

WHEN RECORDED RETURN TO:

E. RENEE RENNINGER
PO Box 46
Lyle, WA. 98635

DOCUMENT TITLE(S)

DEATH CERT, CPA

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

REFERENCE NUMBER(S) of Documents assigned or released:

N/A
JUL 06 2017

☐ Additional numbers on page _____ of document.

PAID N/A
Victor Clelland Treasurer
SKAMANIA COUNTY TREASURER

GRANTOR(S):

NORMAN H. BYARS

☐ Additional names on page _____ of document.

GRANTEE(S):

E. RENEE RENNINGER

☐ Additional names on page _____ of document.

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

LOT 12, B1K3
relocated town of NORTH BONNEVILLE

☐ Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

CAS-
02073011390000

☐ 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.

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recorded processing requirements may cover up or otherwise obscure some part of the text of the original document.

Company Name: _____

Signature/Title: _____

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 21 day of February, 2017,
by and between Norman Hugh Byars and Ellen Renee Renninger, husband and wife,
residents of Klickitat County, Washington,

WITNESSETH:

WHEREAS, the parties hereto own real and personal property, title to which is
claimed by the marital community, and

WHEREAS, it is the desire of the parties hereto that title to all their property, upon
the death of the other, shall pass to the survivor,

NOW THEREFORE, for and in consideration of the love and affection each party
bears for the other and in order definitely to fix the status of all of said property as
community property, regardless of the source and method of acquisition, title to which
shall vest in the survivor upon the death of either member of the marital community,
Norman Hugh Byars does hereby give, transfer, and convey to Norman Hugh Byars and
Ellen Renee Renninger, husband and wife, all separate property now owned or hereafter
acquired by the said Norman Hugh Byars; and Ellen Renee Renninger does hereby give,
transfer and convey to Norman Hugh Byars and Ellen Renee Renninger, as husband and
wife, all separate property now owned or hereafter acquired by the said Ellen Renee
Renninger.

The parties hereto agree that upon the death of either, title to all of their property,
real, personal or mixed, shall vest in the survivor without the intervention of any court,
under the terms and provisions of Section 26.16.120 of the Revised Code of Washington.

The parties further agree that upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce, the provisions of this Agreement shall be automatically revoked.

IN WITNESS WHEREOF, we have hereunto set our hands the day and year first above written.

Norman Hugh Byars
Norman Hugh Byars

Ellen Renee Renninger
Ellen Renee Renninger

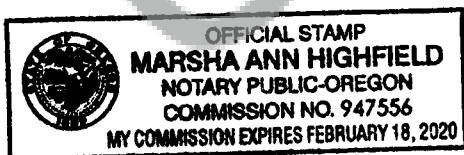
STATE OF OREGON)

County of Wasco)

On this day personally appeared before me Norman Hugh Byars and Ellen Renee Renninger, known to me 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.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 21 day of February, 2017.

(Seal)



Marsha Ann Highfield
Printed Name: Marsha Ann Highfield
Notary Public in and for the State of Oregon,
residing at Oregon Veterans Home / The Dalles
My commission expires: 2/18/2020

This Community Property Agreement, consisting of two pages, was prepared by:

Teunis J. Wyers WSBA #23771
218 E. Steuben • P. O. Box 421
Bingen, WA 98605 (509) 493-2772

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-028295

LOCAL FILE NUMBER: 17-153

DATE ISSUED: 06/28/2017

FEE NUMBER: 32677

FIRST AND MIDDLE NAME(S): **NORMAN HUGH**
 LAST NAME(S): **BYARS**

COUNTY OF DEATH: **Klickitat**
 DATE OF DEATH: **JUNE 26, 2017**
 HOUR OF DEATH: **07:45 AM**
 SEX: **MALE** AGE: **80 YEARS**
 SOCIAL SECURITY NUMBER: **[REDACTED]**

HISPANIC ORIGIN: **NO, NOT SPANISH/HISPANIC/LATINO**
 RACE: **WHITE**

BIRTH DATE: **JULY 18, 1936**
 BIRTHPLACE: **HOOD RIVER, OR**

MARITAL STATUS: **MARRIED**
 SPOUSE: **ELLEN RENEE RENNINGER**

OCCUPATION: **BUSINESS OWNER**
 INDUSTRY: **TIMBER/LOGGING**
 EDUCATION: **BACHELOR'S DEGREE**
 US ARMED FORCES: **YES**

INFORMANT: **E RENEE RENNINGER**
 RELATIONSHIP: **SPOUSE**
 ADDRESS: **PO BOX 46 LYLE, WA 98635**

CAUSE OF DEATH:
 A: **CARDIOPULMONARY FAILURE**
 INTERVAL: **HOURS**
 B: **ACUTE MYELOID LEUKEMIA IN BLAST CRISIS**
 INTERVAL: **DAYS**
 C:
 INTERVAL:
 D:
 INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
 HOUR OF INJURY: **UNKNOWN**
 INJURY AT WORK: **UNKNOWN**
 PLACE OF INJURY:

LOCATION OF INJURY:

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

PLACE OF DEATH: **HOME**
 FACILITY OR ADDRESS: **610 COLUMBIA DRIVE**
 CITY, STATE, ZIP: **LYLE, WASHINGTON 98635**

RESIDENCE STREET: **610 COLUMBIA DRIVE**
 CITY, STATE, ZIP: **LYLE, WASHINGTON 98635**
 INSIDE CITY LIMITS: **NO** COUNTY: **Klickitat**
 TRIBAL RESERVATION: **NOT APPLICABLE**
 LENGTH OF TIME AT RESIDENCE: **7 YEARS**

FATHER/PARENT: **ALFRED THEODORE BYARS**
 MOTHER/PARENT: **DOROTHY STRONG**

METHOD OF DISPOSITION: **CREMATION**
 PLACE OF DISPOSITION: **COLUMBIA RIVER CREMATORY**

CITY, STATE: **WHITE SALMON, WASHINGTON**
 DISPOSITION DATE: **JUNE 29, 2017**

FUNERAL FACILITY: **GARDNER FUNERAL HOME INC**

ADDRESS: **1270 NORTH MAIN AVENUE**
 CITY, STATE, ZIP: **WHITE SALMON, WASHINGTON 98672**
 FUNERAL DIRECTOR: **DEREK F. KRENTZ**

MANNER OF DEATH: **NATURAL**
 AUTOPSY: **NO**
 WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
 CAUSE OF DEATH: **NOT APPLICABLE**
 DID TOBACCO USE CONTRIBUTE TO DEATH: **NO**
 PREGNANCY STATUS IF FEMALE: **NO RESPONSE**

CERTIFIER NAME: **LYNNE ALLEN**
 TITLE: **ARNP**
 CERTIFIER ADDRESS: **1800 E 19TH STREET**
 CITY, STATE, ZIP: **THE DALLES, OREGON 97058**
 DATE SIGNED: **JANUARY 01, 0001**

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

LOCAL DEPUTY REGISTRAR: **LORI KOCH**
 DATE RECEIVED: **JUNE 28, 2017**

IF TRANSPORTATION INJURY, SPECIFY: **NOT APPLICABLE**



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:		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"/> 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:

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

- 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.

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

JUN 28 2017

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



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