

**WHEN RECORDED RETURN TO:**

Barbara J. Robinson  
PO Box 118  
Stevenson, WA 98648

**DOCUMENT TITLE(S)**

Community Property Agreement

**REFERENCE NUMBER(S)** of Documents assigned or released

☐ Additional numbers on page \_\_\_\_\_ of document.

**GRANTOR(S):**

Robert Wiley Robinson ~~Barbara J. Robinson~~  
BWR

☐ Additional names on page \_\_\_\_\_ of document.

**GRANTEE(S):**

Barbara J. Robinson ~~Robert Wiley Robinson~~  
BWR

☐ Additional names on page \_\_\_\_\_ of document.

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

(Lots 17-20 Block 5 Town of Stevenson) } a parcel of land  
(Lots 1 & 2 of the Robinson s/p BKT page 28) } in the NW 1/4  
of sec. 25, T3N  
R 7 E of Skamania County

☐ Complete legal on page \_\_\_\_\_ of document.

**TAX PARCEL NUMBER(S):** 03672520160000, 0207011198000,  
0207011199000, 02070111280000

☐ 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  
REAL ESTATE EXCISE TAX**

N/A  
APR 10 2017

PAID N/A  
Vickie Chelland, Treasurer  
SKAMANIA COUNTY TREASURER

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-051196

DATE ISSUED: 12/21/2016

FEE NUMBER: 0002031470

GIVEN NAMES: **ROBERT WILEY**  
LAST NAME: **ROBINSON**

COUNTY OF DEATH: **SKAMANIA**  
DATE OF DEATH: **DECEMBER 16, 2016**  
HOUR OF DEATH: **05:30 A.M.**  
SEX: **MALE**  
AGE: **94 YEARS**

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: **NO, NOT HISPANIC**  
RACE: **WHITE**

BIRTHDATE: **MARCH 31, 1922**  
BIRTHPLACE: **DALLAS, TEXAS**

MARITAL STATUS: **MARRIED**  
SPOUSE: **BARBARA JO CHAMBERS**

OCCUPATION: **OWNER/OPERATOR**  
INDUSTRY: **TELEVISION CABLE COMPANY**  
EDUCATION: **SOME COLLEGE CREDIT, BUT NO DEGREE**  
US ARMED FORCES? **YES**

INFORMANT: **BARBARA ROBINSON**  
RELATIONSHIP: **SPOUSE**  
ADDRESS: **PO BOX 118 STEVENSON, WA 98648**

PLACE OF DEATH: **HOME**  
FACILITY OR ADDRESS: **188 SW 1ST**  
CITY, STATE, ZIP: **STEVENSON, WASHINGTON 98648**

RESIDENCE STREET: **188 SW 1ST**  
CITY, STATE, ZIP: **STEVENSON, WASHINGTON 98648**  
INSIDE CITY LIMITS? **YES**  
COUNTY: **SKAMANIA**  
TRIBAL RESERVATION: **NOT APPLICABLE**  
LENGTH OF TIME AT RESIDENCE: **60 YEARS**

FATHER/PARENT: **JAMES MALLOY ROBINSON**  
MOTHER/PARENT: **EUNICE MARIE ARMSTRONG**

METHOD OF DISPOSITION: **BURIAL**  
PLACE OF DISPOSITION: **STEVENSON CEMETERY**  
CITY, STATE: **STEVENSON, WA**  
DISPOSITION DATE: **DECEMBER 23, 2016**

FUNERAL FACILITY: **GARDNER FUNERAL HOME INC**  
ADDRESS: **1270 NORTH MAIN AVENUE**  
CITY, STATE, ZIP: **WHITE SALMON WA 98672**  
FUNERAL DIRECTOR: **DEREK F. KRENTZ**

CAUSE OF DEATH:  
A. **END-STAGE HEART DISEASE**  
INTERVAL: **YEARS**

B.   
INTERVAL:

C.   
INTERVAL:

D.   
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
**NON-HODGKINS LYMPHOMA**

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK?  
PLACE OF INJURY:

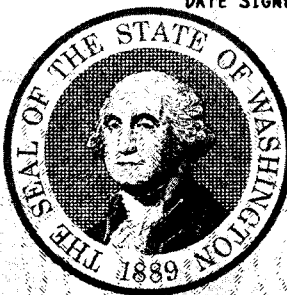
LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
**NOT APPLICABLE**

ITEM(S) AMENDED: **NONE**

NUMBER(S): **NONE**  
DATE(S): **NONE**



MANNER OF DEATH: **NATURAL**  
AUTOPSY: **NO**

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? **NOT APPLICABLE**  
DID TOBACCO USE CONTRIBUTE TO DEATH? **PROBABLY**  
PREGNANCY STATUS, IF FEMALE: **NOT APPLICABLE**

CERTIFIER NAME: **JAMES BRAUER MD**  
TITLE: **PHYSICIAN**  
CERTIFIER  
ADDRESS: **1021 JUNE ST**  
CITY, STATE, ZIP: **HOOD RIVER OR 97031**  
DATE SIGNED: **DECEMBER 20, 2016**

CASE REFERRED TO ME/CORONER: **NO**  
FILE NUMBER: **NOT APPLICABLE**  
ATTENDING PHYSICIAN:  
**NOT APPLICABLE**

LOCAL DEPUTY REGISTRAR:  
**AMANDA HERTEL**  
DATE RECEIVED: **DECEMBER 20, 2016**

DOH 01-003 (10/15)



# Affidavit for Correction

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

Mail to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
<b>Required information must match current information on record</b>				
Record Type:	<input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution (Divorce)
1. Name on Record:	2. Date of Event:		3. Place of Event:	
4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
6. Name of Person Requesting Correction:	Relationship to Person on Record	<input type="checkbox"/> Self <input type="checkbox"/> Parent(s)	<input type="checkbox"/> Guardian <input type="checkbox"/> Funeral Director	<input type="checkbox"/> Informant <input type="checkbox"/> Other (specify)

7. Return Mailing Address

Telephone Number: ( ) Email Address:

**Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:**

The record now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	14.

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

16a. Signature: 16b. Signature of 2<sup>nd</sup> parent (if required):

Printed name: Date: Printed name: Date:

## INSTRUCTIONS – go to for more information

**Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof**

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

### Birth Certificates

- Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
- The proof(s) must match the asserted facts.** For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
- Documentary proof must be five or more years old or established within five years of birth.

### Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)\*
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name\*
- To correct parent's information, one documentary proof is required
- To correct the sex of the child, one documentary proof from a medical provider is required

### Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

\*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

**This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)**

### Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

### Marriage/Dissolution (Divorce) Certificates

- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

**CERTIFIED**

DEC 21 2016

*Christopher Spitters*  
Christopher Spitters, M.D.  
Klickitat County Health Department

GG00065638

## COMMUNITY PROPERTY AGREEMENT

THIS COMMUNITY PROPERTY AGREEMENT, entered into this day by and between ROBERT WILEY ROBINSON and BARBARA JO ROBINSON, husband and wife, of Stevenson, Skamania County, State of Washington,

W I T N E S S E T H :

WHEREAS, the parties hereto are the 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,

NOW, THEREFORE, WE, ROBERT WILEY ROBINSON and BARBARA JO ROBINSON, 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 the 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 or otherwise, and of whatsoever nature, and wheresoever situate, shall be and it is hereby declared to be the 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

RWR  
BJR



at once, in the event of the death of ROBERT WILEY ROBINSON, while the said BARBARA JO ROBINSON survives, be vested in BARBARA JO ROBINSON, absolutely and in fee simple as her sole and separate property; and in the event of the death of the said BARBARA JO ROBINSON, while the said ROBERT WILEY ROBINSON survives, then 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 vest in the said ROBERT WILEY ROBINSON absolutely and in fee simple as his sole and separate property.

IN WITNESS WHEREOF, the parties have executed this agreement this 21<sup>st</sup> day of April, 1973.

Robert Wiley Robinson  
Barbara Jo Robinson

STATE OF WASHINGTON )  
 ) ss.  
 County of Skamania )

I, the undersigned, a notary public in and for the State of Washington, do hereby certify that on this 21<sup>st</sup> day of April, 1973, personally appeared before me ROBERT WILEY ROBINSON and BARBARA JO ROBINSON, husband and wife, to me known to be the individuals described in and who executed the foregoing instrument, and acknowledged that they signed and sealed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal the day and year last above written.

Robert J. Leach  
 Notary Public in and for the State of Washington, residing at Stevenson.