

WHEN RECORDED RETURN TO:
David Ornduff
700 NE 132 nd 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
☐ 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.

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

REAL ESTATE EXCISE TAX

29491

APR 18 2012

PAID EXEMPT
Timothy O. Todd
SKAMANIA COUNTY TREASURER

ORIGINAL

COMMUNITY PROPERTY AGREEMENT

This AGREEMENT is made and entered into this 16th 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.

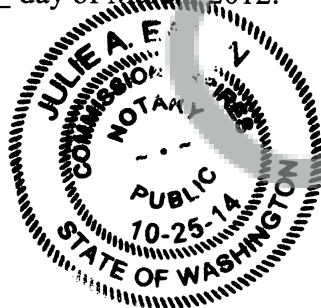

David H. Ornduff

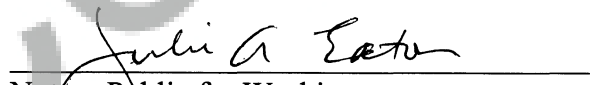

Patricia L. Ornduff

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.




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

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Patricia Lea Ornduff				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	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 5 th 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: 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 							
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Lung cancer Due to (or as a consequence of): Interval between Onset & Death: 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 N/A Due to (or as a consequence of): Interval between Onset & Death: 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 ☐ Not pregnant, but pregnant within 42 days before death ☐ Pregnant at time of 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 - On the basis of my knowledge, death occurred at the time, date, and place and due to the causes stated. 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 causes, and manner stated. 49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Rosie Palisson, MD 1269x 1st Plain Blvd 50. Hour of Death (24hrs) 0400 51. Name and Title of Attending Physician if other than Certifier (Type or Print) Vancouver, WA 98684 52. Date Signed (mm/dd/yyyy) 3/28/2012 53. Title of Certifier Medical Doctor 54. License Number M047492 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							