

Diana R. Thornburgh  
191 Hanlon Road  
Washougal, WA 98671

REAL ESTATE EXCISE TAX

30859

SEP 15 2014

Please print neatly or type information  
DOCUMENT TITLE(S)  
Community Property Agreement

PAID exempt  
Nike Chellens, Treasurer  
SKAMANIA COUNTY TREASURER

REFERENCE NUMBER(S) OF RELATED DOCUMENT(S)

GRANTOR(S)  
DONNA MARIE NISKI

Additional Reference #'s on page #

GRANTEE(S)  
DIANA RAYE THORNBURGH

Additional Grantors on page #

Additional Grantees on page #

LEGAL DESCRIPTION (abbreviated form: i.e., lot, block, plat or section, township, range, quarter/quarter)

Lot 2 of the Haffey Short Plat, recorded in Auditor File No 2005156419  
Skamania, state of Washington, County Records

Additional Legal is on page #

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

02053300180200  
JM 9-15-14

Additional Parcel #'s on page #

The Auditor/Record 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 provided herein.

**COMMUNITY PROPERTY AGREEMENT**

**OF**

**DONNA MARIE NISKI**

**AND**

**DIANA RAYE THORNBURGH**

THIS AGREEMENT is made and executed in Vancouver, Washington, between DONNA MARIE NISKI, hereinafter referred to as "DONNA", and DIANA RAYE THORNBURGH, hereinafter referred to as "DIANA", both of whom are domiciled in the State of Washington, in consideration of their mutual agreements set forth herein.

**I**

All real property located in the State of Washington and all personal property wheresoever situated, both community and separate, now owned or hereafter acquired by DONNA and/or DIANA, or by either of them, shall be considered as and is declared to be community property regardless of the date and manner of acquiring, and all statements by either party hereto respecting alleged separate property. The full intent and purpose of this instrument is to be construed by the court, our heirs, executors, and assigns and by all other

**COMMUNITY PROPERTY AGREEMENT - 1**

persons whomsoever as a voluntary conveyance from one to the other and unitedly to the community of all our earthly possessions in such form and manner that the same shall be from this date the property composed of our marital community.

II

Being desirous that the described community property shall pass unto the survivor without delay or expense in case of the death of either of the parties hereto, if DONNA dies and DIANA survives her by thirty (30) days, all of the described community property shall vest in DIANA. If DIANA dies and DONNA survives her by thirty (30) days, all of the described community property shall vest in DONNA.

In the event DIANA does not survive DONNA by thirty (30) days, then this Agreement shall be void and of no effect in the transfer of any property between the parties, and the distribution of DONNA's property shall be governed by her Last Will and Testament or as otherwise provided by law.

In the event DONNA does not survive DIANA by thirty (30) days, then this Agreement shall be void and of no effect in the transfer of any property between the parties, and the distribution of DIANA's property shall be governed by her Last Will and Testament or as otherwise provided by Law.

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### III

This Agreement, in whole or in part, may be revoked at any time by the parties hereto jointly signing and acknowledging such revocation in writing.

This Agreement in its entirety shall be automatically revoked if either party files a petition, complaint or other pleading or document dissolving our marriage as required by law.

However, the parties acknowledge that any property owned by either of them on the date that this Agreement is executed is to be considered to be community property notwithstanding an action referred to above.

### IV

If either party becomes incompetent, the other party shall have the power to terminate the provisions of Paragraph I & II and each party designates the other as attorney-in-fact to become effective upon such incompetency to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the incompetent spouse and to the guardians, if any, of the person and the estate of the incompetent person.

For the purpose of this Paragraph IV, a spouse shall be deemed incompetent if a person duly licensed to practice medicine in the State of Washington signs a statement declaring that the named person is unable to manage her own affairs.

## V

Each party recognizes that she has a right to be represented by independent counsel in arriving at this agreement and hereby waives said right and states that each has had an adequate, fair, and full disclosure of all assets now owned and the value of each involved in this agreement.

## VI

This Agreement shall not affect any power of appointment or power of attorney that is now held or is hereafter given to DONNA or DIANA or both of them nor shall it obligate DONNA or DIANA or both of them to exercise any such power of appointment in any way.

## VII

To the extent this Agreement is inconsistent with the provisions of any other agreement previously made by the parties in writing affecting the described community or separate property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

## VIII

### CONTEMPORANEOUS DOCUMENTS

To the extent this Community Property Agreement is inconsistent with the provisions of any Community Property Agreement previously made by the parties in writing affecting the describe community property the terms of this Agreement shall be deemed to revoke

such prior provisions to the extent of the inconsistency.

To the extent this community property agreement is inconsistent with the provisions of the Mutual Will and Agreement to Execute Mutual Will which are being executed contemporaneously herewith, the terms of the Mutual Will and Agreement to Execute Mutual Will shall be deemed to modify and supersede the terms of this community property agreement.

DATED this 7<sup>th</sup> day of May, 2014.

Donna M. Niski  
DONNA MARIE NISKI

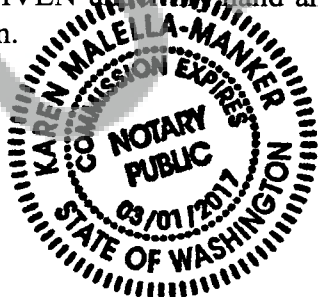
*Diana R Thornburgh*  
DIANA RAYE THORNBURGH


STATE OF WASHINGTON )

County of Clark ) ss.  
 )

On this 7<sup>th</sup> day of May, 2014, before me the undersigned, a notary public in and for the State of Washington, duly commissioned and sworn, personally appeared DONNA MARIE NISKI, to me known to be the individual described in and who executed the foregoing instrument, and acknowledged to me that she signed the said instrument as her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal hereto affixed this day and year hereinabove written.



  
NOTARY PUBLIC in and for the State of  
Washington, residing at Vancouver  
My Commission Expires 3-1-2017

STATE OF WASHINGTON )

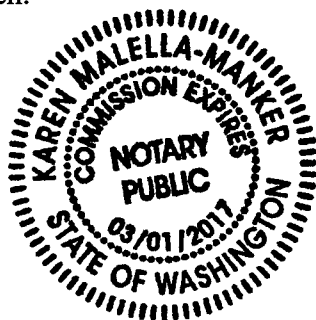
) ss.

County of Clark

)

On this 7<sup>th</sup> day of May, 2014, before me the undersigned, a notary public in and for the State of Washington, duly commissioned and sworn, personally appeared DIANA RAYE THORNBURGH, to me known to be the individual described in and who executed the foregoing instrument, and acknowledged to me that she signed the said instrument as her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal hereto affixed this day and year hereinabove written.



Karen Malville, Clerk  
NOTARY PUBLIC in and for the State of

NOTARY PUBLIC in and for the State of  
Washington, residing at Vancouver

My Commission Expires 3-1-2017



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 Donna Marie Niski				2. Death Date 08/24/2014			
3. Sex (M/F) F	4a. Age - Last Birthday 68	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number 388-46-1931	6. County of Death Skamania		
7. Birthdate 04/02/1946	8a. Birthplace (City, Town, or County) Milwaukee		8b. (State or Foreign Country) WI		9. Decedent's Education High School Graduate		
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 <sup>th</sup> St.) (Include Apt. No.) 191 Hanlon Road					13b. City or Town Washougal		
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable) N.A		13e. State or Foreign Country Washington		13f. Zip Code + 4 98671	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 8 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Diana R. Dewitt			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Payroll Clerk				18. Kind of Business/Industry (Do not use Company Name) Automotive Industry			
19. Father's Name (First, Middle, Last, Suffix) Victor A. Niski				20. Mother's Name Before First Marriage (First, Middle, Last) Esther R. Kosmatka			
21. Informant's Name Diana R. Thornburgh		22. Relationship to Decedent Spouse		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 191 Hanlon Rd. Washougal WA 98671			
24. Place of Death, if Death Occurred in a Hospital: Decedent's Home				25. Facility Name (If not a facility, give number & street or location) 191 Hanlon Road			
26a. City, Town, or Location of Death Washougal		26b. State WA		27. Zip Code 98671			
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Lower Columbia Crematory		30. Location-City/Town, and State Vancouver, Washington			
31. Name and Complete Address of Funeral Facility Brown's Funeral Home 410 NE Garfield ST Camas WA 98607				32. Date of Disposition 8/26/2014			
33. Funeral Director Signature X <i>Ben A. Brown</i>							
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) → a. <u>Endometrial Cancer</u> Due to (or as a consequence of): Interval Between Onset & Death: <u>3 Years</u> 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. _____ Due to (or as a consequence of): Interval Between Onset & Death: c. _____ Due to (or as a consequence of): Interval Between Onset & Death: d. _____ Due to (or as a consequence of): Interval Between Onset & Death:							
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 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"/> Yes <input type="checkbox"/> Probably <input 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: City or Town: Country: 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. Dr. Erik Fromme x <i>Erik Fromme</i>				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.			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner L586, OHSU, 3181 SW Sam Jackson Portland OR				50. Hour of Death (24hrs) 19:30			
51. Name and Title of Attending Physician if other than Certifier (Type of Physician) Physician				52. Date Signed (mm/dd/yyyy) 08/25/2014			
53. Title of Certifier Physician		54. License Number MP198		55. Coroner File Number		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>				58. Date Received (mm/dd/yyyy) AUG 26 2014			
59. Amendments							



A tract of land in the Southeast Quarter of the Northeast Quarter of Section 33, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 2 of the Haffey Short Plat, recorded in Auditor File No. 2005156419, Skamania County Records.

"THIS CONVEYANCE IS SUBJECT TO COVENANTS, CONDITIONS, RESTRICTIONS AND EASEMENTS, IF ANY, AFFECTING TITLE, WHICH MAY APPEAR IN THE PUBLIC RECORD, INCLUDING THOSE SHOWN ON ANY RECORDED PLAT OR SURVEY"

Skamania County Assessor  
Date 9-15-14 Parcel# 02-05-33-0-0-1802-00  
ym

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Together w/ 1990 Fleetwood MOB  
66/28 Title # 0634 135408  
Plate #: +446081

AFN #2014000023 Recorded 04/28/2014 at 10:18 AM Filed by: DIANA RAYE THORNBURG  
AND DONNA MARIE NISKI Auditor Timothy O. Todd Skamania County, WA



Washington State  
CERTIFICATE OF MARRIAGE

COUNTY OF LICENSE: SKAMANIA	
DATE VALID 03/14/14	NOT VALID AFTER 05/13/14

Marriage ceremony must be performed in the State of Washington.

Please type or print clearly in permanent black ink.

State File Number

COUNTY AUDITOR COUNTY AUDITOR'S SIGNATURE X <u>Melina Anderson</u>		DATE RECEIVED (MM/DD/YYYY) 04/28/2014	
PERSON A CHECK ONE <input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input checked="" type="checkbox"/> SPOUSE LEGAL NAME BEFORE MARRIAGE (FIRST/MIDDLE/LAST) <u>Diana Raye Thornburgh</u> BIRTH NAME (IF DIFFERENT) <u>DeWitt</u> <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE CURRENT RESIDENCE - STREET, CITY/TOWN <u>191 Hanlon Rd</u> COUNTY OF RESIDENCE <u>Skamania</u> STATE OF RESIDENCE <u>Washington</u> DATE OF BIRTH (MM/DD/YYYY) <u>08/15/1955</u> BIRTH STATE (IF NOT USA, PROVIDE COUNTRY) <u>Missouri</u> MOTHER/PARENT BIRTH NAME <u>Patricia Ann Hickey</u> FATHER/PARENT BIRTH NAME <u>John M. DeWitt</u> MOTHER/PARENT BIRTH STATE (OR COUNTRY) <u>Missouri</u> FATHER/PARENT BIRTH STATE (OR COUNTRY) <u>Missouri</u>		PERSON B CHECK ONE <input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input checked="" type="checkbox"/> SPOUSE LEGAL NAME BEFORE MARRIAGE (FIRST/MIDDLE/LAST) <u>Donna Marie Niski</u> BIRTH NAME (IF DIFFERENT) <u>Jama</u> <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE CURRENT RESIDENCE - STREET, CITY/TOWN <u>191 Hanlon Rd</u> COUNTY OF RESIDENCE <u>Skamania</u> STATE OF RESIDENCE <u>Washington</u> DATE OF BIRTH (MM/DD/YYYY) <u>04/02/1946</u> BIRTH STATE (IF NOT USA, PROVIDE COUNTRY) <u>Wisconsin</u> MOTHER/PARENT BIRTH NAME <u>Ethel Rose Kosmatka</u> FATHER/PARENT BIRTH NAME <u>Victor Anthony Niski</u> MOTHER/PARENT BIRTH STATE (OR COUNTRY) <u>Wisconsin</u> FATHER/PARENT BIRTH STATE (OR COUNTRY) <u>Wisconsin</u>	
OFFICIANT I certify that the undersigned, by authority of license issued by the County noted above, did on this day join in lawful wedlock with their mutual consent in the presence of witnesses. In testimony whereof, witness our signatures: DATE OF MARRIAGE (MM/DD/YYYY) <u>04/25/2014</u> COUNTY OF CEREMONY <u>Skamania</u> TYPE OF CEREMONY (CHECK ONE) <input checked="" type="checkbox"/> RELIGIOUS <input type="checkbox"/> CIVIL DATE SIGNED (MM/DD/YYYY) <u>04/25/2014</u> OFFICIANT'S ADDRESS (STREET, CITY, STATE AND ZIP CODE) PLEASE PRINT <u>812 Canyon Creek Rd Washougal 98671</u> OFFICIANT'S DAYTIME PHONE <u>360 837 3711</u> OFFICIANT'S NAME (PRINT) <u>Dr J Christina Brittain</u> OFFICIANT'S SIGNATURE X <u>Dr J Christina Brittain</u> WITNESS SIGNATURE X <u>Patricia Prudic</u> WITNESS SIGNATURE X <u>John M. DeWitt</u> PERSON A SIGNATURE X <u>Diana R Thornburgh</u> PERSON B SIGNATURE X <u>Donna M. Niski</u> DATE SIGNED (MM/DD/YYYY) <u>04/25/2014</u> DATE SIGNED (MM/DD/YYYY) <u>04/25/2014</u>			

DOH/CHS 005 (REV 12/2012)

FORM VALID ON DECEMBER 6, 2012

State of Washington  
County of Skamania

ss.

I, Timothy O. Todd, Skamania County Auditor, do hereby certify  
that the foregoing instrument is a true and correct copy of the  
document now on file or recorded in my office.

In witness whereof, I hereunto set my hand and official seal

this 28 day of April 2014

Timothy O. Todd, County Auditor

By Melina Anderson Deputy