

Return Address: **Jeff Hull**  
**P.O. Box 473**  
**North Bonneville, WA 98639**

**REAL ESTATE EXCISE TAX**

30474

DEC 31 2013

PAID Exempt  
Michael Chelland, Deputy  
SKAMANIA COUNTY TREASURER

**COMMUNITY PROPERTY AGREEMENT**

THIS AGREEMENT, made and entered into this 29<sup>th</sup> day of November, 2011, by and between **Jeffrey L. Hull** and **Lucinda M. Hull** husband and wife, of Skamania County, State of Washington, pursuant to the provisions of Sec. 26.16.120 of the Revised Code of Washington, permitting agreements between husband and wife, fixing the status and disposition of community property to take effect upon the death of either, WITNESSETH:

That in consideration of love and affection that each of us has for the other, and in consideration of mutual benefits to be derived by each of us, it is hereby agreed promised and covenanted as follows:

First: That all property of whatsoever nature or description, whether real, personal or mixed, and wheresoever situated, now owned or hereafter acquired by either of us, including separate property, shall be considered and is hereby declared to be community property, and each of us hereby conveys and quitclaims to the other his or her interest in any separate property he or she owns or hereafter acquires so as to convert the same to community property.

Second: That upon the death of either of us, title to all community property as defined in the preceding paragraph is to vest immediately in fee simple the survivor.

IN WITNESS WHEREOF, We, **Jeffrey L. Hull** and **Lucinda M. Hull** have hereunto set our hands to this 29<sup>th</sup> day of November, 2011.

Jeffrey L Hull  
Lucinda M Hull

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAMANIA )

THIS IS TO CERTIFY that on this 29<sup>th</sup> day of November 2011, personally appeared before me Jeffery Hull and Lucinda Hull to me known to be the persons described in and who executed the foregoing instrument, and acknowledged the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS MY HAND AND OFFICIAL SEAL the day and year first above written.

Marlea McKenzie  
Notary Public in and for the State of Washington, residing at No. Bonneville



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				2. Death Date							
Lucinda Mae Hull A.K.A. Curry				02/20/2012							
3. Sex (M/F)		4a. Age - Last Birthday		4b. Under 1 Year		4c. Under 1 Day		5. Social Security Number		6. County of Death	
Female		57		Months Days		Hours Minutes				Skamania	
7. Birthdate		8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)		9. Decedent's Education					
11/12/1954		Redwood City		California		High School Diploma					
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.				11. Decedent's Race(s)				12. Was Decedent ever in U.S. Armed Forces?			
No				Caucasian				No			
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.)								13b. City or Town			
2040 Greenleaf Drive								North Bonneville			
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country		13f. Zip Code + 4		13g. Inside City Limits?			
Skamania				Washington		98639		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)							
13 years		Married		Jeffrey Lyle Hull							
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).				18. Kind of Business/Industry (Do not use Company Name)							
Civil Deputy				Government							
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)							
Robert L. Curry				Dorothy A. Hart							
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No.		City or Town		State		Zip	
Jeffrey Hull		Spouse		2040 Greenleaf Dr.		North Bonneville		WA		98639	
24. Place of Death, if Death Occurred in a Hospital:				25. Facility Name (If not a facility, give number & street or location)							
				Decedent's Residence-Hospice							
				26a. City, Town, or Location of Death		26b. State		27. Zip Code			
				North Bonneville		WA		98639			
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State							
Cremation		Portland Cremation Center		Portland, OR							
31. Name and Complete Address of Funeral Facility				32. Date of Disposition							
Portland Mortuary Services Portland, OR 97230				02/25/2012							
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) → Pancreatic Cancer - adenocarcinoma - Primary											
Due to (or as a consequence of):											
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 Liver Metastatic cancer - Secondary site											
Due to (or as a consequence of):											
Due to (or as a consequence of):											
Interval between Onset & Death 3 months											
Interval between Onset & Death 3 months											
Interval between Onset & Death											
Interval between Onset & Death											
35. Other significant conditions contributing to death but not resulting in the underlying cause given above						36. Autopsy?		37. Were autopsy findings available to complete the Cause of Death?			
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
38. Manner of Death		39. If female		40. Did tobacco use contribute to 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		<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		<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:						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.						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 <i>Patrick Roach</i>						x					
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)						50. Hour of Death (24hrs)					
Patrick Roach 12607 SE Mill Plain Blvd, Vancouver, WA 98684						1945					
51. Name and Title of Attending Physician if other than Certifier (Type or Print)						52. Date Signed (mm/dd/yyyy)					
						02/27/2012					
53. Title of Certifier		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner?					
DO		D080802267				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
57. Registrar Signature						58. Date Received					
x <i>Q. Z. L.</i>						FEB 27 2012					
59. Amendments											

Date Created		SKAMANIA COUNTY TREASURER'S OFFICE PARCEL INFORMATION SCREEN		Last Updated	
Parcel # : 02072010021100		Parent Parcel # :		SID : N	
Map Number : U-MU-P - - -		Cross Reference :			
Owners ID # : 16905 HULL, JEFFREY L & LUCINDA M		Mailing ID # : HULL, JEFFREY L & LUCINDA M			
PO BOX 473 NORTH BONNEVILLE WA 98639		PO BOX 473 NORTH BONNEVILLE WA 98639			
Legal Desc : LOT C-47 RELOCATED NORTH BONNEVILLE 72,454 SQ FT					
Parcel Notes :					
Street Address : 02040 GREENLEAF					
Property Class : T		Bankruptcy Type/# :			
Mortgage Co # :		Bankruptcy Date :			
Deeded Acres : 1.66		Foreclosure # :			
		Foreclosure Date :			

02072010021100 HULL, JEFFREY L & LUCINDA M

Loan Number :	Owner Bank :
Mortgage Co Name :	Owner Res. :
Address 1 :	
Address 2 :	
City State & Zip :	

Sale ID #	Grantor	Code	Sale Date	Sale Price
162/710	COLE, RONALD M ET AL	No	01/22/1997	60,000
162/704	SHULIK, MARJORIE, EXEC	No	01/15/1997	0
148/303	UNITED STATES-CORP	No	02/02/1995	5,072

Sid#	Principal Due	Intrst Due	Penalty Due	Advrtsng Due	Total Due
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SID Taxes Due : 0.00

02072010021100 HULL, JEFFREY L & LUCINDA M

Statement Situs	Mortgage	MOSQ TAX	DRAINAGE	GWMA TAX	TOTAL
02040 GREENLEAF		107.17	0.00	0.00	2503.92
02040 GREENLEAF		113.79	0.00	0.00	2471.6
02040 GREENLEAF		113.79	0.00	0.00	2433.07
02040 GREENLEAF		105.63	0.00	0.00	2471.9
02040 GREENLEAF		96.01	0.00	0.00	2384.89

Statement Taxes Due	0.00	Interest Date	11/28/2011	Total w/ Int
Total Taxes Due	0.00	Total Interest	0.00	0.00

CURRENT OWNER	ID #	MORTGAGE



Date Created 07/22/2004		SKAMANIA COUNTY TREASURER'S OFFICE PARCEL INFORMATION SCREEN		Last Updated 07/22/2004	
Parcel # : 03081723043300		Parent Parcel # : 3.08173E+12		SID : N	
Map Number : U-HDR-P- - -		Cross Reference :			
Owners ID # : 16905 HULL, JEFFREY L & LUCINDA M		Mailing ID # : HULL, JEFFREY L & LUCINDA M			
PO BOX 473 NORTH BONNEVILLE WA 98639		PO BOX 473 NORTH BONNEVILLE WA 98639			
Legal Desc : LOT 33 RUSSELL'S MEADOW S/D BK B/PG 102-103					
Parcel Notes :					
Street Address : 00281 RUSSELL'S TIMBER					
Property Class : T		Bankruptcy Type/# :			
Mortgage Co # : 0		Bankruptcy Date :			
Deeded Acres : 0.65		Foreclosure # :			
		Foreclosure Date :			

03081723043300 HULL, JEFFREY L & LUCINDA M

Loan Number :	Owner Bank :
Mortgage Co Name :	Owner Res. :
Address 1 :	
Address 2 :	
City State & Zip :	

Sale ID #	Grantor	Code	Sale Date	Sale Price
256/797	FRED NEWMAN LOGGING INC	Yes	01/20/2004	26,500

Sid#	Principal Due	Intrst Due	Penalty Due	Advrtsng Due	Total Due
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SID Taxes Due : 0.00

03081723043300 HULL, JEFFREY L & LUCINDA M

Statement Situs	Mortgage	MOSQ TAX	DRAINAGE	GWMA TAX	TOTAL
00281 RUSSELL'S TIMBER	0	0.00	0.00	0.00	1300.14
00281 RUSSELL'S TIMBER	0	0.00	0.00	0.00	1181.45
00281 RUSSELL'S TIMBER	0	0.00	0.00	0.00	1148.8
00281 RUSSELL'S TIMBER	0	0.00	0.00	0.00	952.42
00281 RUSSELL'S TIMBER	0	0.00	0.00	0.00	964.76

Statement Taxes Due	0.00	Interest Date	11/28/2011	Total w/ Int
Total Taxes Due	0.00	Total Interest	0.00	0.00

CURRENT OWNER	ID #	MORTGAGE

Date Created 07/22/2004		SKAMANIA COUNTY TREASURER'S OFFICE PARCEL INFORMATION SCREEN		Last Updated 07/22/2004	
Parcel # : 03081723043200		Parent Parcel # : 3.08173E+12		SID : N	
Map Number : U-HDR-P- - -		Cross Reference :			
Owners ID # : 16905 HULL, JEFFREY L & LUCINDA M		Mailing ID # : HULL, JEFFREY L & LUCINDA M			
PO BOX 473 NORTH BONNEVILLE WA 98639		PO BOX 473 NORTH BONNEVILLE WA 98639			
Legal Desc : LOT 32 RUSSELL'S MEADOW S/D BK B/PG 102-103					
Parcel Notes :					
Street Address : 00291 RUSSELL'S TIMBER					
Property Class : T		Bankruptcy Type/# :			
Mortgage Co # : 0		Bankruptcy Date :			
Deeded Acres : 0.65		Foreclosure # :			
		Foreclosure Date :			

03081723043200 HULL, JEFFREY L & LUCINDA M

Loan Number :	Owner Bank :
Mortgage Co Name :	Owner Res. :
Address 1 :	
Address 2 :	
City State & Zip :	

Sale ID #	Grantor	Code	Sale Date	Sale Price
256/799	FRED NEWMAN LOGGING INC	Yes	01/20/2004	26,500

Sid#	Princpal Due	Intrst Due	Penalty Due	Advrtsng Due	Total Due
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SID Taxes Due : 0.00

03081723043200 HULL, JEFFREY L & LUCINDA M

Statement Situs	Mortgage	MOSQ TAX	DRAINAGE	GWMA TAX	TOTAL
00291 RUSSELL'S TIMBER	0	0.00	0.00	0.00	1242.55
00291 RUSSELL'S TIMBER	0	0.00	0.00	0.00	1151.25
00291 RUSSELL'S TIMBER	0	0.00	0.00	0.00	1119.44
00291 RUSSELL'S TIMBER	0	0.00	0.00	0.00	922.8
00291 RUSSELL'S TIMBER	0	0.00	0.00	0.00	934.7

Statement Taxes Due	0.00	Interest Date	11/28/2011	Total w/ Int
Total Taxes Due	0.00	Total Interest	0.00	0.00

CURRENT OWNER	ID #	MORTGAGE

Date Created 07/22/2004		SKAMANIA COUNTY TREASURER'S OFFICE PARCEL INFORMATION SCREEN		Last Updated 07/22/2004	
Parcel # : 02072922150000 Map Number : U-SFR-P			Parent Parcel # : Cross Reference :		SID : N
Owners ID # : 16905 HULL, JEFFREY L & LUCINDA M  PO BOX 473 NORTH BONNEVILLE WA 98639			Mailing ID # : HULL, JEFFREY L & LUCINDA M  PO BOX 473 NORTH BONNEVILLE WA 98639		
Legal Desc : LOT 15 BLK 10 - RELOCATED NORTH BONNEVILLE 10,392 SQ FT Parcel Notes : Street Address : 01015 CHENOWUTH					
Property Class : T Mortgage Co # : 0 Deeded Acres : 0.24			Bankruptcy Type/# : Bankruptcy Date : Foreclosure # : Foreclosure Date :		

02072922150000 HULL, JEFFREY L & LUCINDA M

Loan Number :	Owner Bank :
Mortgage Co Name :	Owner Res. :
Address 1 :	
Address 2 :	
City State & Zip :	

Sale ID #	Grantor	Code	Sale Date	Sale Price
245/494	SHELLY, SHARON L	No	06/21/2003	16,900
124/959	KNIGHT, PARKER & MARIE	No	09/09/1991	6,500
83/945		No	09/20/1984	1,500

Sid#	Princpal Due	Intrst Due	Penalty Due	Advrtsng Due	Total Due
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SID Taxes Due : 0.00

02072922150000 HULL, JEFFREY L & LUCINDA M

Statement Situs	Mortgage	MOSQ TAX	DRAINAGE	GWMA TAX	TOTAL
01015 CHENOWUTH	0	63.88	0.00	0.00	1481.71
01015 CHENOWUTH	0	66.12	0.00	0.00	1425.73
01015 CHENOWUTH	0	66.12	0.00	0.00	1403.34
01015 CHENOWUTH	0	51.73	0.00	0.00	1201.79
01015 CHENOWUTH	0	47.04	0.00	0.00	1161.43

Statement Taxes Due	0.00	Interest Date	11/28/2011	Total w/ Int
Total Taxes Due	0.00	Total Interest	0.00	0.00

CURRENT OWNER	ID #	MORTGAGE

Date Created 07/22/2004		SKAMANIA COUNTY TREASURER'S OFFICE PARCEL INFORMATION SCREEN		Last Updated 09/21/2004	
Parcel # : 02071630030400 Map Number : U-CR-P			Parent Parcel # : Cross Reference :		SID : N
Owners ID # : 16905 HULL, JEFFREY L & LUCINDA M  PO BOX 473 NORTH BONNEVILLE WA 98639			Mailing ID # : HULL, JEFFREY L & LUCINDA M  PO BOX 473 NORTH BONNEVILLE WA 98639		
Legal Desc : LOT 2 HULL SP BK T/PG 97 Parcel Notes : Street Address : 01222 CASCADE DR					
Property Class : Mortgage Co # : Deeded Acres :			T Bankruptcy Type/# : 0 Bankruptcy Date : 0.28 Foreclosure # : Foreclosure Date :		

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02071630030400 HULL, JEFFREY L & LUCINDA M

Loan Number : Mortgage Co Name : Address 1 : Address 2 : City State & Zip :			Owner Bank : Owner Res. :																	
<table><tr><th>Sale ID #</th><th>Grantor</th><th>Code</th><th>Sale Date</th><th>Sale Price</th></tr><tr><td>3</td><td></td><td>3</td><td>3</td><td>3</td></tr><tr><td>3</td><td></td><td>3</td><td>3</td><td>3</td></tr></table>						Sale ID #	Grantor	Code	Sale Date	Sale Price	3		3	3	3	3		3	3	3
Sale ID #	Grantor	Code	Sale Date	Sale Price																
3		3	3	3																
3		3	3	3																
<table><tr><th>Sid#</th><th>Principal Due</th><th>Intrst Due</th><th>Penalty Due</th><th>Advrtsng Due</th><th>Total Due</th></tr></table>						Sid#	Principal Due	Intrst Due	Penalty Due	Advrtsng Due	Total Due									
Sid#	Principal Due	Intrst Due	Penalty Due	Advrtsng Due	Total Due															
SID Taxes Due : 0.00																				

02071630030400 HULL, JEFFREY L & LUCINDA M

Statement Situs	Mortgage	MOSQ TAX	DRAINAGE	GWMA TAX	TOTAL
01222 CASCADE DR	0	56.63	0.00	0.00	1331.54
01222 CASCADE DR	0	58.52	0.00	0.00	1279.84
01222 CASCADE DR	0	58.52	0.00	0.00	1260.03
01222 CASCADE DR	0	45.43	0.00	0.00	1073.33
01222 CASCADE DR	0	41.30	0.00	0.00	1034.21

Statement Taxes Due	0.00	Interest Date	11/28/2011	Total w/ Int
Total Taxes Due	0.00	Total Interest	0.00	0.00

CURRENT OWNER	ID #	MORTGAGE
	3	3
	3	3

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Date Created 07/22/2004		SKAMANIA COUNTY TREASURER'S OFFICE PARCEL INFORMATION SCREEN		Last Updated 09/21/2004	
Parcel # : 02071630030000 Map Number : U-CR-P			Parent Parcel # : Cross Reference :		SID : N
Owners ID # : 16905 HULL, JEFFREY L & LUCINDA M  PO BOX 473 NORTH BONNEVILLE WA 98639			Mailing ID # : HULL, JEFFREY L & LUCINDA M  PO BOX 473 NORTH BONNEVILLE WA 98639		
Legal Desc : LOT 1 HULL SP BK T/PG 97 CITY PLATS WAS #2-7-16-600 Parcel Notes : Street Address : 01232 E CASCADE DR					
Property Class : Mortgage Co # : Deeded Acres :			T 0 0.42 Bankruptcy Type/# : Bankruptcy Date : Foreclosure # : Foreclosure Date :		

02071630030000 HULL, JEFFREY L & LUCINDA M

Loan Number :	Owner Bank :
Mortgage Co Name :	Owner Res. :
Address 1 :	
Address 2 :	
City State & Zip :	

Sale ID #	Grantor	Code	Sale Date	Sale Price
146/933	MC KENZIE, DOUGLAS &	No	11/02/1994	0
122/828	HULL, J & L	No	03/27/1991	0
122/405	PETERSON, D & C	No	03/06/1991	0

Sid#	Principal Due	Intrst Due	Penalty Due	Advrtsng Due	Total Due
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SID Taxes Due : 0.00

02071630030000 HULL, JEFFREY L & LUCINDA M

Statement Situs	Mortgage	MOSQ TAX	DRAINAGE	GWMA TAX	TOTAL
01232 E CASCADE DR	0	56.56	0.00	0.00	1329.92
01232 E CASCADE DR	0	58.42	0.00	0.00	1277.59
01232 E CASCADE DR	0	58.42	0.00	0.00	1257.81
01232 E CASCADE DR	0	44.03	0.00	0.00	1040.81
01232 E CASCADE DR	0	40.04	0.00	0.00	1003.1

Statement Taxes Due	0.00	Interest Date	11/28/2011	Total w/ Int
Total Taxes Due	0.00	Total Interest	0.00	0.00

CURRENT OWNER	ID #	MORTGAGE