

After Recording Return To:

Wreaha Kay Dillingham
132 Stewart Rd.
Stevenson, WA 98648

COMMUNITY PROPERTY AGREEMENT

This agreement, made and entered into this 27 day of June, 2014, by and between
WAYNE CLIFFORD DILLINGHAM and WREAHA KAY DILLINGHAM, husband and wife,
both of Skamania County, Washington.

WITNESSETH

WHEREAS, the parties hereto are the owners of certain property situated in the State of
Washington, consisting of real and personal property; and

WHEREAS, the parties contemplate acquiring more property in the future; and

WHEREAS, the parties are desirous of all of their property passing to the survivor without
delay or expense in the event of the death of either of them;

NOW, THEREFORE, we, WAYNE CLIFFORD DILLINGHAM and WREAHA KAY
DILLINGHAM, for and in consideration of the love and affection that we have one for the other,
do hereby mutually agree as follows:

That upon the death of the first of us to die, all of the property which we have separately,
jointly or otherwise, and whether real, personal, or mixed and wheresoever situate shall be
community property; and

That upon the death of the first of us to die, title to all community property is to vest
immediately in fee simple or wholly, as the case may be, in the survivor.

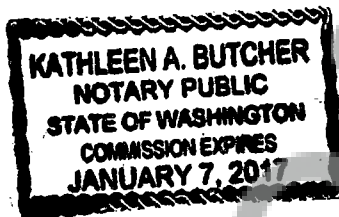
Wayne C. Dillingham
Wayne Clifford Dillingham

Wreaha Kay Dillingham
Wreaha Kay Dillingham

STATE OF WASHINGTON)
) ss.
County of Klickitat)

On this day personally appeared before me WAYNE CLIFFORD DILLINGHAM and WREAHA KAY DILLINGHAM, to me known to be the individuals described in and who executed the within and foregoing instrument and acknowledged to me that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and seal this 27th day of June, 2014.



Kathleen A. Butcher

Name Kathleen A. Butcher
Notary Public in and for the State of Washington
Washington, residing at Klickitat County
My commission expires 01-07-2017

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-034072

LOCAL FILE NUMBER: 8978

DATE ISSUED: 08/07/2018
FEE NUMBER: 35120FIRST AND MIDDLE NAME(S): WAYNE CLIFFORD
LAST NAME(S): DILLINGHAMCOUNTY OF DEATH: CLARK
DATE OF DEATH: JULY 15, 2018
HOUR OF DEATH: 03:41 PM
SEX: MALE AGE: 75 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: SEPTEMBER 06, 1942
BIRTHPLACE: CARSON, WAMARITAL STATUS: MARRIED
SPOUSE: WREAHA KAY WILKIEOCCUPATION: ELECTRICIAN
INDUSTRY: LUMBER MILL
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YESINFORMANT: KAY DILLINGHAM
RELATIONSHIP: SPOUSE
ADDRESS: 132 STEWART RD. CARSON, WA 98610CAUSE OF DEATH:
A: CARDIAC ARREST
INTERVAL: 1 DAYS
B: ACUTE HYPOXIC RESPIRATORY FAILURE
INTERVAL: 12 DAYS
C: MUSCULAR DYSTROPHY
INTERVAL: YEARS
D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE
PULMONARY DISEASEDATE OF INJURY: UNKNOWN
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: NO
PLACE OF INJURY: NO INJURY

LOCATION OF INJURY: UNKNOWN


CITY, STATE, ZIP: UNKNOWN
COUNTY:
DESCRIBE HOW INJURY OCCURRED: NO INJURY.PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SOUTHWEST WASHINGTON MEDICAL CENTER
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98663RESIDENCE STREET: 132 STEWART ROAD
CITY, STATE, ZIP: CARSON, WA 98610
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 51 YEARSFATHER/PARENT: CLIFFORD DILLINGHAM
MOTHER/PARENT: LILLIAN GREYMETHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: STEVENSON CEMETERYCITY, STATE: STEVENSON, WASHINGTON
DISPOSITION DATE: AUGUST 08, 2018

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

ADDRESS: 1270 NORTH MAIN AVENUE
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672
FUNERAL DIRECTOR: DEREK F. KRENTZMANNER 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: LYUDMILA KRUIZHKOVA, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 400 NE MOTHER JOSEPH PL
CITY, STATE, ZIP: VANCOUVER, WA 98664
DATE SIGNED: AUGUST 04, 2018CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: ELLEN WELSH
DATE RECEIVED: AUGUST 06, 2018

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

For Veterans Use Only

 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		
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:
	First Middle Last		MM/DD/YYYY	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 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:				
<ul style="list-style-type: none"> • 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		Adult (18 years or older)		
<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 		<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 		
*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

AUG 07 2018


 Karleen Swartrauber, M.D., MPH
 Klickitat County Health Department



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