

142742

BOOK 216 PAGE 264

RETURN ADDRESS:

LORETTA S. BOWERS
P.O. Box 264
No BONNEVILLE, WA 98639

FILED
SKIN
Joretta S. Bowers

OCT 30 1 25 PM '01

Amoser
GARY H. OLSON

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Community Property Agreement
2. Death Certificate
- 3.
- 4.

GRANTOR(S) (Last name, first, then first name and initials)

1. Bowers, Galand N.
- 2.
- 3.
- 4.

☐ Additional Names on Page _____ of Document.

GRANTEE(S) (Last name, first, then first name and initials)

1. Bowers, Loretha Sue
- 2.
- 3.
- 4.

☐ Additional Names on Page _____ of Document.

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

Lot 2 Block 4 Plat of Relocated
North Bonneville

☐ Complete Legal on Page _____ of Document.

REFERENCE NUMBER(S) Of Document assigned or released:

☐ Additional Numbers on Page _____ of Document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

☐ Property Tax parcel ID is not yet assigned.

☐ Additional Parcel Numbers on Page _____ of Document.

02-07-19-4-4-0200

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

COMMUNITY PROPERTY AGREEMENT

THIS COMMUNITY PROPERTY AGREEMENT, entered into this day by and between GALAND N. BOWERS and LORETTA SUE BOWERS, husband and wife, of Skamania County, State of Washington.

WITNESSETH:

WHEREAS, the parties hereto are 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;

Gary H. Martin, Skamania County Assessor

Date 10/30/01

Parcel # 2-7-19-4-4-206

NOW THEREFORE, WE, GALAND N. BOWERS and LORETTA SUE BOWERS, husband and wife, 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 do hereby convey and transfer to the other party and to their 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

Community Property Agreement
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GNB H's initials
LSB W's initials

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 do hereby convey and transfer to the other and to their 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 GALAND N. BOWERS, while the said LORETTA SUE BOWERS survives, be vested in LORETTA SUE BOWERS, absolutely and in fee simple as her sole and separate property; and, in the event of the death of the said LORETTA SUE BOWERS, while the said GALAND N. BOWERS survives, then the whole of the community property now owned by us or hereafter acquired by us, including all 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 GALAND N. BOWERS, absolutely and in fee simple as his sole and separate property.

IN WITNESS WHEREOF, the parties have executed this agreement this 29th day of November, 1994.

REAL ESTATE EXCISE TAX

21854

OCT 30 2001

PAID

Exempt

Exempt

SKAMANIA COUNTY TREASURER

Galand N. Bowers
GALAND N. BOWERS

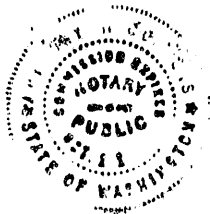
Loretta Sue Bowers
LORETTA SUE BOWERS

G.N.B. H's initials
LSB W's initials

STATE OF WASHINGTON)
) ss.
County of Skamania)

I certify that I know or have satisfactory evidence that GALAND N. BOWERS and LORETTA SUE BOWERS are the persons who appeared before me, and said person acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 29th day of November, 1994.



Anthony H. Connors
ANTHONY H. CONNORS, Notary
Public in and for the State of
Washington.

Commission expires: 10-1-96

Community Property Agreement
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GNB H's initials
LSB W's initials

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH BOOK 216 PAGE 268

1. NAME: First Middle Last
Galand Norman Bowers
2. SEX (M / F): M
3. DEATH DATE (Mo, Day, Yr): July 24, 2001

4. AGE LAST BIRTHDAY (Yrs): 67
5. UNDER 1 YEAR: MOS DAYS HOURS MINS
6. BIRTHDATE (Mo, Day, Yr): 7-10-1934
7. BIRTHPLACE (City, State or Foreign Country): Mangum, OK
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): No
9. COUNTY OF DEATH: Clark

10. CITY, TOWN OR LOCATION OF DEATH: Vancouver
11. PLACE OF DEATH - BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME
12. PLACE OF DEATH: Southwest Washington Medical Center
13. SMOKING IN LAST 15 YEARS? (Yes / No): No

14. MARITAL STATUS - Married, Never married, Widowed, Divorced (Specify): Married
15. SURVIVING SPOUSE (If wife, give maiden name): Loretta S. King
16. SOCIAL SECURITY NO: 552-42-3484
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (8-12) College (1-4 or 5+): 2

18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Customer Service
19. KIND OF BUSINESS OR INDUSTRY: Gas & Electric Co.
20. Was Decedent of Hispanic origin or descent? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.): No
21. RACE (Specify): White

22. FATHER'S NAME - FIRST, MIDDLE, LAST: Woodrow Bowers
23. CITY/TOWN OR LOCATION: 402 Columbia St. No. Bonneville
24. INSIDE CITY (Yes / No): yes
25A. COUNTY: Skamania
25B. LENGTH OF RES. IN CO: 8 1/2 yrs
26. STATE: WA
27. ZIP CODE: 98639

28. MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME: Faye Cook
29. CITY OR TOWN: N. Bonneville
30. STATE: WA
31. ZIP: 98639

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
33. DATE (Mo, Day, Yr): 7-28-2001
34. CEMETERY/CREMATORY - NAME: Stevenson Cemetery
35. LOCATION - CITY/TOWN, STATE: Stevenson, WA
36. FUNERAL DIRECTOR SIGNATURE: [Signature]
37. NAME OF FACILITY: Memorial Garages Mortuary
38. ADDRESS OF FACILITY: 1101 NE 112th Ave. Vancouver, WA 98684

39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE
40. DATE SIGNED (Mo, Day, Yr): 7-25-01
41. HOUR OF DEATH (24 Hrs): 1410
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
43. ON THE BASIS OF EXAMINATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND I AM NOT AWARE OF ANY OTHER CAUSE(S) STATED.
44. DATE SIGNED (Mo, Day, Yr):
45. HOUR OF DEATH (24 Hrs):
46. PRONOUNCED DEAD (Mo, Day, Yr):
47. HOUR PRONOUNCED DEAD (24 Hrs):
48. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Michelle Inforzato, MD 400 NE Mother Joseph Way, Vancouver, WA 98664
49. ME/CORONER FILE NUMBER:

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:
A. Large Cell lymphoma
B. DUE TO, OR AS A CONSEQUENCE OF:
C. DUE TO, OR AS A CONSEQUENCE OF:
D. DUE TO, OR AS A CONSEQUENCE OF:
51. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:
52. AUTOPSY? (Yes / No): no
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No): no

54. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify):
55. INJURY DATE (Mo, Day, Yr):
56. HOUR OF INJURY (24 Hrs):
57. DESCRIBE HOW INJURY OCCURRED:
58. INJURY AT WORK? (Yes / No):
59. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (Specify):
60. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE:
61. RECORD AMENDMENT (Registrar use only) DATE: DOCUMENTARY EVIDENCE REVIEWED BY: DATE:
62. REGISTRAR SIGNATURE: [Signature]
63. DATE RECEIVED (Mo, Day, Yr): JUL 26 2001

64. GARY B. MAJOR, Skamania County Assessor
Date: 10/30/01 Parcel #: 2-1-13-4-4-200

DOH 110-008 (Rev. 7/91) (Formerly DSHS 9-110)

AFFIDAVIT FOR CORRECTION

BOOK 216 PAGE 269

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	1. FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY				
The record of		STATE OFFICE USE ONLY		
Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with		1. STATE FILE NUMBER 2. NAME 3. DATE OF EVENT 4. PLACE OF EVENT (City and County) 5. FATHER'S FULL NAME (if Birth; HUSBAND (if Marriage/Dissolution) 6. MOTHER'S FULL MAIDEN NAME (if Birth; WIFE (if Marriage/Dissolution)		
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:		THE TRUE FACT IS:		
7.		8.		
9.		10.		
11.		12.		
13.		14.		
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY 15.				
PHONE NUMBER:				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT				
16. SIGNATURE		17. DATE	18. ADDRESS	

DCH 110-007 (Rev. 3/99)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

- All changes must be established by documentary proof submitted with the affidavit.
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or established within five years of birth.
- Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
- Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
 - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical informant.
- The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

This is a legal document.
 Complete in ink and do not alter.

CERTIFIED

JUL 26 2001

Karen R. Steingart, MD.
 Dr. Karen Steingart
 Health District Office
 S.W. Washington Health District

II00040986