

WHEN RECORDED RETURN TO:

____ Mike Avery _____

____ PO Box 245 _____

____ Cougar, WA 98616 _____

DOCUMENT TITLE(S)

Community Property Agreement & Death Certificate

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page ____ of document.

GRANTOR(S):

Shelley L. Avery

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

N/A
JUN -5 2017

☐ Additional names on page ____ of document.

GRANTEE(S):

Michael D. Avery

PAID

N/A
Shelley L. Avery
SKAMANIA COUNTY TREASURER

☐ Additional names on page ____ of document.

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

Cabin #99 Northwoods

☐ Complete legal on page ____ of document.

TAX PARCEL NUMBER(S):

96000099000000

Skamania County Assessor
Date 6-5-17 Parcel# 96000099
Ym

☐ 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

This AGREEMENT is executed between MICHAEL DON AVERY SR. and SHELLEY LEE AVERY, husband and wife, residing at 8123 N.E. 30th Avenue, Vancouver, Washington 98665:

1. DECLARATIONS

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

A. Issue. The husband has the following children, who are his issue and not the issue of the wife:

Kim Elliott of Porter, Texas;
Kelly Smith of Conroe, Texas; and
Chris Phillips, unknown address.

B. Issue. The husband and wife have the following child, who is their issue:

Michael Don Avery Jr. of Vancouver, Washington.

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

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- 1 -

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Attorney at Law
2011 St. Johns Blvd.
Vancouver, Wa 98661
360-695-1800

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 revoked by any decree divorcing the spouses or dissolving their marriage. In the event a party to this agreement dies prior to entry of any decree but after the parties have separated and/or after either has filed a petition for dissolution or for legal separation, then the provisions of paragraph below that is captioned "VESTING OWNERSHIP ON DEATH" shall be deemed to have been revoked on the earlier of: 90 days after separation of the parties, 30 days after the filing by either party of a petition for dissolution or legal separation, or 10 days before the death of a party to this agreement, and the provisions of any Will (or of the applicable intestate statutes, if there is no Will) shall determine ownership of such deceased party's assets.

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,

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- 2 -

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360-695-1800

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

Unless this Agreement shall have been revoked prior to the death of the first spouse, all property, real or personal, now owned or hereafter acquired, whether separate or community, shall be conclusively presumed to have been conveyed and converted into community property one hour before the death of the first spouse and thereafter shall be deemed community property for all purposes under the laws of the State of Washington.

DATED this 6th day of February, 2007.


MICHAEL DON AVERY SR.


SHELLEY LEE AVERY

CPA ma SLA

- 3 -

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2011 St. Johns Blvd.
Vancouver, Wa 98661
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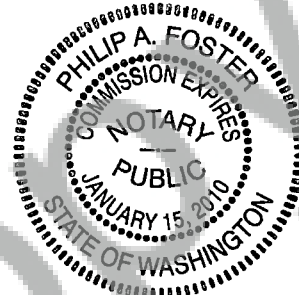
STATE OF WASHINGTON)
 : ss.
County of Clark)

On this day, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared MICHAEL DON AVERY SR. and SHELLEY LEE AVERY, husband and wife, to me known to be the individuals described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

SIGNED OR ATTESTED before me on February 6, 2007, by MICHAEL DON AVERY SR. and SHELLEY LEE AVERY, husband and wife.



NOTARY PUBLIC
Residing at Vancouver.
My Appointment Expires: 1-15-10



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- 4 -

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Attorney at Law
2011 St. Johns Blvd.
Vancouver, Wa 98661
360-695-1800

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-052679

LOCAL FILE NUMBER: 3330

DATE ISSUED: 12/30/2016

FEE NUMBER: 0000675258

GIVEN NAMES: SHELLEY LEE
LAST NAME: AVERY

COUNTY OF DEATH: CLARK
DATE OF DEATH: DECEMBER 25, 2016
HOUR OF DEATH: 05:11 P.M.
SEX: FEMALE
AGE: 65 YEARS
SOCIAL SECURITY NUMBER: 542-62-1337

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: MAY 16, 1951
BIRTHPLACE: PORTLAND, MULTNOMAH CNTY, OREGON

MARITAL STATUS: MARRIED
SPOUSE: MICHAEL AVERY

OCCUPATION: PROGRAMMER
INDUSTRY: COMPUTERS
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES? NO

INFORMANT: MICHAEL AVERY
RELATIONSHIP: SPOUSE
ADDRESS: 746 W. SAGEWOOD CIRCLE GRANTSVILLE, UTAH 84029

PLACE OF DEATH: OTHER PLACE
FACILITY OR ADDRESS: 1800 BLOCK OF SE GRACE AVENUE
CITY, STATE, ZIP: BATTLE GROUND, WASHINGTON 98604

RESIDENCE STREET: 901 SE 11TH PLACE #208
CITY, STATE, ZIP: BATTLE GROUND, WASHINGTON 98604
INSIDE CITY LIMITS? YES

COUNTY: CLARK
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 1 YEAR

FATHER/PARENT: WILLIAM STEWART III
MOTHER/PARENT: JEAN GOWENLOCK

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: RIVER VIEW CEMETERY
CITY, STATE, ZIP: PORTLAND, OR
DISPOSITION DATE: JANUARY 03, 2017

FUNERAL FACILITY: RIVER VIEW CEMETERY FUNERAL HOME
ADDRESS: 8421 SW MACADAME AVE
CITY, STATE, ZIP: PORTLAND OR 97219
FUNERAL DIRECTOR: CHRISTINA WESTIN

CAUSE OF DEATH:

A. POSITIONAL ASPHYXIA
INTERVAL: UNKNOWN

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
EXTREME OBESITY

DATE OF INJURY: DECEMBER 25, 2016
HOUR OF INJURY: 04:50 P.M. PRESUMED
INJURY AT WORK? NO
PLACE OF INJURY: DECEDENT'S VAN

LOCATION OF INJURY: 1800 BLOCK OF SE GRACE AVENUE
CITY, STATE, ZIP: BATTLE GROUND, WASHINGTON 98604
COUNTY: CLARK

DESCRIBE HOW INJURY OCCURRED:
WHEELCHAIR TIPPED OVER IN VAN DURING VAN
ACCELERATION

MANNER OF DEATH: ACCIDENT
AUTOPSY: YES

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? YES
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

ME/CORONER: DENNIS J. WICKHAM, MD
TITLE: MEDICAL EXAMINER

ME/CORONER:
ADDRESS: 900 W 13TH ST
CITY, STATE, ZIP: VANCOUVER WA 98666
DATE SIGNED: DECEMBER 26, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: RACE

NUMBER(S): 2016068771
DATE(S): 12/29/2016

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 2016-2504
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
TARA VAWTER
DATE RECEIVED: DECEMBER 29, 2016



DOH 01-003 (10/15)



Affidavit for Correction

Mail to: **Center for Health Statistics**
P.O. Box 47814
Olympia, WA 98504-7814
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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Required information must match current information on record

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
	1. Name on Record: <small>First Middle Last</small>			2. Date of Event: <small>Month/Day/Year</small>	
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) <small>First Middle Last</small>			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) <small>First Middle Last Maiden</small>	
	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 forgoing is true and correct

16a. Signature: _____ 16b. Signature of 2nd 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

1. 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.
2. **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.
3. 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

1. 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.
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 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.
2. 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 30 2016

Alan Melnick

Alan Melnick
Health Officer
Clark County Public Health

GG00075260