

WHEN RECORDED RETURN TO:

Joelene H Matta
 PO Box 581
 Carson WA 98610

Skamania County, WA
 Total: \$208.50
 CPA
 Pgs=6

2021-003725

11/08/2021 01:09 PM

Request of: JOLENE H MATTA

00011137202100037250060061

Please print or type information **Washington State Recorder's Cover Sheet** (RCW 65.04)**DOCUMENT TITLE(S)** (or transaction contained therein) (all areas applicable to your document must be filled in)

CPA / Death Certificate

REFERENCE NUMBER(S) of Documents assigned or released:☐ Additional numbers on page ____ of document.**GRANTOR(S):**

1. Darwin T Matta

3. _____

☐ Additional names on page ____ of document.**GRANTEE(S):**

1. Joelene H Matta

3. _____

☐ Additional names on page ____ of document.**LEGAL DESCRIPTION** (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

A tract of land in the NW Qtr of the
 NE Qtr of Sec 20 T5 3 North Range 8 E of WPA
 SKA CO WA

☒ Complete legal on page 3 of document.**Assessor's Property Tax Parcel #**

03082021040400

☐ Additional parcel numbers on page ____ of document.

Lm 11/8/21

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.

"I am signing below and paying an additional \$50.00 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Signature of Requesting Party

Note to Submitter: Do NOT sign above nor pay additional \$50 fee if the document meets margin/formatting requirements.

Return Address:
Darwin T. & Joelene H. Matta
PO Box 581
Carson, WA 98610

Community Property Agreement

THIS AGREEMENT, made and entered into this 14 day of March, 2021,
by and between Darwin T. Matta and Joelene H. Matta husband and wife, of Skamania
County, State of Washington, pursuant to the provisions of Sec. 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 love and affection that each of us has for the other, and in
consideration of mutual benefits to be derived by each of us, it is hereby agreed promised
and covenanted as follows:

First: That all property of whatsoever nature or description, whether real, personal, or
mixed, and wheresoever situated, now owned, or hereafter acquired by 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 owns or hereafter acquires so as to convert the same to
community property.

Second: 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 the survivor.

IN WITNESS WHEREOF, We, Darwin T. Matta and Joelene H. Matta have hereunto
set our hands to this 14 day of March 2021.

Darwin T. Matta
Joelene H. Matta

Lot(s) 1, of SP1-67

A tract of land located in the Northwest quarter of the Northeast quarter of Section 20, Township 3 North, Range 8 East of the Willamette Meridian, Skamania County, Washington, described as follows:

BEGINNING at the Northwest corner of the Northeast quarter of said Section 20; thence South 731 feet to the initial point on the tract hereby described; thence East 208 feet; Thence South 208 feet; thence ~~East~~_{West} 208 feet; thence North 208 feet to the initial point.

Assessor's Property Tax Parcel/Account Number: 03 08 20 2 1 0404 00 *AGP*

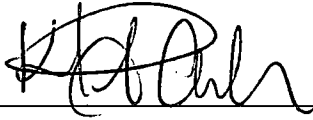
STATE OF WASHINGTON)

) ss.

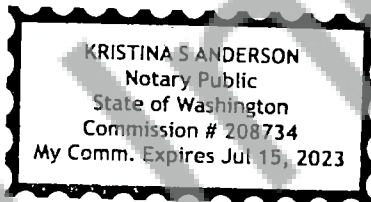
COUNTY OF SKAMANIA)

THIS IS TO CERTIFY that on this 14 day of MARCH 2021 personally appeared before me Darwin T. & Joelene H. Matta to me known to be the persons described in and who executed the foregoing instrument and acknowledged 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.



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



STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

927568
I.D. TAG NO.

136-2021-024481
STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name		First Darwin	Middle Thomas	Last Matta	Suffix	Death Date August 09, 2021
	Sex Male	Age 67 years	Social Security Number		County of Death Hood River		
	Birthdate January 19, 1954		Birthplace Wadena, Minnesota		Was Decedent Ever in U.S. Armed Forces? No		
	Residence: 161 Bastrom Road				City/Town Carson		
	Residence County Skamania		State or Foreign Country Washington		Zip Code + 4 98610		Inside City Limits? Yes
	Marital Status at Time of Death Married		Spouse's Name Prior to First Marriage Joelene Holladay				
	Father's Name Reinhold Arthur Matta				Mother's Name Prior to First Marriage Rose Marie Hought		
	Informant's Name Joelene Holladay Matta		Telephone Number Not Available	Relationship to Decedent Spouse	Mailing Address 161 Bastrom Road, Carson, WA 98610		
	Place of Death Hospital-Inpatient		Facility Name Providence Hood River Memorial Hospital				
	Location of Death 811 13th Street		City/Town or Location of Death Hood River		State Oregon	Zip Code + 4 97031	
	Method of Disposition Removal From State		Place of Disposition Columbia River Crematory		Location (City/Town and State) White Salmon, Washington		
	Name and Complete Address of Funeral Facility Gardner Funeral Home 1270 N Main, White Salmon, Washington 98672						
	Date of Disposition August 09, 2021		Funeral Director's Signature Victoria R. Lara		Electronically Signed	OR License Number CO-3930	
	Registrar's Signature Jennifer A. Woodward				Date Received August 13, 2021		Local File Number
	Amendment						

TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner?		No	Autopsy?	No	Were autopsy findings available to complete the cause of death?	Time of Death 1040
	CAUSE OF DEATH						Approximate Interval: Onset to Death
	IMMEDIATE CAUSE ↓ a. Sepsis						Weeks
	Due to (or as a consequence of) ↓ b. Pneumonia, community acquired						Weeks
	Due to (or as a consequence of) ↓ c.						
	Due to (or as a consequence of) ↓ d.						
	Other significant conditions contributing to death Alcohol use disorder, cirrhosis of the liver						
	Manner of Death Natural		If Female	Not Applicable		Did tobacco use contribute to death? No	
	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 Ryan Christian Petersen 811 13th Street, Hood River, Oregon 97031						
	Name and Title of Attending Physician if Other than Certifier						Date Signed August 11, 2021
	Medical Certifier Ryan Christian Petersen		Electronically Signed	Title of Certifier M.D.		License Number MD24586	
	Amendment						



45-2CC (01/06)

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

August 16, 2021

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Unofficial
Copy



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