AFN #2012180478 Recorded 04/18/2012 at 11:56 AM DocType: CPA Filed by: DAVID ORNDUFF Page: 1 of 5 Auditor Timothy O. Todd Skamania County, WA

WHEN RECORDED RETURN TO:

David Ornduff
700 NE 132nd Ave
Vancouver, WA 98684

DOCUMENT TITLE(S)

CPA

REFERENCE NUMBER(S) *of Documents assigned or released:*

[ ] Additional numbers on page _____ of document.

GRANTOR(S):

Patricia L. Ornduff

[ ] Additional names on page _____ of document.

GRANTEE(S):

David H. Ornduff

[ ] Additional names on page _____ of document.

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

SW 1/4, Sec 15, T4N, R7E.
LOT 2 EL Descanso AL RID

Skamania County Assessor
Date 4-18-12 Parcel# 4-7-15-3-200

[ ] Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

04071530020000

[ ] 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.

REAL ESTATE EXCISE TAX

19491

APR 18 2012

PAID EXEMPT

SKAMANIA COUNTY TREASURER

LPB 01-05

ORIGINAL

COMMUNITY PROPERTY AGREEMENT

This AGREEMENT is made and entered into this mar 16 day of March, 2012, by and between David H. Ornduff ("Husband") and Patricia L. Ornduff ("Wife"), of Clark County, Washington. For and in consideration of the love and affection that each has for the other, and in consideration of the mutual benefits to be derived by each, the parties agree as follows:

1. **Property Covered**. This agreement shall apply to all community and separate property now owned or hereafter acquired by Husband and Wife (except for assets for which a separate beneficiary designation has been or is hereafter made by Husband or Wife and approved by the other spouse) even though some items may have been or may be purchased or acquired by one or the other or both or may have been or may be registered in the name of one or the other or both. If Husband dies and Wife survives, any separate property of Husband which is owned by Husband at the time of his death (except for assets which Husband has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of his death, and if Wife dies and Husband survives her, any separate property of Wife which is owned by Wife at the time of her death (except for assets which Wife has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of her death. All such property shall be regarded as community property upon the death of the first spouse. (The parties agree that at the present time all properties they now own, whether titled individually or collectively, are community property and that neither has any separate property.)

2. **Vesting at Death of a Spouse**: If Husband dies and Wife survives him, all of the described community property shall vest in Wife as of the moment of Husband's death. If Wife dies and Husband survives her, all of the described community property shall vest in Husband as of the moment of Wife's death.

3. **Disclaimer**: Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this agreement in whole or in part, or with reference to specific parts, shares or assets thereof, in which event the interest disclaimed shall pass as if the provisions of Paragraph 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.

4. **Mutual Amendments/Revocation**: This agreement may be amended or revoked by written instrument executed and acknowledged by both spouses.

5. **Automatic Revocation**: The provisions of Paragraph 2 shall be automatically revoked:

(a) Upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce, in which case this agreement shall be null and void as of its inception as though it were never executed; or

(b) Immediately prior to death, if the order of death cannot be ascertained.

6. **Optional Revocation by One Party**: If either party becomes disabled, the other party shall have the power to terminate the provisions of Paragraph 2 and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardian(s), if any, of the person and of the estate of the disabled person. For the purposes of this

paragraph, a spouse shall be deemed disabled if a person duly licensed to practice medicine in the State of Washington signs a statement declaring that the person is unable to manage his or her own affairs.

7. **Powers of Appointment**: This agreement shall not affect any power of appointment now held by or hereafter given to Husband or Wife or both of them, nor shall it obligate Husband or Wife or both of them to exercise any such power of appointment in any way.

8. **Revocation of Inconsistent Agreements**: To the extent this agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community property, the terms of this agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands and seals the day and year first above written.

David H. Ornduff

Patricia L. Ornduff

STATE OF WASHINGTON)
: ss.
County of Clark)

I certify that I know or have satisfactory evidence that David H. Ornduff and Patricia L. Ornduff, husband and wife, signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 16 day of March, 2012.

JULIE A. EATON NOTARY PUBLIC COMMISSION EXPIRES 10-25-14 STATE OF WASHINGTON

Julie A Eaton

Notary Public for Washington
Residing at Vancouver
Print Name: Julie A. Eaton
My appointment expires: 10/25/14

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Washington State Certificate of Death

Local File Number 759 | State File Number

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First: Patricia	Middle: Lea	LAST: Ornduff	Suffix:	2. Death Date: Mar 26, 2012	
3. Sex (M/F): Female	4a. Age – Last Birthday: 71	4b. Under 1 Year Months: Days:	4c. Under 1 Day Hours: Minutes:	5. Social Security Number: [redacted]	6. County of Death: Clark
7. Birthdate: Feb 21, 1941	8a. Birthplace (City, Town, or County): Unknown	8b. (State or Foreign Country): California	9. Decedent's Education: Some College, No degree		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.: No, Not of hispanic Origin	11. Decedent's Race(s): White			12. Was Decedent ever in U.S. Armed Forces?: No	
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 700 NE 132nd Avenue				13b. City or Town: Vancouver	
13c. Residence: County: Clark	13d. Tribal Reservation Name (if applicable):	13e. State or Foreign Country: Washington	13f. Zip Code + 4: 98684	13g. Inside City Limits? ☒ Yes ☐ No ☐ Unk	
14. Estimated length of time at residence.: 15 years	15. Marital Status at Time of Death: Married	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): David Hugh Ornduff			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).: Homemaker		18. Kind of Business/Industry (Do not use Company Name): Own Home			
19. Father's Name (First, Middle, Last, Suffix): Raymond Hutchinson		20. Mother's Name Before First Marriage (First, Middle, Last): Vivian Black			
21. Informant's Name: David Ornduff	22. Relationship to Decedent: Spouse	23. Mailing Address: Number and Street or RFD No. City or Town State Zip: 700 NE 132nd Ave, Vancouver, Washington 98684			
24. Place of Death, if Death Occurred in a Hospital:		Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Residence			
25. Facility Name (If not a facility, give number & street or location): 700 NE 132nd Avenue		26a. City, Town, or Location of Death: Vancouver	26b. State: WA	27. Zip Code: 98684	
28. Method of Disposition: Cremation	29. Place of Final Disposition (Name of cemetery, crematory, other place): First Call Plus Crematory	30. Location-City/Town, and State: Portland, Oregon			
31. Name and Complete Address of Funeral Facility: Cremation & Burial Care of Oregon, 225 NE 80th Avenue Portland, Oregon 97213				32. Date of Disposition: March 30, 2012	
33. Funeral Director Signature X [signature]					

Part 2 completed by Certifier

Cause of Death (See instructions and examples)

34. 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~~. Add additional lines if necessary.

		Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Lung Cancer	Month
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	Due to (or as a consequence of): b. N/A	
	Due to (or as a consequence of): c.	
	Due to (or as a consequence of): d.	

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: None

36. Autopsy? ☐ Yes ☒ No

37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☐ No

38. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending

39. If female: ☒ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

40. Did tobacco use contribute to death? ☒ Yes ☐ Probably ☐ No ☐ Unknown

41. Date of Injury (MM/DD/YYYY):

42. Hour of Injury (24hrs):

43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area):

44. Injury at Work? ☐ Yes ☐ No ☐ Unk

45. Location of Injury: Number & Street: Apt No. City or Town: County: State: Zip Code+ 4:

46. Describe how injury occurred

47. If transportation injury, specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)

48a. **Certifying Physician** - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. X [signature]

48b. **Medical Examiner/Coroner** - 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. X

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Rosie Palsson, MD 1269 Mill Plain Blvd Vancouver, WA 98684

50. Hour of Death (24hrs): 0400

51. Name and Title of Attending Physician if other than Certifier (Type or Print):

52. Date Signed (MM/DD/YYYY): 3/28/2012

53. Title of Certifier: Medical Doctor

54. License Number: MD47492

55. ME/Coroner File Number:

56. Was case referred to ME/Coroner? ☐ Yes ☒ No

57. Registrar Signature X

58. Date Received (MM/DD/YYYY): MAR 29 2012

59. Amendments

DOH/CHS 003 Rev 07/09/10 DOH 422-001-003 (6/10)