

111546

BOOK 124 PAGE 4

FILED
BY Walter C. Quoss

JUL 11 3 33 AM '91

P. Lowry

GARY

LAST WILL AND TESTAMENT

KNOW ALL MEN BY THESE PRESENTS, That I, GRACE E. QUOSS, being of legal age and of sound and disposing mind and memory, and not acting under duress, menace, fraud, or the undue influence of any person whomsoever, and having in mind the natural objects of my bounty, do make, publish and declare this to be my LAST WILL AND TESTAMENT:

FIRST: I hereby direct that my executor hereinafter named, as soon as he shall have sufficient funds on hand, pay all of the just indebtedness against my estate.

SECOND: I hereby declare that I have one child, namely, Robert D. Quoss, and that there are no descendants of any deceased child of mine.

THIRD: To my son, Robert D. Quoss, I hereby give and bequeath the sum of One Dollar.

FOURTH: After payment of the costs of administration and death and inheritance taxes, if any, I hereby give, devise and bequeath all the residue and remainder of my estate, whether real, personal or mixed, community or separate, and wheresoever situate, to my husband, Walter C. Quoss.

FIFTH: I hereby nominate and appoint my husband, Walter C. Quoss, as executor of this, my Last Will and Testament, to act as such without bond or security of any kind.

SIXTH: I direct that my estate be settled in the manner provided by the laws of the State of Washington relating to non-intervention wills and that the same shall be managed and settled, insofar as by such laws allowed, without the intervention of any court whatsoever.

SEVENTH: If my husband, Walter C. Quoss, shall predecease me, or shall die simultaneously with me, then and in that event, after the payment of the costs of administration and death and inheritance taxes, if any, I hereby give, devise and bequeath all the residue and remainder of my estate, whether real, personal or mixed, and wheresoever situate, to my son, Robert D. Quoss; and in such event I here-

Last Will and Testament - Page One.

Grace E. Quoss

Registered	
Indexed, Dir	lp
Indirect	
Filmed	7/11/91
Mailed	

LAST WILL AND TESTAMENT - Grace E. Quoss
Page Two

by nominate and appoint my son, Robert D. Quoss, as executor of this, my Last Will and Testament, to act as such without bond or security of any kind, and I further direct that my estate be settled without the intervention of any court whatsoever as aforesaid.

EIGHTH: I hereby revoke any and all former wills by me made and declare this my Last Will and Testament.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 10th day of September, 1964, at Stevenson, Skamania County, Washington.

Grace E. Quoss (SEAL)

The foregoing instrument, consisting of one page besides this one, was on the 10th day of September, 1964, signed and sealed and published by GRACE E. QUOSS as, and declared to be, her Last Will and Testament, in the presence of us who at her request and in her presence and in the presence of each other, have subscribed our names as witnesses thereto.

Virginia C. Anderson Residing at Stevenson, Washington
Robert J. Salmer Residing at STEVENSON, WASHINGTON

COMMUNITY PROPERTY AGREEMENT



This COMMUNITY PROPERTY AGREEMENT entered into this day by and between WALTER C. QUOSS and GRACE E. QUOSS, husband and wife, of Stevenson in Skamania County, State of Washington:

WITNESSETH:

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

WHEREAS, it is contemplated by the parties hereto that they may acquire additional property in the future; and

WHEREAS, it is the desire hereto that all of their property shall pass to the survivor without delay or expense in the event of the death of either party;

NOW, THEREFORE, we, Walter C. Quoss and Grace E. Quoss, for and in consideration of the love and affection which we have one for the other, do hereby mutually agree that all of the property which we now own separately, jointly or otherwise, and whether real, personal or otherwise, and wheresoever situate, shall be and it is hereby declared to be the community property of the parties, and each of the parties to this agreement does hereby convey and transfer to the other party and to the community all property owned by them even though the same be held in his or her separate estate; and

We hereby mutually agree that all of the property which shall hereafter be acquired by either of us, whether separately, jointly or otherwise, and of whatsoever nature, and wheresoever situate, shall be and it is hereby declared to be community property, and each of the parties does hereby convey and transfer to the other and to the community all such property hereafter acquired by either of them, even though the same be acquired in his or her separate estate; and

IT IS FURTHER AGREED that the whole of the community property now owned by us or hereafter acquired by us, including all property the status of which is changed or created by this agreement, shall at once, in the event of the death of Walter C. Quoss while the said Grace E. Quoss survives, be vested in Grace E. Quoss absolutely and in fee simple as her sole and separate property; and in the event of the death of the said Grace E. Quoss while the said Walter C. Quoss survives, then the whole of

Community Property Agreement - Page Two.

the community property now owned by us or hereafter acquired by us, including all property the status of which is changed or created by this agreement, shall at once vest in the said Walter C. Quoss absolutely and in fee simple as his sole and separate property.

IN WITNESS WHEREOF the parties have executed this agreement this 10th day of September, 1964.

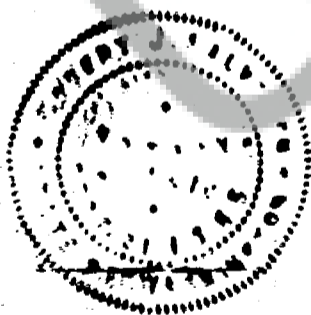
Walter C. Quoss (SEAL)

Grace E. Quoss (SEAL)

STATE OF WASHINGTON,)
County of Skamania.) ss.

I, the undersigned, a notary public in and for the State of Washington, hereby certify that on this 10th day of September, 1964, personally appeared before me WALTER C. QUOSS and GRACE E. QUOSS, husband and wife, to me known to be the individuals described in and who executed the foregoing instrument, and acknowledged that they signed and sealed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal the day and year last above written.



Robert J. Salonen
Notary Public in and for the State of Washington, residing at Stevenson therein.

Walter C. Quass

Grace E. Quass

STATE OF WASHINGTON
COUNTY OF SKAMMIA

I HEREBY CERTIFY THAT THE WITHIN
INSTRUMENT OF WRITING, FILED BY

Ed. J. Johnson

OF _____
AT 8:45 P.M. Sept 24, 1962

WAS RECORDED IN BOOK 53
OF Deeds AT PAGE 2415

RECORDS OF SKAMMIA COUNTY, WASH.
Edward O. Paul
COUNTY AUDITOR

BY J. Johnson
DEPUTY

REGISTERED	5
INDEXED	5
RECORDED	5
COMPALED	5
MAILED 10-1-62	

UNOFFICIAL COPY

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

STATE OF WASHINGTON DEPARTMENT OF HEALTH
VITAL RECORDS

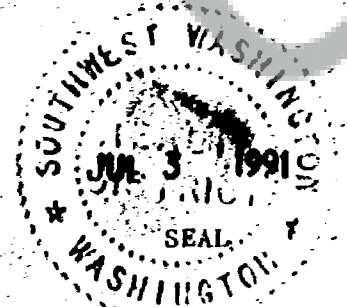
11 LOCAL FILE NUMBER

CERTIFICATE OF DEATH

BOOK 124 PAGE 8

1 NAME—FIRST, MIDDLE, LAST Grace Elizabeth QUOSS		2 SEX Female		3 DEATH DATE (Mo. Day Yr.) 6/29/1991		146		STATE FILE NUMBER	
4 AGE LAST BIRTH DAY (Yr.) 72	5 UNDER 1 YEAR MO. DAY	6 UNDER 1 DAY HOURS MIN.	7 BIRTH DATE (Mo. Day Yr.) 7/28/1918	8 BIRTH STATE (if not in U.S.A. give country) Oklahoma	9 CITIZEN OF WHAT COUNTRY? U.S.A.	10 COUNTY OF DEATH Skamania			
11 CITY, TOWN OR LOCATION OF DEATH Carson			12 PLACE OF DEATH— <input type="checkbox"/> HOME <input type="checkbox"/> BOY FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERGENCY ROOM <input type="checkbox"/> HOSP. <input type="checkbox"/> NURS. HOME <input checked="" type="checkbox"/> OTHER PLACE Boyer's Foster Home			13 SMOKING IN LAST 15 YEARS? (Y/N/A) No			
14 MARITAL STATUS—Married Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married		15 SURVIVING SPOUSE (first and maiden names) Walter C. Quoss		16 HAS DECEDENT EVER IN U.S. ARMED SERVICES? (Y/N/A) No		17 SOCIAL SECURITY NO. 545-26-1768		18 HIGH SCHOOL GRADUATE? (Y/N/A) 8	
19 USUAL OCCUPATION (Give kind of work done during most of working life DO NOT list retired) Homemaker			20 KIND OF BUSINESS OR INDUSTRY Own Home			21 Was Decedent of Hispanic Origin or descent? Ancestry (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.) 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		22 RACE (White, Black, Asian or Pacific Islander, Am. Ind. Hispanic, etc.) (Specify) White	
23 RESIDENCE - NUMBER AND STREET Guide Meridian Road			24 CITY/TOWN OR LOCATION Stevenson		25 INSIDE CITY (Y/N/A) No	26 COUNTY Skamania		27 STATE Washington	28 ZIP CODE 98648
29 FATHER'S NAME—FIRST, MIDDLE, LAST Valentine				30 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Annie --- McGee					
31 INFORMANT—NAME Walter Quoss			32 MAKING ADDRESS P.O. Box 147 Stevenson, WA 98648						
33 BURIAL CREMATION, REMOVAL, OTHER (Specify) Burial		34 DATE (Mo. Day Yr.) 7/2/1991		35 CEMETERY CREMATORY—NAME Wind River Cemetery		36 LOCATION—CITY/TOWN/STATE Carson, WA			
37 FUNERAL DIRECTOR'S SIGNATURE <i>X R. Leick</i>		38 NAME OF FACILITY GARDNER FUNERAL HOME, INC.		39 ADDRESS OF FACILITY White Salmon, WA 98672		30 ADDRESS OF FACILITY Box 390			
40 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X <i>Robert K. Leick</i> , Coroner					41 ON THE BASIS OF EXAMINATION AND INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X <i>Robert K. Leick</i> , Coroner				
42 DATE SIGNED (Mo. Day Yr.)			43 HOUR OF DEATH (24 Hrs.)		44 DATE SIGNED (Mo. Day Yr.) July 3, 1991		45 HOUR OF DEATH (24 Hrs.) 1030		
46 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type of Phys.)					47 PRONOUNCED DEAD (Mo. Day Yr.) June 29, 1991		48 HOUR PRONOUNCED DEAD (24 Hrs.) 1135		
49 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type of Phys.) Robert K. Leick, Coroner Skamania County Courthouse Stevenson, WA									
50 PART I ENTER THE DISEASES, INJURIES OR COMPLICATIONS WHICH CAUSED THE DEATH DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK OR HEART FAILURE LIST ONLY ONE CAUSE ON EACH LINE									
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST		51 (A) Creutzfeldt Jakob (Jakobs Disease) DUE TO OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH 3 mos.			
		51 (B) _____ DUE TO OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH			
		51 (C) _____ DUE TO OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH			
52 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE					53 AUTOPSY? (Y/N/A) No		54 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Y/N/A) Yes		
55 ACC. SUICIDE HO UNDER PENDING INVEST (Specify)		56 INJURY DATE (Mo. Day Yr.)		57 HOUR OF INJURY (24 Hrs.)		58 DESCRIBE HOW INJURY OCCURRED			
Terminal Illness									
59 INJURY AT WORK? (Y/N/A)		60 PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (Specify)			61 LOCATION—STREET OR RD. NO., CITY/TOWN/STATE				
62 REGISTER SIGNATURE X <i>Karen Steingart, MD</i>		63 DATE RECEIVED (Mo. Day Yr.) 7-3-91							

DOH 110-008 (Rev. 8/89) (formerly DSHS 9-190)



SOUTHWEST WASHINGTON HEALTH DISTRICT

Karen Steingart, MD
Karen R. Steingart, M.D.
District Health Officer

DOH 01 003 (7-89)

THIS IS A TRUE AND CORRECT COPY OF THE RECORD ON FILE WITH THE VITAL RECORDS DIVISION. COPIES MUST BE MADE OF THIS COPY.