

WHEN RECORDED RETURN TO:

Linda Lou Sampson
PO Box 843
CARSON, WA. 98610

DOCUMENT TITLE(S)

CPA w/ Death Certificate

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page ____ of document.

GRANTOR(S):

James H. Sampson
☐ Additional names on page ____ of document.

GRANTEE(S):

Linda L. Sampson
☐ Additional names on page ____ of document.

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

Sec 17-T3 NR 8 E.W.M.
☐ Complete legal on page 7 of document.

TAX PARCEL NUMBER(S):

03081710100000 Ym 3-20-19
☐ 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.

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
N/A

MAR 20 2019

PAID N/A
Deputy
SKAMANIA COUNTY TREASURER

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-004901

DATE ISSUED: 02/05/2019

FEE NUMBER: 36147

FIRST AND MIDDLE NAME(S): JAMES HOWARD

LAST NAME(S): SAMPSON

COUNTY OF DEATH: SKAMANIA

DATE OF DEATH: FEBRUARY 02, 2019

HOUR OF DEATH: 03:40 PM

SEX: MALE

AGE: 85 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: JUNE 14, 1933

BIRTHPLACE: HIBBING, MN

MARITAL STATUS: MARRIED

SPOUSE: LINDA L SOBASKI

OCCUPATION: TRUCK DRIVER

INDUSTRY: TRUCKING

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: LINDA SAMPSON

RELATIONSHIP: SPOUSE

ADDRESS: PO BOX 843 CARSON, WA 98610

CAUSE OF DEATH:

A: CONGESTIVE HEART FAILURE

INTERVAL: 6 YEARS

B: ISCHEMIC HEART DISEASE

INTERVAL: 20 YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: LUNG CANCER

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 122 RAKESTRAW ROAD

CITY, STATE, ZIP: CARSON, WASHINGTON 98610

RESIDENCE STREET: 122 RAKESTRAW ROAD

CITY, STATE, ZIP: CARSON, WA 98610

INSIDE CITY LIMITS: NO

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 51 YEARS

FATHER/PARENT: CHARLIE SAMPSON

MOTHER/PARENT: SABRA HUVIE

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY

CITY, STATE: WHITE SALMON, WASHINGTON

DISPOSITION DATE: FEBRUARY 05, 2019

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: TROY WITHERITE, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 65371 HIGHWAY 14

CITY, STATE, ZIP: WHITE SALMON, WA 98672

DATE SIGNED: FEBRUARY 04, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL

DATE RECEIVED: FEBRUARY 05, 2019

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



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
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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <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:	Printed name:
Date:	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.

CERTIFIED

FEB 05 2019

Amy Person, M.D.
Klickitat County Health Department

Amy Person



0 2 0 5 0 5 5 6



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

COMMUNITY PROPERTY AGREEMENT

This **COMMUNITY PROPERTY AGREEMENT** dated 12/28, 2011, is between JAMES HOWARD SAMPSON and LINDA LOU SAMPSON, (the "parties"), as husband and wife.

The parties are married to each other, are residents of the State of Washington, and desire to enter into this Agreement in order to set forth the status of their property as Community Property and to provide for its disposition to the survivor of them at the death of the first of them to die.

WHEREFORE, the parties revoke all prior Community Property Agreements and any other agreement regarding the status or disposition of his, her, or their property to the extent of any inconsistency with this Agreement and agree as follows:

1. **Financial Disclosure.** Each party has fully disclosed to the other party his/her assets, incomes, debts, and liabilities, and the other party is satisfied that full disclosure has been made.

2. **Status of Property.** All property of whatever nature or description, whether real, personal, or mixed, and wherever located, within or without the State of Washington, now owned or hereafter acquired by either party or both of the parties shall be and is the Community Property of the parties.

3. **Disposition of Property.** Upon the death of either party survived by the other party, all interest of the deceased party in the then current Community Property of the parties shall pass to and become the sole and separate property of the survivor of the parties.

4. **Disclaimer.** Upon the death of either party survived by the other party, the surviving spouse may disclaim, in whole or in part, and if in part, any specific part, share, or asset, any interest passing under this Agreement. Upon such disclaimer, the disclaimed interest shall pass as if Paragraph 3 immediately above had been revoked as to that interest at the deceased spouse's death but with the surviving spouse continuing to be entitled to any benefits by any alternative disposition.

5. **Automatic Revocation of Paragraph 3.** Paragraph 3 immediately above shall be automatically revoked upon the occurrence of any of the following events:

The establishment of a domicile outside the State of Washington by either party.

The simultaneous death of both parties or their death if its order cannot be reasonably determined.

The filing in a Court of competent jurisdiction by either party or both parties of a Petition for Marital Dissolution, Legal Separation, or Declaration of Marital Invalidity followed by the death of either party survived by the other party before such proceeding is either dismissed, abandoned, or completed, with its completion being determined by the entry of an Order of Dissolution, Legal Separation, or Marital Invalidity, respectively.

6. Optional Revocation of Paragraph 3 by Either Party. If either party becomes disabled, the other party may revoke Paragraph 3 above but only by a writing signed by that party and acknowledged before a Notary Public. For purposes of this paragraph, a party shall be "disabled" if he/she is:

Determined in a writing to be unable to adequately manage his/her property or financial affairs by two independent physicians, or
Found to be legally disabled by a Court of competent jurisdiction.

7. Optional Revocation of Paragraph 3 by Both Parties. Paragraph 3 above may be revoked by both parties but only by a writing signed by both of them and acknowledged before a Notary Public.

8. Independent Counsel. Each party recognizes that he/she has the right to be represented by independent counsel as regards the advisability of his/her entering into this Agreement and waives that right.

IN WITNESS WHEREOF, the Parties have signed this Agreement on 12/28,
20 11.


JAMES HOWARD SAMPSON

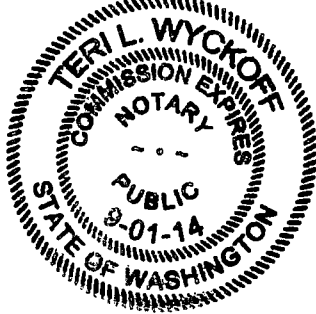

LINDA LOU SAMPSON


STATE OF WASHINGTON)
) ss.
COUNTY OF SKAMANIA)

On this day personally appeared before me JAMES HOWARD SAMPSON and LINDA LOU SAMPSON, to me known to be the individuals described in and who executed the

foregoing Community Property Agreement, and acknowledged to me that they signed the same as their free an voluntary act and deed for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal on this 28th day of November, 2011.




Print TERI L. WYCKOFF
NOTARY PUBLIC in and for the State of
Washington, residing in STEVENSON
My appointment expires on: 9-1-2014

the following described real estate, situated in the County of
Washington:

Skamania

, State of

That portion of the Southwest Quarter of the Northeast Quarter (SW $\frac{1}{4}$ NE $\frac{1}{4}$) of Section 17, Township 3 North, Range 8 E. W. M., described as follows:

Beginning at a point 30 feet east of the southwest corner of the NE $\frac{1}{4}$ of the said Section 17; thence east along the south line of the NE $\frac{1}{4}$ of the said Section 17 a distance of 40 rods; thence north 40 rods; thence west 40 rods; thence south 40 rods to the point of beginning; EXCEPT that portion thereof lying within and southwesterly of the strip of land 150 feet in width conveyed to the State of Washington for right of way for State Secondary Highway No. 80 by deed dated October 20, 1956, and recorded November 21, 1956, at page 497 of Book 42 of Deeds, Records of Skamania County, Washington, said right of way being further described at page 2 of Book A of Highway Plats, Records of Skamania County, Washington.

Skamania County Assessor

Date 3-20-19 Parcel# 03081710100000

ym