

Return Address:

Edith E. Clark
P.O. Box 103
Carson, WA 98610

Document Title(s) or transactions contained herein: Community Property Agreement Death Cert.		REAL ESTATE EXCISE TAX 26486
GRANTOR(S) (Last name, first name, middle initial) William A. Clark	DEC 11 2005 PAID <u>EXEMPT</u> <u>Audrey F. Lewis Deputy</u> SKAMANIA COUNTY TREASURER	
<input type="checkbox"/> Additional names on page _____ of document.		
GRANTEE(S) (Last name, first name, middle initial) Edith E. Clark BKA Pg. 148 EC		
<input type="checkbox"/> Additional names on page _____ of document.		
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter) Lot 8 Carson Valley Park BKA Pg. 148		
<input type="checkbox"/> Complete legal on page _____ of document.		
REFERENCE NUMBER(S) of Documents assigned or released:		
<input type="checkbox"/> Additional numbers on page _____ of document.		
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER 03081740440000 12-11-06 JMG		
<input type="checkbox"/> Property Tax Parcel ID is not yet assigned		
<input type="checkbox"/> Additional parcel numbers on page _____ of document.		
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.		

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number D-2 10		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any) First: William Middle: Dwight LAST: Clark Suffix:			2. Death Date April 14, 2004		
3. Sex (M/F) Male	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 Skamania
7. Birthdate 02-05-1933	8a. Birthplace (City, Town, or County) Poteet	8b. (State or Foreign Country) Texas	9. Decedent's Education High School Diploma		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No			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.) 81 Vine Maple Loop				13b. City or Town Carson	
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington		13f. Zip Code + 4 98610
14. Estimated length of time at residence. 31 1/2 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Edith Emma Hughes	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Teamster			18. Kind of Business/Industry (Do not use Company Name) Construction		
19. Father's Name (First, Middle, Last, Suffix) Willie Clark			20. Mother's Name Before First Marriage (First, Middle, Last) Ethel Wilkins		
21. Informant's Name Edith E. Clark		22. Relationship to Decedent Wife		23. Mailing Address: Number/Street or RFD No. City or Town State Zip PO Box 103 Carson, Washington 98610	
24. Place of Death, if Death Occurred in a Hospital: _____ Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Home					
25. Facility Name (If not a facility, give number & street) 81 Vine Maple Loop		26a. City, Town, or Location of Death Carson		26b. State WA.	27. Zip Code 98610
28. Method of Disposition Cremation		29. Place of Disposition (Name of cemetery, crematory, other place) Young's Crematory		30. Location-City/Town, and State Tigard, Oregon	
31. Name and Complete Address of Funeral Facility Davies Cremation & Burial Services PO Box 61747 Vancouver, Wa. 98666				32. Date of Disposition 4/17/2004	
33. Funeral Director Signature X <i>Michael S. Hammel</i>					
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) → a. Chronic Obstructive Lung Disease Interval between Onset & Death: years Due to (or as a consequence of): 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 b. Interval between Onset & Death: c. Interval between Onset & Death: d. Interval between Onset & Death:					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No					
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> 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 <i>[Signature]</i>					
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.					
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Gary Regalado M.D. 14105th St SE JR 97031				50. Hour of Death (24hrs) 2140	
51. Name and Title of Attending Physician (Other than Certifier) (Type or Print)				52. Date Certified (MM/DD/YYYY) 04/15/2004	
53. Title of Certifier M.D.		54. License Number 12082		55. Registration Number 889	
56. Was case referred to medical examiner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		57. Registrar Signature X <i>Wanda A. Fisher</i>			
58. Date Received (MM/DD/YYYY) APR 16 2004		59. Record Amendment: _____			

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AFFIDAVIT FOR CORRECTION

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 NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY			STATE OFFICE USE ONLY	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with			1. STATE FILE NUMBER	for
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 FORGOING 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

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 18th 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 executors/administrators (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 certifying 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 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

APR 19 2004

Karen R. Steingart, MD
 Dr. Karen Steingart
 Health Officer
 Skamania Co. Health Dept.

JJ00405890

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COMMUNITY PROPERTY AGREEMENT

This AGREEMENT is executed between WILLIAM DWIGHT CLARK and EDITH EMMA CLARK, husband and wife, residing at Carson, Washington:

1. DECLARATIONS

1.1 Marital Status. The parties hereto are husband and wife, and are residents of the State of Washington.

1.2 Children. The parties have six children, one of whom is deceased, namely: WILLIAM DWIGHT CLARK, II, born July 7, 1954; DEBRA YVONNE DUDLEY, born December 23, 1955; PATRICIA DAWN CLARK, born February 22, 1957; DWAYNE RUSSELL CLARK, who is deceased; DAVID ALLEN CLARK, born September 2, 1959; and DEANNA JEAN CLARK, born July 16, 1961.

2. CONSIDERATION

FOR AND IN CONSIDERATION of the love and affection they each bear toward the other, and in consideration of the mutual help each will be to the other in the future, and for the consideration of the commingling of their joint efforts and earnings and property, it is agreed as herein provided.

3. AMENDMENTS, ETC.

3.1 Amendments. This agreement may be amended or revoked by written instrument executed and acknowledged by the spouses. No such amendment or revocation by mutual consent of the spouses shall become effective except by written revocation or amendment.

3.2 Effect of Divorce or Dissolution of Marriage. Unless otherwise provided in the divorce or dissolution decree or in the property settlement agreement, this agreement shall be

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revoked by any decree divorcing the spouses or dissolving their marriage.

3.3 Effect of Incompetency. If, prior to the death of either spouse, a legal guardian is appointed over the property of one of the spouses on account of incompetency, the legal guardian may join with the competent spouse in a petition to the court having jurisdiction over the guardianship proceedings for permission to enter into a modification or revocation of this agreement. Hearing on the petition shall be held after giving such notice to all interested parties as may be ordered by the court. If, after the hearing, the court deems the proposed modification or revocation to be fair and equitable and affords reasonable protection towards all parties concerned, it may authorize the guardian to execute such modification or revocation on behalf of the incompetent spouse.

3.4 Effect of Domicile Change. Unless otherwise revoked or modified, this agreement shall remain in full force and effect regardless of the state of residence and/or domicile of the spouses at the time of the death of either or both.

4. VESTING OWNERSHIP ON DEATH

Upon the death of the first spouse, all community property shall become the sole and separate property of the surviving spouse. Immediately upon the death of the one spouse, the survivor shall have the full power to sell, will, or otherwise to dispose of all property subject to this Community Property Agreement.

5. COMMUNITY PROPERTY

All property, real or personal, now owned or hereafter acquired, whether separate or community, is hereby conveyed and converted into community property and hereafter shall be deemed

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DATED this 12th day of December, 1977.

Edith Emma Clark
EDITH EMMA CLARK

On this day, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared William Dwight Clark and Edith Emma Clark, husband and wife, to me known to be the individuals described in and who executed the foregoing instrument, and each acknowledged to me that he severally signed said instrument as his free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal this 12th day of December, 1977.

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