

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

2021-003808

11/15/2021 03:16 PM

Request of: COLUMBIA GORGE TITLE



00011230202100038080060061

WHEN RECORDED RETURN TO:

Marjorie Alvarez
C/O Columbia Gorge Title

DOCUMENT TITLE(S):

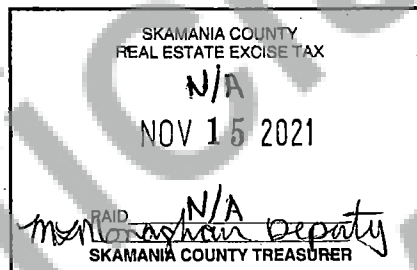
Community Property Agreement and Death Certificate

GRANTOR:

Raynaldo Alvarez, deceased

GRANTEE :

Marjorie J Fulleton- Alvarez, a widow



ABBREVIATED LEGAL DESCRIPTION:

Ptn. Sec 29. T3N, R8E W.M. , according to the , records of Skamania County, Washington.

See Attached Exhibit "A" for Full Legal Description

TAX PARCEL NUMBER(S):

03-08-29-0-0-0600-00

After Recording Return To:

COMMUNITY PROPERTY AGREEMENT

This agreement, made and entered into this 1st day of February, 2017, by and between RAYNALDO ALVAREZ and MARJORIE J. FULLETON-ALVAREZ, husband and wife, both of Skamania County, Washington.

WITNESSETH

WHEREAS, the parties hereto are the owners of certain property situated in the State of Washington, consisting of real and personal property; and

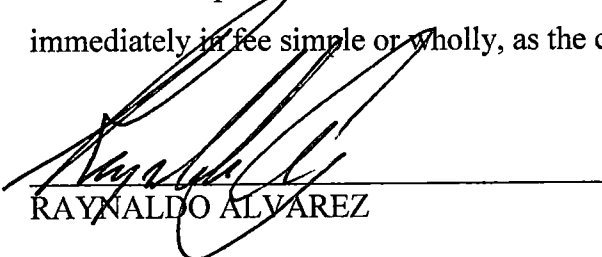
WHEREAS, the parties contemplate acquiring more property in the future; and

WHEREAS, the parties are desirous of all of their property passing to the survivor without delay or expense in the event of the death of either of them;

NOW, THEREFORE, we, RAYNALDO ALVAREZ and MARJORIE J. FULLETON-ALVAREZ, for and in consideration of the love and affection that we have one for the other, do hereby mutually agree as follows:

That upon the death of the first of us to die, all of the property which we have separately, jointly or otherwise, and whether real, personal, or mixed and wheresoever situate shall be community property; and

That upon the death of the first of us to die, title to all community property is to vest immediately in fee simple or wholly, as the case may be, in the survivor.



RAYNALDO ALVAREZ

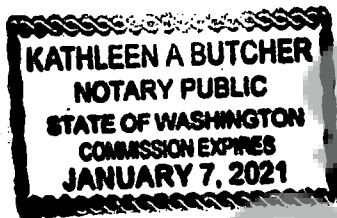



MARJORIE J. FULLETON-ALVAREZ

STATE OF WASHINGTON)
) ss.
County of Klickitat)

On this day personally appeared before me RAYNALDO ALVAREZ and MARJORIE J. FULLETON-ALVAREZ, 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 1st day of February, 2017.




Name Kathleen A. Butcher
Notary Public in and for the State of
Washington, residing at Skamania County
My commission expires 01-07-2021

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

972134

I.D. TAG NO.

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2021-031403

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

Legal Name	First Raynaldo	Middle Montovan Thomas	Last Alvarez	Suffix	Death Date September 21, 2021
Sex Male	Age 73 years	Social Security Number	County of Death Washington		
Birthdate July 21, 1948	Birthplace Fresno, California	Was Decedent Ever in U.S. Armed Forces? Yes			
Residence: 681 Wind River Highway	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 Marjorie Jane Riley				
Father's Name Daniel Charles Thomas Alvarez	Mother's Name Prior to First Marriage Carmen Arambula				
Informant's Name Marjorie Alvarez	Telephone Number Not Available	Relationship to Decedent Spouse	Mailing Address 681 Wind River Highway, Carson, WA 98610		
Place of Death Hospital-Inpatient	Facility Name Providence St. Vincent Medical Center				
Location of Death 9205 SW Barnes Road	City/Town or Location of Death Portland	State Oregon	Zip Code + 4 97225		
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 October 05, 2021	Local File Number			
Amendment Father's First & Middle Name both were blank; Father's Last Name & Mother's Maiden Last Name both formerly Unknown; amended electronically by F.Dir., J.A. Woodward, State Reg., nb, 10/6/2021.					

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 0832
CAUSE OF DEATH					Approximate Interval Onset to Death
IMMEDIATE CAUSE a. Hypoxic respiratory failure					Days
Due to (or as a consequence of) b. COVID-19 pneumonia					Weeks
Due to (or as a consequence of) c.					
Due to (or as a consequence of) d.					
Other significant conditions contributing to death Elevated right hemi-diaphragm with chronic hypoxic respiratory failure, diastolic heart failure, type 2 diabetes, coronary artery disease, obstructive sleep apnea					
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 David Lawrence Corman 9205 SW Barnes Road, Portland, Oregon 97225					
Name and Title of Attending Physician if Other than Certifier					Date Signed September 25, 2021
Medical Certifier David Lawrence Corman	Electronically Signed	Title of Certifier M.D.	License Number MD27586		
Amendment					



20211007226

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.

October 07, 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



007335308

007335308

EXHIBIT "A"

A tract of land in the Southwest Quarter of the Northeast Quarter of Section 29, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at the Northeast corner of the Southwest Quarter of the Northeast Quarter of said Section 29; thence South $00^{\circ} 57' 38''$ West 135.62 feet; thence North $80^{\circ} 48' 37''$ West 27.43 feet to an iron rod on the Westerly right of way line of Wind River Road and the True Point of Beginning; thence North $80^{\circ} 48' 37''$ West 165.05 feet; thence North $00^{\circ} 57' 38''$ East 77.27 feet to the Southerly line of the 300 foot strip of land acquired by the United States of America by instrument recorded in Book 27, Page 315; thence South $89^{\circ} 24' 42''$ West along said South line 122.68 feet to the Northwest corner of the Acker Tract as recorded in Book 43, Page 166; thence South $18^{\circ} 43'$ East 440.60 feet; thence North $72^{\circ} 20'$ East 113.71 feet, more or less, to the West line of Wind River Road; thence Northerly along said West line to the True Point of Beginning.

Skamania County Assessor

Date 11/15/21 Parcel# 030829000160000