

WHEN RECORDED RETURN TO:

John Woodruff
PO Box 2109
White Salmon WA 98672
509-493-2066

DOCUMENT TITLE(S) CPA

Cert: State of Death - Donald A Hogarty

REFERENCE NUMBER(S) of Documents assigned or released:

693768

☐ Additional numbers on page _____ of document.

GRANTOR(S):

Donald Clyde Hogarty

☐ Additional names on page _____ of document.

GRANTEE(S):

Rosalie Ann Hogarty

☐ Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

12 Crestview Lane, Lot 9, Block 1, Underwood Crest Addition
as recorded in Book "A" of Plats, page 154 records of Skamania County, Washington

☐ Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

63102014011700

Skamania County Assessor

Date 11-17-15 Parcel# 3-10-20-1-4-117

☐ 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**

1/A
NOV 17 2015

PAID N/A CPA Death Cert.
Vickie Chelland, Treasurer
SKAMANIA COUNTY TREASURER

LPB 01-05

After Recording Return to:

John Woodruff
PO Box 2109
White Salmon WA 98672

COMMUNITY PROPERTY AGREEMENT

KNOW ALL PERSONS BY THESE PRESENTS:

This agreement, made and entered by and between DONALD CLYDE HOGARTY and ROSALIE ANN HOGARTY, husband and wife, of Skamania County, State of Washington, pursuant to the provisions of RCW 26.16.120 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 each other and in consideration of the mutual benefits to be derived by each of us, it is hereby agreed, covenanted, and promised as follows:

1. That all property of whatsoever nature or 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 quitclaims 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 herein defined shall immediately vest in fee simple in the survivor.
3. We hereby revoke any prior Community Property Agreement into which we may have entered and this Agreement shall not apply to the following property or circumstances: (If there is no exceptions state "NONE")
4. It is mutually agreed that either spouse may unilaterally revoke this agreement by instrument in writing for any reason that either spouse, in his or her sole discretion, determines appropriate including, but not limited to estate planning, qualification of Medicaid or other public entitlement benefits or any other reason. Furthermore, this agreement shall automatically be terminated and be revoked on the date that one of us becomes permanently incapacitated to the extent that he or she would meet the eligibility requirements for Medicaid or other public-entitlement benefits of any kind.

IN WITNESS WHEREOF, we, DONALD CLYDE HOGARTY and ROSALIE ANN HOGARTY, have hereunto set our hands this 23 day of March, 2015.

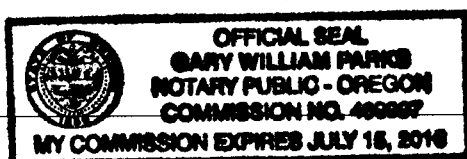
Donald C. Hogarty
DONALD CLYDE HOGARTY

Rosalie Ann Hogarty
ROSALIE ANN HOGARTY

Oregon
STATE OF WASHINGTON)
County of Clackamas) ss.

This is to certify on this 23 day of March, 2015, before me, the undersigned, a notary public in and for the State of Washington, duly commissioned and sworn, personally came DONALD CLYDE HOGARTY and ROSALIE ANN HOGARTY, husband and wife, to me known to be the individuals described in and who executed the within 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.

WITNESS my hand and official seal the day and year first above written.



Gary Parks
My Commission expires: July 15, 2016
Notary Public in and for the State of Oregon
Residing at Salem, OR

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

 693768
I.D. TAG NO.

STATE FILE NUMBER

1. Legal Name First: Donald Middle: Clyde Last: Hogarty Suffix:		2. Death Date September 27, 2015	
3. Sex Male	4. Age 82 years	5. Social Security Number 534-28-1052	
6. Birthplace Longview, Washington		8. County of Death Hood River	
7. Birthdate December 08, 1932		9. Decedent's Education Bachelor's degree	
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White, AIAN - Chippewa	
12. Was Decedent Ever in U.S. Armed Forces? Yes			
13. Residence: Number and Street 2450 May Street 123		14. City/Town Hood River	
15. Residence County Hood River		16. State or Foreign Country Oregon	
17. Zip Code + 4 97031		18. Inside City Limits? Yes	
19. Marital Status at Time of Death Married		20. Spouse's Name Prior to First Marriage Rosalie Ann Oakes	
21. Usual Occupation Health Inspector		22. Kind of Business/Industry State Government	
23. Father's Name Clyde Ray Hogarty		24. Mother's Name Prior to First Marriage Ethel Pearl Rauliff	
25. Informant's Name John Woodruff		26. Telephone Number Not Available	
27. Relationship to Decedent Personal Rep.		28. Mailing Address PO Box 2109, White Salmon, WA 98672	
29. Place of Death Decedent's Residence		30. Facility Name	
31. Location of Death 2450 May St. #123		32. City/Town or Location of Death Hood River	
33. State Oregon		34. Zip Code + 4 97031	
35. Method of Disposition Removal From State		36. Place of Disposition Columbia River Crematory	
37. Location White Salmon, Washington			
38. Name and Complete Address of Funeral Facility Gardner Funeral Home 1270 N Main, White Salmon, Washington 98672			
39. Date of Disposition September 27, 2015		40. Funeral Director's Signature Derek F. Krentz	
41. OR License Number CO-3892		42. Date Received OCT 02 2015	
43. Registrar's Signature [Signature]		44. Local File Number 147-2015	
45. 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 0700			
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.			
First disease or condition resulting in death →		IMMEDIATE CAUSE ↓	
Sequentially list conditions, if any, leading to the cause listed on line 50.		Due to (or as a consequence of) ↓	
ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		Due to (or as a consequence of) ↓	
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:		Approximate Interval: Onset to Death	
Lymphoma, Thyroid Cancer, CKD, PVD, Prostate Cancer, Hypothyroid, Mitral Valve Dis		Years	
52. Manner of Death		Years	
53. If Female		Years	
54. Old tobacco use contribute to death?		Years	
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?	
59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)		60. Describe how injury occurred	
61. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4)		62. Name and Title of Attending Physician (Other than Certifier)	
63. Title of Certifier		64. License Number	
65. Date Signed (MM/DD/YYYY)		66. 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.	
67. Amendment			

45-2DP (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.

DATE ISSUED:

OCT 02 2015

 JENNIFER A. WOODWARD
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

