143574

BOOK 219 PAGE 916

Return Address:

Roger D. Knapp
430 NE Everett Street
Camas, WA 98607

FILED FOR RECORD
SKAMANIA COUNTY, WASH.
BY Roger D. Knapp
JAN 29 11 48 AM '02
AUDITOR
J. MICHAEL GARVISON

AFFIDAVIT

Grantor: Jacqueline A. Hamrick
Grantee: Jerry D. Hamrick
Legal description (abbreviated): Section 7, T1NR5E
Assessors Tax Parcel ID No.: 01-05-07-0-0-0300-00
Prior Document No.: 143573 Vol 219 Pg 913

STATE OF WASHINGTON)
) ss.
COUNTY OF CLARK)

TERESA L. PHIMISTER, being first duly sworn, upon oath, deposes and says:

1. This affidavit is made for the purpose of supplying information of record pertaining to that certain Community Property Agreement executed by JERRY D. HAMRICK and JAQUELINE A. HAMRICK, husband and wife, dated July 9, 1978, and recorded in the office of the Auditor of Clark County. The information set forth in this affidavit may be relied upon by any person dealing with property, real or personal, the title to which is deraigned through said Community Property Agreement.

2. JACQUELINE A. HAMRICK died on or about the 3rd day of April, 2001, in Skamania County, Washington, being, at the time of her death, a resident of Washougal, Skamania County, Washington.

3. The parties to said Community Property Agreement did no act which would rescind or abrogate such agreement, nor did they, or either of them, execute any testamentary writing which would have the effect of nullifying or abrogating such agreement; said Community Property Agreement was valid in all respects, and was in full force and effect at the date of death of JACQUELINE A. HAMRICK, one of the parties thereto.

4. The total value of all assets in this estate is less than the minimum value which requires the filing of a federal estate tax return under federal law applicable as of the date of death, and no such tax return has been or will be filed. No taxes imposed by the Washington Estate and Transfer Tax Reform Act of 1981 are due.

5. Included among the assets of the community estate of JERRY D. HAMRICK and JACQUELINE A. HAMRICK, husband and wife, was the following described real property, the disposition of which is controlled by the terms of said Community Property Agreement:

County of Skamania, State of Washington

A tract of land in the Northwest Quarter of the Northeast Quarter of Section 7, Township 1 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at the Northeast corner of the West Half of the Northwest Quarter of the Northeast Quarter; thence West 456.8 feet; thence South 206.8 feet; thence East 456.8 feet; thence North 206.8 feet to the point of beginning.

EXCEPT that portion Deeded to Skamania County by instrument recorded March 7, 1974 in Book 66, Page 355.

6. No proceedings have been instituted to contest or set aside or cancel said Community Property Agreement.

7. Said decedent, at the time of death, owned no separate property of any kind nor held any interest in any separate property.

8. All obligations of the marital community composed of JERRY D. HAMRICK and JACQUELINE A. HAMRICK, husband and wife, and all separate obligations of the said JERRY D. HAMRICK have been paid in full, and all expenses of last illness and funeral expenses have been paid.

9. In addition to JERRY D. HAMRICK, the said JACQUELINE A. HAMRICK, was survived by four children, namely, Teresa L. Phimister, Paul T. Hamrick, Steven M. Hamrick and Mark E. Ham. ck, all of whom have attained majority.

IN WITNESS WHEREOF, I have hereunto set my hand this 18th day of January, 2002.

Teresa L. Phimister
TERESA L. PHIMISTER

SUBSCRIBED and SWORN to before me this 18th day of January, 2002.

ROGER D. KNAPP
STATE OF WASHINGTON
NOTARY — • — PUBLIC
My Commission Expires Oct. 12, 2005

Notary Public in and for the State of Washington, Residing at Camas.
My appointment expires: 10-12-05.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

13
LOCAL FILE NUMBER

Health

CERTIFICATE OF DEATH

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146
STATE FILE NUMBER

1. NAME First: Noel Middle: Jacqueline Ann Last: Hamrick
2. SEX: Female
3. DEATH DATE (Mo, Day, Yr): April 3, 2001
4. AGE-LAST BIRTHDAY (Yrs): 68
7. BIRTHDATE (Mo, Day, Yr): 3/26/1933
8. BIRTHPLACE (City, State or Foreign Country): Minneapolis, MN
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No): No
10. COUNTY OF DEATH: Skamania
11. CITY, TOWN OR LOCATION OF DEATH: Washougal
12. PLACE OF DEATH: X HOME — 21 Hudson Rd.
13. SMOKING IN LAST 15 YEARS? (Yes/No): Yes
14. MARITAL STATUS: Married
15. SURVIVING SPOUSE: Jerry D. Hamrick
16. SOCIAL SECURITY NO.: 534-32-1449
17. DECEDENT'S EDUCATION: Elementary/Secondary (0-12): 12
18. USUAL OCCUPATION: Homemaker
19. KIND OF BUSINESS OR INDUSTRY: Own Home
20. WAS DECEDENT OF HISPANIC ORIGIN OR DESCENT? (Yes/No) Specify: No
21. RACE (Specify): White
22. RESIDENCE — NUMBER AND STREET: 21 Hudson Rd.
23. CITY/TOWN OR LOCATION: Washougal
24. INSIDE CITY LIMITS? (Yes/No): No
25A. COUNTY: Skamania
25B. LENGTH OF RES IN CO: 21 Yrs
26. STATE: WA
27. ZIP CODE: 98671
28. FATHER'S NAME — FIRST, MIDDLE, LAST: Albert J. LaRose
29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME: Ellen Kinler
30. INFORMANT — NAME: Jerry Hamrick
31. MAILING ADDRESS: 21 Hudson Rd. Washougal, WA 98671
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation
33. DATE (Mo, Day, Yr): 4/5/2001
34. CEMETERY OR CREMATORY — NAME: Portland Cremation Center
35. LOCATION — CITY/TOWN, STATE: Portland, Oregon
36. FUNERAL DIRECTOR SIGNATURE: X C.M. [signature]
37. NAME OF FACILITY: STRAUB'S FUNERAL HOME
38. ADDRESS OF FACILITY: 325 NE 3rd Ave Camas, Washington 98607

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN
39. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.
SIGNATURE AND TITLE: X [signature]
40. DATE SIGNED (Mo, Day, Yr): 4/5/01
41. HOUR OF DEATH (24 Hrs): 2304
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER
43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.
SIGNATURE AND TITLE: X
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): Stephen Ebert, MD 2211 E Mill Plain Vancouver, WA 98661
49. ME/CORONER FILE NUMBER

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH
IMMEDIATE CAUSE: a. Metastatic Breast Cancer — INTERVAL BETWEEN ONSET AND DEATH: 9 years
b. DUE TO, OR AS A CONSEQUENCE OF
c. DUE TO, OR
d. DUE TO, OR

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Clark County, WA
ROGER KNAPP AF 12.00

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): Yes
54. ACC, SUICIDE, HOM, UNDET, OR PENDING INVEST (Specify)
55. INJURY DATE (Mo, Day, Yr)
56. HOUR OF INJURY
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): ITEM / DOCUMENTARY EVIDENCE / REVIEWED BY / DATE
62. REGISTRAR: X [signature], MD
63. DATE RECEIVED (Mo, Day, Yr): 4/9/2001

DOH 422-013

AFFIDAVIT FOR CORRECTION

BOOK 219 PAGE 919

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	FEE RECEIVED	INITIALS	DATE	APPROVED / NOT APPROVED

STATE OFFICE USE ONLY | **STATE OFFICE USE ONLY**

The record of Birth ☐ Death ☐ Marriage ☐ Dissolution ☐ with 1 STATE FILE NUMBER for

2 NAME	3 DATE OF EVENT	4 PLACE OF EVENT (City, State, County)
5 FATHER'S FULL NAME (If this is a DISSOLUTION, Husband's Name)	6 MOTHER'S FULL MAIDEN NAME (Wife's Name)	

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

DOH 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

1. **All changes must be established by documentary proof submitted with the affidavit.**
2. Only a parent, legal guardian (if the child is under 18) or the adult themselves (if 18 or older) may change the birth certificate.
3. 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.
4. Proof must be five (or more) years old or established within five years of birth.
5. 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

6. **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.
7. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 1st birthday).
8. **This affidavit cannot be used to add a father to a birth certificate.** Use the paternity affidavit - form DOH 110-001.

Death Certificates

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

Marriage/Dissolution (Divorce) Certificates

1. 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.
2. To change the date or place of marriage or dissolution, the affidavit of 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.

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ROGER KOEPP RF 12.00 Clark County, WA

CERTIFIED

APR - 9 2001

Karen Steingart
Dr. Karen Steingart
Health District Officer
S.W. Washington

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