

<b>WHEN RECORDED RETURN TO:</b>
Barbara J. Reynolds
PO Box 535
Carson, WA 98610

<b>DOCUMENT TITLE(S)</b>
Community Property Agreement
<b>REFERENCE NUMBER(S)</b> of Documents assigned or released:
<input type="checkbox"/> Additional numbers on page _____ of document.
<b>GRANTOR(S):</b>
Oren D. Reynolds
<input type="checkbox"/> Additional names on page _____ of document.
<b>GRANTEE(S):</b>
Barbara J. Reynolds
<input type="checkbox"/> Additional names on page _____ of document.
<b>LEGAL DESCRIPTION</b> (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):
see attached
<input type="checkbox"/> Complete legal on page _____ of document.
<b>TAX PARCEL NUMBER(S):</b>
03-68-20-4-1-0601-00
<input type="checkbox"/> 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.

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX  
N/A  
FEB 17 2015

PAID N/A  
*[Signature]*  
SKAMANIA COUNTY TREASURER

106418

BOOK 112 PAGE 495



Pioneer National Title Insurance Company  
WASHINGTON TITLE DIVISION  
Filed for Record at Request of

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY BARBARA J. REYNOLDS  
Jan 17 12 33 PM '89  
Aud. Dep.  
AUDITOR  
GARY M. OLSON

REVENUE STAMPS

10

PO Box 535

CARSON, WA 98610

FORM L53F

## Statutory Warranty Deed

THE GRANTOR DOROTHY E. ANDERSON, a widow

for and in consideration of TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATIONS  
in hand paid, conveys and warrants to OREN D. REYNOLDS AND BARBARA J. REYNOLDS, husband and wife  
the following described real estate, situated in the County of SKAMANIA, State of Washington:

A tract of land located in the Southeast Quarter of the Northeast Quarter of Section 20, Township 3 North, Range 8 East of the Willamette Meridian, described as follows:

Beginning at a point 53 rods and 3 feet South of the Northwest corner of the Southeast Quarter of the Northeast Quarter of the said Section 20; thence South 195 feet; thence East 280 feet; thence North 195 feet; thence West 280 feet to the point of beginning.

SUBJECT TO easements and rights of way for public roads along the west and south lines of the above described real property.

This deed is given in fulfillment of that certain real estate contract between the parties hereto, dated 27th of November, 1973, and conditioned for the conveyance of the above described property, and the covenants of warranty herein contained shall not apply to any title, interest or encumbrance arising by, through or under the purchaser in said contract, and shall not apply to any taxes, assessments or other charges levied, assessed or becoming due subsequent to the date of said contract.

Real Estate Excise Tax was paid on this sale or stamped exempt on

Dated this

27th

2261 day of

November 1973

No.

TRANSACTION EXCISE TAX

DEC 6 1973

Amount Paid: 2.00

STATE OF WASHINGTON

Skamania County Treasurer

County of

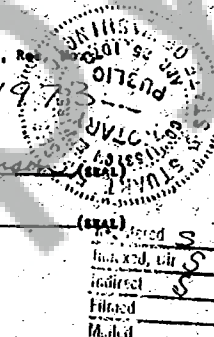
Klickitat

On this day personally appeared before me

to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 27th day of November, 1973

Notary Public in and for the State of Washington,  
residing at



## STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH711783  
I.D. TAG NO.136-2015-000921  
STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name	First Oren	Middle Dale	Last Reynolds	Suffix	Death Date January 30, 2015	
	Sex Male	Age 81 years	Social Security Number		County of Death Clackamas		
	Birthdate June 23, 1933	Birthplace Richey, Montana		Was Decedent Ever in U.S. Armed Forces? Yes			
	Residence: 1282 Smith Beckon Road				City/Town Carson		
	Residence County Skamania		State or Foreign Country Washington		Zip Code + 4 98610	Inside City Limits? No	
	Marital Status at Time of Death Married		Spouse's Name Prior to First Marriage Barbara Richardson				
	Father's Name Jacob M. Reynolds				Mother's Name Prior to First Marriage Laura Whiteman		
	Informant's Name Barbara Reynolds		Telephone Number Not Available	Relationship to Decedent Spouse	Mailing Address P.O. Box 535, Carson, WA 98610		
	Place of Death Hospital-Inpatient		Facility Name Kaiser Sunnyside Medical Center				
	Location of Death 10180 SE Sunnyside Road		City/Town or Location of Death Clackamas		State Oregon	Zip Code + 4 97015	
	Method of Disposition Cremation		Place of Disposition Portland Cremation Center, LLC		Location (City/Town and State) Portland, Oregon		
	Name and Complete Address of Funeral Facility: Affordable Funeral Alternatives 135 NW 1st Avenue 2, Gresham, Oregon 97030						
	Date of Disposition TBD		Funeral Director's Signature Andrea Dawn Gerbish		Electronically Signed	OR License Number CO-3774	
	Registrar's Signature Jennifer A. Woodward			Date Received February 04, 2015		Local File Number	
	Amendment						
TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner? Unknown		Autopsy? Unknown		Were autopsy findings available to complete the cause of death?		Time of Death 01:25 PM
	CAUSE OF DEATH					Approximate Interval: Onset to Death	
	IMMEDIATE CAUSE ↓ a. Pneumonia					14 days	
	Due to (or as a consequence of) ↓ b. aspiration					14 days	
	Due to (or as a consequence of) ↓ c.						
	Due to (or as a consequence of) ↓ d.						
	Other significant conditions contributing to death						
	Manner of Death Natural		If Female Not Applicable		Did tobacco use contribute to death? Unknown		
	Date of Injury		Time of Injury	Place of Injury		Injury at Work?	
	Location of Injury						
	Describe how injury occurred					If transportation injury, specify.	
	Name and Address of Certifier Parsa Shahinpoor					10180 SE Sunnyside Road, Clackamas, Oregon 97015	
	Name and Title of Attending Physician if Other than Certifier					Date Signed February 03, 2015	
	Medical Certifier Parsa Shahinpoor		Electronically Signed	Title of Certifier M.D.		License Number MD29293	
	Amendment						



\*20150205909\*

45-2CC (01/06)

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.

February 06, 2015

DATE ISSUED:

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



## COMMUNITY PROPERTY AGREEMENT

This agreement, made and entered into this 21<sup>st</sup> day of February, 1995, by and between Oren D. Reynolds and Barbara J. Reynolds, husband and wife, of Carson, Washington, pursuant to the provisions of Section 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 the love and affection that each of us has for the other, and in consideration of the mutual benefits to be derived by each of us, it is hereby agreed, promised and covenanted as follows:

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

2. 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 in the survivor.

In Witness Whereof, on the date first above listed we set our hands and seals.

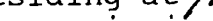
Sharon R. Pedlozny  
Witness  
Barbara L. White  
Witness

Oren D. Reynolds  
Barbara J. Reynolds

STATE OF WASHINGTON)  
                                ) ss.  
County of Klickitat)

On this day personally appeared before me Oren D. Reynolds and Barbara J. Reynolds, to me known to be the individuals described in and who executed the within and foregoing instrument and acknowledged to me 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 seal this 21<sup>st</sup> day of February, 1995.

  
Notary public for Washington,  
residing at Troutlake therein.  
My commission expires: 3/7/98

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