

WHEN RECORDED RETURN TO: Victor W. VanKoten Annala, Carey, Thompson, VanKoten & Cleaveland PC Attorneys at Law PO Box 325/305 Cascade Street Hood River, OR 97031	SKAMANIA COUNTY REAL ESTATE EXCISE TAX MAY - 1 2017 PAID <u> </u> SKAMANIA COUNTY TREASURER
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DOCUMENT TITLE(S) CPA/DEATH CERTIFICATE
REFERENCE NUMBER(S) of Documents assigned or released: [] Additional numbers on page _____ of document.
GRANTOR(S): DYE, HERBERT THOMAS [] Additional names on page _____ of document.
GRANTEE(S): DYE, RUTH ALICE [] Additional names on page _____ of document.
LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter): NE SE & S330 SE NE 20-3-10 [] Complete legal on page _____ of document.
TAX PARCEL NUMBER(S): 03-10-20-0-0-0401-00 [] 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.

COMMUNITY PROPERTY AGREEMENT

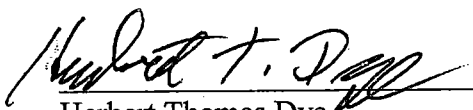
RECITALS:

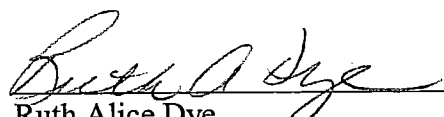
1. Herbert Thomas Dye and Ruth Alice Dye, husband and wife, and residents of the state of Washington, hereby agree that all of the property either or both presently owns is their community property under the laws of the state of Washington.
2. Herbert Thomas Dye and Ruth Alice Dye, husband and wife, and residents of the state of Washington, hereby agree that all of the property that either or both presently owns or hereafter acquires from any source is their community property under the laws of the state of Washington.
3. Herbert Thomas Dye and Ruth Alice Dye, husband and wife, and residents of the state of Washington, hereby agree as follows:

AGREEMENT:

- A. Property Now Owned. All of the property either or both presently owns is their community property under the laws of the state of Washington.
- ~~B. Subsequently Acquired Property. All property subsequently acquired by either party from any source shall be their community property under the laws of the state of Washington.~~
- C. Survivorship Rights. If one spouse dies and the other spouse survives by forty-five (45) days, all of their community property shall vest in the surviving spouse as of the moment of death of the first spouse to die.
- D. Automatic Revocation. The provisions of Article 2 and Article 3 above shall be automatically revoked upon the filing by either party of a petition for marital dissolution or legal separation, or immediately prior to death, if neither party survives the other by forty-five (45) days.

DATED this 10th day of April, 2003.


Herbert Thomas Dye


Ruth Alice Dye

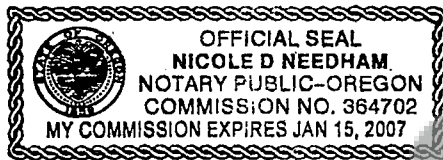
STATE OF OREGON)


) ss.

County of Hood River)

I hereby certify that I know or have satisfactory evidence that Herbert Thomas Dye and Ruth Alice Dye are the persons who appeared before me, and said persons acknowledge that they signed this instrument and acknowledge it to be their free and voluntary act for the uses and purposes mentioned in this instrument.

DATED this 10th day of April, 2003.




Notary Public for State of Oregon
My Commission Expires: 1-15-2007

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2017-001207

DATE ISSUED: 01/12/2017

FEE NUMBER: 0002031565

GIVEN NAMES: HERBERT THOMAS
LAST NAME: DVECOUNTY OF DEATH: SKAMANIA
DATE OF DEATH: JANUARY 05, 2017
HOUR OF DEATH: 02:43 P.M.
SEX: MALE
AGE: 76 YEARS
SOCIAL SECURITY NUMBER: 000-844-1504HISPANIC ORIGIN: NO; NOT HISPANIC
RACE: WHITEBIRTHDATE: SEPTEMBER 08, 1940
BIRTHPLACE: CHICAGO, ILLINOISMARITAL STATUS: MARRIED
SPOUSE: RUTH MATTICEOCCUPATION: REGISTERED NURSE
INDUSTRY: MEDICAL
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? YESINFORMANT: RUTH DVE
RELATIONSHIP: SPOUSE
ADDRESS: 32 RAVENVIEW DR., UNDERWOOD, WA 98651PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 32 RAVENVIEW
CITY, STATE, ZIP: UNDERWOOD, WASHINGTON 98651RESIDENCE STREET: 32 RAVENVIEW
CITY, STATE, ZIP: UNDERWOOD, WASHINGTON 98651
INSIDE CITY LIMITS? NO
COUNTY: SKAMANIATRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 16 YEARSFATHER/PARENT: WALTER HERBERT DVE
MOTHER/PARENT: HELEN P. MATKOVCIKMETHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY
CITY, STATE: WHITE SALMON, WA
DISPOSITION DATE: JANUARY 12, 2017FUNERAL FACILITY: GARDNER FUNERAL HOME INC
ADDRESS: 1270 NORTH MAIN AVENUE
CITY, STATE, ZIP: WHITE SALMON, WA 98672
FUNERAL DIRECTOR: DEREK F. KRENTZCAUSE OF DEATH:
A. CIRRHOSIS
INTERVAL: 2 YEARS

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
DEMENTIADATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL
AUTOPSY: NOAVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLECERTIFIER NAME: MOLLY OLSEN MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1108 JUNE ST
CITY, STATE, ZIP: HOOD RIVER OR 97031
DATE SIGNED: JANUARY 12, 2017STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONECASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLELOCAL DEPUTY REGISTRAR:
AMANDA HERTTEL
DATE RECEIVED: JANUARY 12, 2017



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
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Required	Required information must match current information on record			
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: City or County
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
	6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)			
	7. Return Mailing Address: P.O. Box or Street Address City State Zip			
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.	15.

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

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name: Date:	Printed name: Date:

INSTRUCTIONS – go to www.doh.wa.gov 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 fact(s). 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.

<p>Child under 18</p> <ul style="list-style-type: none"> 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 	<p>Adult (18 years or older)</p> <ul style="list-style-type: none"> 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
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*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

JAN 12 2017

Christopher Spitters
Christopher Spitters, M.D.
Clallam County Health Department

GG00065704