

Return Address:

Michele Hardy
P.O. Box 2803
Vancouver WA 98668

REAL ESTATE EXCISE TAX

N/A

OCT 28 2014

PAID N/A
Vickie Oelland, Treasurer
SKAMANIA COUNTY TREASURER

COMMUNITY PROPERTY AGREEMENT

I. CONSIDERATION

KNOW ALL MEN BY THESE PRESENTS, That I, **WILLIAM ROBERT HARDY** and
I, **MICHELE LEE HARDY**, husband and wife, residing in Vancouver, Washington, for and in
consideration of the love and affection we bear one toward the other and in further consideration of
the mutual helpfulness we have been one to the other in the past and for and in consideration of the
commingling of our joint efforts and earnings and other considerations we hereby mutually agree,
one with the other as follows:

II. AGREEMENT

That one hour prior to the death of either of us, each and every piece, parcel, lot or tract of
land which we own jointly or separately and wheresoever located or situated and each and every
article of personal property wheresoever situated and each and every article of mixed property
wheresoever situated shall be regarded and treated and known as community property, subject to
paragraph IV below.

III. INTENT

The full intent and purpose of this Agreement is to be construed by the Courts, our heirs, executors and assigns and by all other persons whomsoever as a voluntary conveyance from one to another, subject to paragraph IV below.

IV. EFFECTIVENESS

From and after one hour prior to the death of either party the property shall pass to the survivor without delay or expense. In the case of the death of **WILLIAM ROBERT HARDY** while **MICHELE LEE HARDY** survives, the community property as above stated now owned by us or which may hereinafter be acquired by us, it is hereby agreed and understood shall at once vest in **MICHELE LEE HARDY** in fee simple as her sole and separate property; and in the event of the death of **MICHELE LEE HARDY** leaving **WILLIAM ROBERT HARDY** surviving her, it is hereby agreed and understood that the whole of said property now owned by us or which may hereinafter be acquired by us shall at once vest in **WILLIAM ROBERT HARDY** in fee simple as his sole and separate property.

IN WITNESS WHEREOF, the parties hereto, being the said **WILLIAM ROBERT HARDY** and **MICHELE LEE HARDY**, husband and wife, have hereunto set their hands and seals this 11/4 day of DEC, 2008.

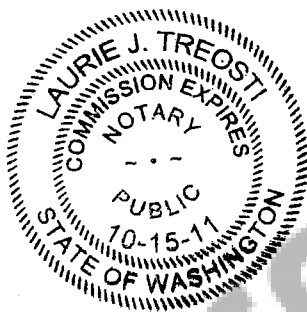
William R Hardy
WILLIAM ROBERT HARDY

Michele Lee Hardy
MICHELE LEE HARDY

STATE OF WASHINGTON)
 :SS
 COUNTY OF CLARK)

On this day personally appeared before me **WILLIAM ROBERT HARDY** and **MICHELE LEE HARDY**, husband and wife, to me known to be the individuals described in and who executed the within and foregoing instrument, and acknowledged that they and each of them signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

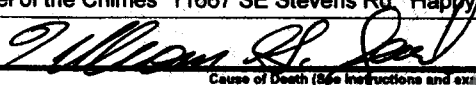
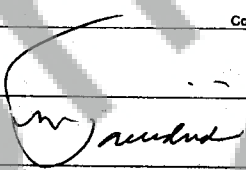

GIVEN under my hand and official seal this 4th day of November 2008.



Laurie J. Treosti
 NOTARY PUBLIC and for the
 State of Washington.
 My Commission expires: 10/15/11

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

8+1

Local File Number 2475				Washington State Certificate of Death				State File Number			
1. Legal Name (Include AKA's if any) First Middle LAST Suffix William Robert HARDY				2. Death Date October 4, 2014							
3. Sex (M/F) Male		4a. Age - Last Birthday 76		4b. Under 1 Year Months Days		4c. Under 1 Day Hours Minutes		5. Social Security Number 429-74-3482		6. County of Death Clark	
7. Birthdate October 19, 1937		8a. Birthplace (City, Town, or County) Piggott		8b. (State or Foreign Country) Arkansas		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? Yes			
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 8212 NE 162nd Ave.								13b. City or Town Vancouver			
13c. Residence: County Clark		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 98682		13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence. 14 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Michelle Diaz							
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Self Employed				18. Kind of Business/Industry (Do not use Company Name) Automobiles							
19. Father's Name (First, Middle, Last, Suffix) Unknown				20. Mother's Name Before First Marriage (First, Middle, Last) Opal Hardy							
21. Informant's Name Norman Hardy		22. Relationship to Decedent Son		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 17218 NE 232nd Ave. Brush Prairie, WA 98606							
24. Place of Death, if Death Occurred in a Hospital: Hospital - Inpatient				25. Place of Death, if Death Occurred Somewhere Other than a Hospital:							
26. Facility Name (If not a facility, give number & street or location) PeaceHealth Southwest Medical Center				26a. City, Town, or Location of Death Vancouver		26b. State WA		27. Zip Code 98664			
28. Method of Disposition Burial / Removal from State		29. Place of Final Disposition (Name of cemetery, crematory, other place) Pine Grove Butte Cemetery				30. Location-City/Town, and State Hood River, Oregon					
31. Name and Complete Address of Funeral Facility Sunnyside Little Chapel of the Chimes 11667 SE Stevens Rd. Happy Valley, OR 97086								32. Date of Disposition 10/11/2014			
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. Cause of Death (See instructions and examples)											
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Acute Respiratory failure Interval between Onset & Death days											
Due to (or as a consequence of): b. Aspiration pneumonia Interval between Onset & Death days											
Due to (or as a consequence of): c. Diffuse large B-cell Lymphoma Interval between Onset & Death months											
Due to (or as a consequence of): 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 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 type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death		<input type="checkbox"/> Not pregnant, but pregnant within 42 days before 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <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 type="checkbox"/> No <input type="checkbox"/> Unk					
45. Location of Injury: Number & Street: 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: 				48b. Medical Examiner/Coroner: X							
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) William R. Hardy, 400 NE Mother Joseph Pl				50. Hour of Death (24hrs) 1155							
51. Name and Title of Attending Physician if other than Certifier (Type or Print) WANC. WA 98664				52. Date Signed (mm/dd/yyyy) 10/8/14							
53. Title of Certifier MD		54. License Number 00043		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
57. Registrar Signature 				58. Date Received OCT 08 2014							
59. Amendments											

DOHCHS 903 March 2012

DOH 01-003 (1/14)

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03-08-20-2-1-0500-00

EXHIBIT A.

Beginning at a point 660 feet South of the Northeast corner of the West Half of the Northeast Quarter of Section 20, Township 3 North, Range 8 East of the Willamette Meridian; thence West parallel to the North line of said Section 20, 448 feet; thence North parallel to the East line of said Section 20, 313 feet to a point which lies South 347 feet from the North line of said Section 20; thence East along a line parallel with and 347 feet South of the North line of said Section 20, 448 feet to the East line of said Section 20; thence South along said East line 313 feet to the point of beginning.

EXCEPT that portion thereof conveyed to the State of Washington for Secondary State Highway 8-C, by Deed dated October 3, 1956 and recorded October 29, 1956 in Book 42 of Deeds at Pages 428 and 429, Auditor File No. 51358.

Stamania County Assessor
Date 7-26-10 Parcel 3-8-20-2-1-500

8-4-10 *DM*

10-27-14 *DM* 3-8-20-2-1-500

DM

