

After Recording Return To:

BUZZARD & ASSOCIATES  
P.O. Box 59  
Centralia, WA 98531

REAL ESTATE EXCISE TAX  
REAL ESTATE EXCISE TAX

29105  
JUN 13 2011

PAID 29105  
L Kemp  
deputy  
SKAMANIA COUNTY TREASURER

AUDITOR'S INDEXING FORM

DOCUMENT TITLE: COMMUNITY PROPERTY AGREEMENT

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED /RELEASED: N/A

PRINCIPALS: SHIRLEY R. SMITH, SURVIVING SPOUSE and ROBERT L. SMITH, DECEASED

LEGAL DESCRIPTION: Lot 3, of High Country Estates, Recorded in Book 3, page 135 records of Skamania County, Washington

Skamania County Assessor

Date 6-13-11 Parcel 7-5-15-43-600

(Signature)

ASSESSOR'S TAX PARCEL NUMBER(S):

07051543060000 (Signature)

# AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON )  
 )  
 ) : ss.  
COUNTY OF LEWIS )

SHIRLEY R. SMITH, being first duly sworn on oath, declares that:

- 1. Status. I am the surviving spouse of ROBERT L. SMITH who died on November 5, 2003, in Olympia, Thurston County, Washington. A copy of his Certificate of Death is attached to this Affidavit as Exhibit "A".
- 2. Purpose of Affidavit. This affidavit and the representation made in it are intended to induce any party holding real or personal property subject to the Community Property Agreement ("CPA") to rely upon the CPA and all of its terms and provisions.
- 3. Community Property Agreement. On September 3, 2001, decedent and I, as husband and wife, validly executed a written CPA that has remained valued and in full force since its execution. Said CPA is attached hereto as Exhibit "B" and recorded herewith.
- 4. Community property subject to the Agreement. Unless otherwise set forth in the CPA, all of the community property is subject to the CPA and its disposition is controlled by the CPA.
- 5. Decedent's will and probate. No proceedings have begun to admit the decedent's will to probate, to set aside, cancel, or revoke the CPA, nor to appoint a personal representative for the decedent's estate.
- 6. Character and Value of decedent's estate. At death, decedent's estate was valued at approximately \$ 150,000 and consisted solely of his

one-half share of community property subject to the CPA. Decedent owned no separate property at death.

- 7. Decedent's debts and expenses. All of debts and expenses have been paid in full, including funeral and burial expenses.
- 8. Community liabilities. The liabilities and obligations of the marital community have been paid in full.

DATED this 18<sup>th</sup> day of May, 2011.

Shirley R. Smith  
SHIRLEY R. SMITH

SUBSCRIBED and SWORN to before me this 18<sup>th</sup> day of May, 2011.

Christ Lofgren  
NOTARY PUBLIC in and for the State of  
Washington, Residing at Rochester  
My Commission Expires: 10-24-12  
Printed Name: Christina L Lofgren



UNOFFICIAL COPY

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Health  
CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1415  
LOCAL FILE NUMBER

USE ONLY DISTRICT  
COPIES 5  
HOSPITAL  
OCCURRENCE  
RESIDENCE  
TRACT  
OCCUPATION  
PARENTS  
OCCURRING  
CERTIFIER  
CAUSE OF DEATH

1. NAME (First, Middle, Last) <b>ROBERT L. SMITH</b>				2. SEX (M/F) <b>MALE</b>		3. DEATH DATE (Mo, Day, Yr) <b>November 5, 2003</b>			
4. AGE LAST BIRTH-DAY (Yr) <b>52</b>		5. UNDER 1 YEAR MOS DAYS HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) <b>Feb. 20, 1951</b>		8. BIRTHPLACE (City, State or Foreign Country) <b>Centralia, WA</b>			
11. CITY, TOWN OR LOCATION OF DEATH <b>Olympia</b>				12. PLACE OF DEATH - BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. ROOM/UT PTN <input type="checkbox"/> HOSP. <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE <b>St. Peter Hospital</b>			13. SMOKING IN LAST 15 YEARS? (Yes / No) <b>No</b>		
14. MARITAL STATUS - Married, Never married, Widowed, Divorced (Specify) <b>Married</b>		15. SURVIVING SPOUSE (If wife, give maiden name) <b>Shirley Baker</b>		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (11-4 or 5+)			
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Heavy Equipment Operator</b>			19. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>No</b>		21. RACE (Specify) <b>White</b>		
22. RESIDENCE - NUMBER AND STREET <b>3147 107th Ave. SW</b>			23. CITY/TOWN, OR LOCATION <b>Olympia</b>		24. INSIDE CITY LIMITS? (Yes / No) <b>No</b>	25A. COUNTY <b>Thurston</b>	25B. LENGTH OF RES. IN CO. <b>Life</b>	26. STATE <b>WA</b>	27. ZIP CODE <b>98512</b>
28. FATHER'S NAME - FIRST, MIDDLE, LAST <b>Robert C. Smith</b>				29. MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME <b>Veronica Rose Rota</b>					
30. INFORMANT - NAME <b>Shirley Smith</b>			31. MAILING ADDRESS - STREET OR RFD NO., CITY OR TOWN, STATE, ZIP <b>3147 107th Ave. SW, Olympia, WA 98512</b>						
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) <b>Cremation</b>		33. DATE (Mo, Day, Yr) <b>Nov. 11, 2003</b>		34. CEMETERY/CREMATORY - NAME <b>Olympic Crematory Association</b>		35. LOCATION - CITY/TOWN, STATE <b>Tumwater, Washington</b>			
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>			37. NAME OF FACILITY <b>American Burial &amp; Cremation Services 5727</b>		38. ADDRESS OF FACILITY <b>Littlerock RD SW Tumwater, WA</b>				
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 <i>[Signature]</i> , M.D. <b>X</b>				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 <b>X</b>					
40. DATE SIGNED (Mo, Day, Yr) <b>November 7, 2003</b>		41. HOUR OF DEATH (24 Hrs.) <b>2109</b>		44. DATE SIGNED (Mo, Day, Yr)		45. HOUR OF DEATH (24 Hrs.)			
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				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) <b>Ronald C. Krauss, M.D. 5602 Ruddell Road SE Lacey, WA 98503</b>				49. PHONE NUMBER <b>03-1443-11-NJA</b>					
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:									
IMMEDIATE CAUSE (Final disease or condition resulting in death): <b>A. CARDIORESPIRATORY ARREST</b>		INTERVAL BETWEEN ONSET AND DEATH							
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequitally list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		B. DUE TO, OR AS A CONSEQUENCE OF: <b>MYOCARDIAL INFARCTION</b>		INTERVAL BETWEEN ONSET AND DEATH					
		C. DUE TO, OR AS A CONSEQUENCE OF: <b>CORONARY ARTERY DISEASE</b>		INTERVAL BETWEEN ONSET AND DEATH					
		D. DUE TO, OR AS A CONSEQUENCE OF: <b>DIABETES MELLITUS</b>		INTERVAL BETWEEN ONSET AND DEATH					
51. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE: <b>CHRONIC KIDNEY FAILURE</b>				52. AUTOPSY? (Yes / No) <b>No</b>		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>Yes</b>			
54. ACC. SUICIDE, HOM., UNDET., 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) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE						63. DATE RECEIVED (Mo, Day, Yr) <b>NOV 12 2003</b>			



COPY

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

A  
DOH 01-003 (5/99)



# Affidavit for Correction

Center for Health Statistics  
 P.O. Box 9709  
 Olympia, WA 98507-9709  
 (360) 236-4300

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

**STATE OFFICE USE ONLY**

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type:  Birth  Death  Marriage  Dissolution

1. Name on record: \_\_\_\_\_ 2. Date of Event: \_\_\_\_\_ 3. Place of Event: (City or County) \_\_\_\_\_

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) \_\_\_\_\_ 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution) \_\_\_\_\_

The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

**COPY**

14. I represent the person as:  Self  Parent  Guardian  Informant  Funeral Director  Other (Specify) \_\_\_\_\_ Telephone Number: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature: \_\_\_\_\_ 16. Date: \_\_\_\_\_ 17. Address: \_\_\_\_\_

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

All changes must be established by documentary proof submitted with the affidavit.

- Examples of documentary proof:
- Certificate of Naturalization
  - Hospital Records
  - Insurance Records
  - Marriage/Divorce Records
  - Medical Record
  - Military Record (DD-214)
  - Birth Record
  - Passport
  - School Record
  - Voter's Registration Card (if it bears an effective date)
  - Alien Registration Card (front and back)

**Birth Certificates:**

- 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 have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name 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 last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
  - After age one, last name 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/CHS 021)

**Death Certificates:**

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

**Marriage/Dissolution (Divorce) Certificates:**

- Personal fact(s) (minor spelling changes in name, date of place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (Minister) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

**C E R T I F I E D**

*DR. DIANA T. YU, MD, MPH*  
 DR. DIANA T. YU, MD, MPH HEALTH OFFICER/REGISTRAR

NOV 12 2003

THURSTON COUNTY 3179  
 HEALTH DEPARTMENT  
 OLYMPIA, WASHINGTON

## COMMUNITY PROPERTY AGREEMENT

Made in Olympia, Washington on September 3, 2001 between **ROBERT L. SMITH** and **SHIRLEY R. SMITH**, husband and wife, both of whom are domiciled in the State of Washington. In consideration of the mutual agreement set forth below, the parties agree as follows:

1. **Property Covered**: This agreement shall apply to all community property now owned or hereafter acquired by the husband and wife, 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. Any separate property of the husband, which is owned by the husband at the time of his death, shall become and be considered as community property as of the moment of his death. Any separate property of the wife, which is owned by wife at the time of her death, shall become and be considered community property as of the moment of her death. All such property is referred to in this agreement as the "described community property".

2. **Vesting at Death of the Spouse**: If the husband dies and the wife survives him by thirty (30) days, all the described community property shall vest in the wife. If the wife dies and the husband survives her by thirty (30) days, all the described community property shall vest in the husband.

3. **Automatic Revocation**: The provisions in Paragraph 1 regarding after acquired property and the provisions of Paragraph 2 shall be automatically revoked if:

- (a) Either party files a petition, complaint or other pleading for separation, dissolution or divorce;
- (b) The parties move their domicile to another jurisdiction.

4. **Optional Revocation by One Party**: If either party becomes mentally disabled, the other party shall have the power to terminate the provisions of Paragraph 1 regarding after acquired property and 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 become effective upon the delivery of a written notice thereof to the disabled spouse and to the guardians, if any, of the person and of the estate of the disabled person. For 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 named person is unable to manage his or her own affairs.

5. **Powers of Appointment**: This agreement shall not effect any power of appointment that is now held or is hereafter given to the husband or wife, or both of them, nor shall obligate the husband or wife, or both of them, to exercise any such power of appointment in any way.

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

*Robert L. Smith*  
ROBERT L. SMITH

*Shirley R. Smith*  
SHIRLEY R. SMITH

**ACKNOWLEDGEMENT**

State of Washington ) ss  
County of Thurston

I certify that I know or have satisfactory evidence that ROBERT L. SMITH and SHIRLEY R. SMITH signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 10/08/01



*Clinton Morgan*  
Notary Public, State of Washington  
My appointment expires 5/09/03