 10.00 foot in even width easement for overhead utility purposes over the South 10.00 feet of the above described parcel.

Unofficial
Copy