

**RECORDING REQUESTED BY
AND WHEN RECORDED RETURN TO:**

MARILYN K. REYNOLDS, Attorney at Law
900 Washington Street, Suite 820
Vancouver, WA 98660

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

N/A
AUG - 1 2018

PAID N/A
Cy deputy
SKAMANIA COUNTY TREASURER

AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

Grantor (Decedent): ROXANNA L. RENTON (aka ROXANNE L. RENTON)
Grantee: THE PUBLIC
Abbreviated Legal:
Assessor's Tax Parcel #
Other Reference Nos:

STATE OF WASHINGTON)
: ss.
County of Clark)

RICHARD M. RENTON, being first duly sworn, on oath, hereby deposes and states as follows:

1. This Affidavit is to supply information for the record pertaining to that certain Community Property Agreement RICHARD M. RENTON and ROXANNA L. RENTON, husband and wife, executed on November 15, 2017.

2. ROXANNA L. RENTON died on April, 6th, 2018, in Skamania Co., Washington.

3. The parties to the Community Property Agreement referred to above entered into no subsequent Wills or Agreements that would have the effect of abrogating or nullifying the above-mentioned Community Property Agreement.

AFFIDAVIT IN SUPPORT OF
COMMUNITY PROPERTY AGREEMENT - 1

PABST HOLLAND & REYNOLDS, PLLC
ATTORNEYS AT LAW
900 Washington Street, Suite 820
Vancouver, Washington 98660
(360) 693-1910 • (503) 222-9201

4. The Decedent left no separate estate except the residence and real property located at 25015 Park Avenue, Ocean Park, Pacific County, Washington 98640 (APN: 12113323656), which was specifically excluded on the Community Property Agreement and for which a Transfer of Death Deed was executed and recorded in Pacific County, Washington as instrument no. 3176341 on November 27, 2017.

5. All community obligations, together with funeral expenses and expenses of the last illness, have been paid or provided for.

6. The original Community Property Agreement is attached as **Exhibit A**.

7. A certified copy of the Decedent's death certificate is attached as **Exhibit B**.

8. No estate taxes are due in connection with the Decedent's death.

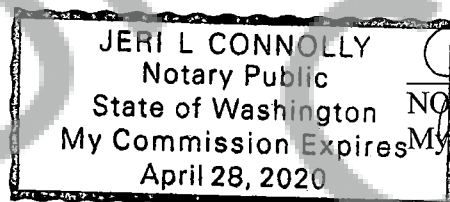
9. The Decedent was survived by the following persons:


- (a) Spouse: RICHARD M. RENTON
- (b) Children: SHANNON D. FRAME

DATED: 7/19/18, 2018


RICHARD M. RENTON

SUBSCRIBED AND SWORN to before me on July 19th, 2018.




NOTARY PUBLIC FOR WASHINGTON
My Commission Expires: April 28, 2020

**RECORDING REQUESTED BY
AND WHEN RECORDED RETURN TO:**

**Exhibit A
COMMUNITY PROPERTY AGREEMENT**

Grantors (Husband and Wife):	RICHARD M. RENTON; ROXANNA L. RENTON
Grantees (Husband and Wife):	RICHARD M. RENTON; ROXANNA L. RENTON
Abbreviated Legal:	N/A
Assessor's Tax Parcel #	N/A
Other Reference Nos:	N/A

THIS COMMUNITY PROPERTY AGREEMENT is between RICHARD M. RENTON and ROXANNA L. RENTON, husband and wife, of Washougal, Washington. Any previous Community Property Agreements entered into by the parties are revoked.

1. DECLARATIONS.

The parties are husband and wife and are residents of the State of Washington.

2. CONSIDERATION.

FOR AND IN CONSIDERATION of the love and affection that the spouses have one for 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 written revocation or amendment.

3.2 Effect of Divorce, Dissolution of Marriage or Legal Separation. Upon filing of a petition for divorce, dissolution, or legal separation by either party, paragraph 4 of this Agreement is thereupon revoked. Unless otherwise provided in the divorce or dissolution decree or in the property settlement agreement, this entire Agreement shall be revoked by any decree divorcing the spouses or dissolving their marriage or any legal separation. This Agreement is being made to facilitate the estate planning of the spouses based on the expectation of a long term marriage. In the event of a dissolution of the marriage or a legal separation, the separate or community sources of the assets may be taken into account in dividing the property in a fair and equitable manner.

3.3 Effect of Incapacity. Upon disability or incapacity of either spouse, this Agreement may be modified or revoked by the other spouse, without court approval, if such spouse has been granted such power in a power of attorney given by the disabled or incapacitated spouse. If, prior to the death of either spouse, a legal guardian is appointed over the property of one of the spouses on account of incapacity, 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 toward all parties concerned, it may authorize the guardian to execute such modification or revocation on behalf of the incapacitated spouse.

3.4 Effect of Domicile Change. Unless otherwise revoked or modified, 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.

3.5 Effect of Disclaimer. The surviving spouse may negate the effect of paragraph 4 and/or paragraph 5 below by qualified disclaimer.

4. VESTING OWNERSHIP ON DEATH.

Except as provided in Section 6 below, upon the death of the first spouse, all community property subject to this Agreement shall become the sole and separate property of the surviving spouse. Immediately upon the death of the first 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.

Except as provided in Section 6 below, 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.

6. EXCEPTED PROPERTY.

Notwithstanding the above, the following assets shall be the separate property of ROXANNA L. RENTON:

Residence and real property located at 25015 Park Avenue, Ocean Park, Pacific County, Washington 98640 (APN: 12113323656).

DATED this 15 day of November, 2017.



RICHARD M. RENTON



ROXANNA L. RENTON

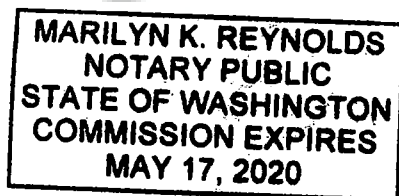
STATE OF WASHINGTON)

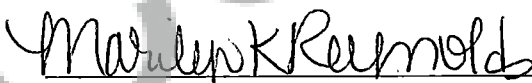
: ss.

County of Clark)

I certify that RICHARD M. RENTON and ROXANNA L. RENTON appeared personally before me and that I know or have satisfactory evidence that they signed this instrument and acknowledged it as their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 15th day of November, 2017.





NOTARY PUBLIC FOR WASHINGTON
My Commission Expires: 5/17/2020

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Exhibit B CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-015643

DATE ISSUED: 04/09/2018
FEE NUMBER:FIRST AND MIDDLE NAME(S): ROXANNA LEE
LAST NAME(S): RENTONCOUNTY OF DEATH: SKAMANIA
DATE OF DEATH: APRIL 06, 2018
HOUR OF DEATH: 03:10 AM
SEX: FEMALE AGE: 66 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEPLACE OF DEATH: HOME
FACILITY OR ADDRESS: 12692 WASHOUGAL RIVER ROAD
CITY, STATE, ZIP: WASHOUGAL, WASHINGTON 98671
RESIDENCE STREET: 12692 WASHOUGAL RIVER ROAD
CITY, STATE, ZIP: WASHOUGAL, WA 98671
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARSBIRTH DATE: JULY 31, 1951
BIRTHPLACE: MUNCIE, INMARITAL STATUS: MARRIED
SPOUSE: RICHARD MICHAEL RENTONOCCUPATION: SALES
INDUSTRY: NUTRITION
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NOINFORMANT: RICHARD MICHAEL RENTON
RELATIONSHIP: HUSBAND
ADDRESS: 12692 WASHOUGAL RIVER ROAD, WASHOUGAL, WA 98671CAUSE OF DEATH:
A: METASTATIC NEUROENDOCRINE CARCINOMA
INTERVAL: 18 MONTHS
B: BRONCHIAL CARCINOMA
INTERVAL: 26 MONTHS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

FATHER/PARENT: HERSCHEL CLAYTON FRAME
MOTHER/PARENT: MAXINE COSSETA BUSHMETHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORYCITY, STATE: WHITE SALMON, WASHINGTON
DISPOSITION DATE: APRIL 09, 2018FUNERAL FACILITY: STRAUB'S FUNERAL HOME & COLUMBIA RIVER
CREMATION
ADDRESS: 325 NE THIRD AVE
CITY, STATE, ZIP: CAMAS, WASHINGTON 98607
FUNERAL DIRECTOR: CHRISTIAN M. DIERICKXMANNER 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 RESPONSECERTIFIER NAME: DAVID COSGROVE, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 210 SE 136TH AVENUE
CITY, STATE, ZIP: VANCOUVER, WA 98684
DATE SIGNED: APRIL 06, 2018CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: LISA S. MITCHELL
DATE RECEIVED: APRIL 09, 2018



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 information must match current information on record

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ 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) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)

First Middle Last/Maiden First Middle Last/Maiden

6. Name of Person Requesting Correction: Relationship to ☐ Self ☐ Guardian ☐ Informant ☐ Hospital
 Person on Record: ☐ Parent(s) ☐ Funeral Director ☐ 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

APR 10 2018

Alan Melnick

Alan Melnick
Health Officer
Clark County Public Health



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