

disposition of which is controlled by the terms of said Community Property Agreement:

County of Skamania, State of Washington

Parcel No. 1

The west 872 feet of the Northwest Quarter of the Southwest Quarter (NW ¼ SW ¼) of Section 18, township 2 North, Range 5 East of the W.M. Except the North one thousand (1000) feet thereof; also Except that portion thereof lying Southeasterly of County Road No. 1118, designated as the Skamania Mines Road; and Except that portion thereof lying Westerly of the center line of an existing road designated as County Road No. 11.

Parcel No. 2

That portion of the Southwest Quarter of the Southwest Quarter (SW ¼ SW ¼) of Section 18, Township 2 North, Range 5 East of the W.M. described as follows: Beginning at the Northwest corner of the Southwest Quarter (SW ¼) of the Southwest Quarter (SW ¼) of the said Section 18; Thence East along the North line of said subdivision 454 feet; thence in a Southwesterly direction 530 feet, more or less, to a point on the West line of said Section 18, South 270 feet to the point of beginning.

6. No proceedings have been instituted to contest or set aside or cancel said Community Property Agreement.

7. Said decedent, at the time of death, owned no separate property of any kind nor held any interest in any separate property.

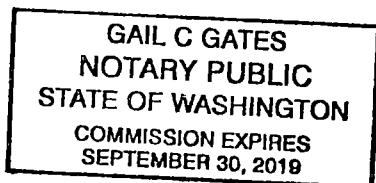
8. All obligations of the marital community composed of Delbert L. Greening and Shirley A. Greening, husband and wife, and all separate obligations of the said Shirley A. Greening have been paid in full or otherwise provided for, and all expenses of last illness and funeral expenses have been paid or otherwise provided for.

9. In addition to Delbert L. Greening, the surviving spouse, the said Shirley A. Greening was also survived by three (3) children, namely, Loretta I. Ramseyer, Peter J. Greening, and Regina M. Emerson, all of whom have attained majority.

IN WITNESS WHEREOF, I have hereunto set my hand this 14 day of November, 2017.

Delbert L. Greening
Delbert L. Greening

SUBSCRIBED and SWORN to before me this 14 day of November, 2017.



Gail C. Gates
NOTARY PUBLIC in and for the State
of Washington, residing at Camas
My commission expires: 9-30-2019

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-033040

DATE ISSUED: 08/02/2017
FEE NUMBER:

FIRST AND MIDDLE NAME(S): SHIRLEY ANN
LAST NAME(S): GREENING

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: JULY 26, 2017
HOUR OF DEATH: 07:15 PM
SEX: FEMALE AGE: 82 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 241 SKAMANIA MINES ROAD
CITY, STATE, ZIP: WASHOUGAL, WASHINGTON 98671

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

RESIDENCE STREET: 241 SKAMANIA MINES ROAD
CITY, STATE, ZIP: WASHOUGAL, WASHINGTON 98671
INSIDE CITY LIMITS: YES COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 42 YEARS

BIRTH DATE: MAY 30, 1935
BIRTHPLACE: OVERLAND, ST. LOUIS COUNTY, MO

FATHER/PARENT: PETER MUELLER
MOTHER/PARENT: LORETTA HABLITZEL

MARITAL STATUS: MARRIED
SPOUSE: DEL GREENING

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: PORTLAND CREMATION CENTER

OCCUPATION: PAGE
INDUSTRY: LIBRARY
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

CITY, STATE: PORTLAND, OREGON
DISPOSITION DATE: AUGUST 01, 2017

INFORMANT: DEL GREENING
RELATIONSHIP: HUSBAND
ADDRESS: 241 SKAMANIA MINES ROAD, WASHOUGAL, WA 98671

FUNERAL FACILITY: WHERITY FAMILY FUNERALS & CREMATIONS

ADDRESS: 8265 SW SENECA STREET
CITY, STATE, ZIP: TUALATIN, OREGON 97062
FUNERAL DIRECTOR: GUY WHERITY

CAUSE OF DEATH:
A. PROGRESSIVE INANITION
INTERVAL: MONTHS
B. CEREBROVASCULAR DISEASE WITH HISTORY OF STROKE
INTERVAL: MONTHS
C. INTERVAL:
D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

CERTIFIER NAME: LOUISE CLARK, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2701 NW VAUGHN ST
CITY, STATE, ZIP: PORTLAND, OR 972105344
DATE SIGNED: JULY 31, 2017

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

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

IF TRANSPORTATION INJURY SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: AMANDA E. HERTEL
DATE RECEIVED: AUGUST 01, 2017



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	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 forgoing 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

AUG 02 2017

Alan Melnick

Alan Melnick
 Health Officer
 Clark County Public Health



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.



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