

WHEN RECORDED RETURN TO:

Davies Dunn, LLP
PO Box 417
Hood River, OR 97031

DOCUMENT TITLE(S): Death Certificate and Community Property Agreement

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S): Robert Joseph Miller and Beverly Jane Miller, Husband and Wife

33477
SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

GRANTEE(S): Beverly Jane Miller

SEP 13 2018
PAID Exempt
SKAMANIA COUNTY TREASURER

ABBREVIATED LEGAL DESCRIPTION:

Lot 1 MARKUSON SP, BK 3, PG 233

TAX PARCEL NUMBER(S):

03102000070000
03102000070003
03102000070200

Lm 9/13/18

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

773468

ID TAG NO.

STATE FILE NUMBER

1. Legal Name First: Robert, Middle: Joseph, Last: Miller, Suffix:			2. Death Date April 29, 2017	
3. Sex Male	4. Age 76 years	5. Social Security Number 537-36-5211	6. County of Death Wasco	
7. Birth Date August 28, 1940	8. Birthplace Vincennes, Indiana		9. Decedent's Education High school grad. or GED	
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White		12. Was Decedent Ever in U.S. Armed Forces? No
13. Residence: Number and Street 282 Scoggins Road			14. City/Town Underwood	
15. Residence County Skamania		16. State or Foreign Country Washington	17. Zip Code + 4 98651	18. Inside City Limits? No
19. Marital Status at Time of Death Married		20. Spouse's Name Prior to First Marriage Beverly Jane Lawrence		
21. Usual Occupation Foreman		22. Kind of Business/Industry Lumber Company		
23. Father's Name Orville Delano Miller		24. Mother's Name Prior to First Marriage Marjorie Decker		
25. Informant's Name Beverly Miller		26. Telephone Number Not Available	27. Relationship to Decedent Spouse	28. Mailing Address PO Box 644, White Salmon, WA 98672
29. Place of Death Nursing Facility		30. Facility Name The Dalles Health and Rehabilitation Center		
31. Location of Death 1023 W 25th		32. City/Town or Location of Death The Dalles		33. State Oregon
34. Zip Code + 4 97058		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 April 29, 2017		40. Funeral Director's Signature Derek F. Krentz		41. OR License Number CO-3892
42. Registrar's Signature AB		43. Date Received May 2, 2017		44. Local File Number 033
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 0353				
CAUSE OF DEATH				
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.				
Final disease or condition resulting in death		IMMEDIATE CAUSE		Approximate Interval Onset to Death
a. Due to (or as a consequence of)		b. Due to (or as a consequence of)		months
c. Due to (or as a consequence of)		d. Due to (or as a consequence of)		
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above				
52. 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		53. If Female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown
55. Date of Injury (month/year)		56. Time of Injury	57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
58. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)				
60. Describe how injury occurred				
61. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) Christopher Samuels, PO Box 1519 White Salmon, WA 98672				
63. Name and Title of Attending Physician if Other than Certifier				
64. Title of Certifier Family Physician		65. License Number WA MD 47504		66. Date Signed (month/year) 5-4-2017
67. Medical Certifier: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				
68. 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.				
69. Amendment				

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

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 VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

JENNIFER A. WOODWARD, P.D.
STATE REGISTRAR

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT OFFICIAL VITAL RECORD FLAG WATERMARK AND HOLOGRAPHIC SEALS.



COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT is made by and between ROBERT JOSEPH MILLER, and BEVERLY JANE MILLER, husband and wife, residing at Underwood, Skamania County, Washington, as they desire to fix the status of their property pursuant to RCW 26.16.120. In consideration of the love and affection that each of the parties has for the other, and in consideration of the mutual benefits to be derived by the parties herein, it is hereby agreed, covenanted and promised:

I.

That all property of whatever nature and wherever located which is now owned by them or either of them is hereby declared to be their community property.

II.

That property acquired by either of them after the date of this Agreement by gift, devise, bequest and inheritance, shall remain his or her separate property unless ownership thereof is transferred.

III.

Other than as provided in paragraph II, all property acquired after the date of this Agreement shall immediately become their community property.

IV.

That upon the death of either of them, title to all of their community property shall vest absolutely in the survivor of them.

V.

The all prior written community property agreements, if any, are mutually rescinded.

IN WITNESS WHEREOF, the parties have executed this Agreement on the 21st day of March, 2017.

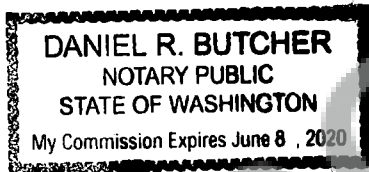
Robert J. Miller
Robert Joseph Miller

Beverly Jane Miller
Beverly Jane Miller

STATE OF Washington) ss.
County of SKAMANIA)

I certify that I know or have satisfactory evidence that **Robert Joseph Miller**, and **Beverly Jane Miller** signed this instrument and acknowledged it to be the free and voluntary act of each of them for the uses and purposes mentioned in the instrument.

Dated: 21 of March, 2017.



[Signature]
NOTARY PUBLIC FOR WJA
My Commission expires: 6/8/2020

Legal Descriptions

Lot 1 of the Arthur Markuson Short Plat filed December 14, 1993, under file #118227 in book 3, page 233, located in the S 1/2 of the NW 1/4 and the N 1/2 of the SW 1/4 of Section 20, Township 3 N, Range 10, EWM.

Lot 1 of Grace L. Miller's Short Plat recorded under Auditor's File No. 86083 in Book 2 of Short Plats, page 44, records of Skamania County; Washington, more particularly described as follows: Beginning at the Northeast corner of the West Half of the West Half of the Northeast Quarter of the Southwest Quarter of Section 20, Township 3 North, Range 10 E.W.M.; thence south 00°54' 20" West along the East line of the said West Half of the West Half of the Northeast Quarter of the Southwest Quarter of Section 20, 135.60 feet; thence North 88°11' 55" West parallel to the North line of the Southwest Quarter of section 20, 300.00 feet; thence North 00°54'20" West parallel to the said East line 307 feet more or less to the centerline of Scoggins Road; thence Easterly along said road 301 feet, more or less, to the East line of the West Half of the West Half of the Southeast Quarter of the Northwest Quarter of said section 20; thence South 00°54'21" East along said East line 148 feet , more or less, to the POINT OF BEGINNING;

EXCEPT County Road right-of-way. Said tract containing 2 acres, more or less.

Skamania County Assessor

Date 9-13-18 Parcel# 0310 20000 70000
0310 20000 70003
0310 20 000 70200

ym