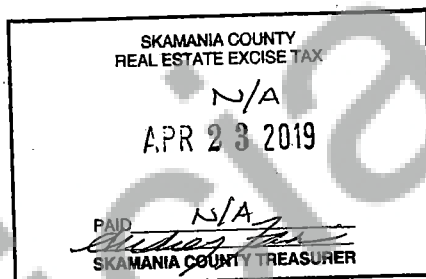


RETURN ADDRESS:

Laurie J. Treosti
Boyd, Gaffney, Sowards & Treosti
11015 NE Fourth Plain Blvd., Suite D
Vancouver, WA 98662



Document Title(s):
Community Property Agreement

Reference Number(s) of related documents:

Grantor(s) (Last name, First name and Middle Initial)
Alway, Thomas A.

Grantee(s) (Last name, First name and Middle Initial)
Alway, Valerie J.

Legal Description: (abbreviated form: i.e. lot, block, plat or section township, range, quarter/quarter)
LOT 24 BLK 3 - RELOCATED NORTH BONNEVILLE 21,221 SQ FT

Assessor's Property Tax Parcel/Account Number:
02073011510000 65. 4/23/19

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 provided herein.

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

Signature of Requesting Party

COMMUNITY PROPERTY AGREEMENT

This COMMUNITY PROPERTY AGREEMENT entered into this date between THOMAS A. ALWAY and VALERIE J. ALWAY, husband and wife, both of Skamania County, Washington:

W I T N E S S E T H:

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

WHEREAS, it is contemplated by the parties hereto that they may acquire additional property in the future, and

WHEREAS, it is the desire of the parties hereto that all of their property shall pass to the survivor without delay or expense in the event of the death of either party;

NOW THEREFORE, we Thomas A. Alway and Valerie J. Alway, for and in consideration of the love and affection which we have one for the other, do hereby mutually agree that all of the property which we now own separately, jointly or otherwise, and whether real, personal or otherwise, and wheresoever situate, shall be and it is hereby declared to be the community property of the parties, and each of the parties to this agreement does hereby convey and transfer to the other party and to the community, all property owned by them, even though the same be held in his or her separate estate; and

We hereby mutually agree that all of the property which shall hereafter be acquired by either of us, whether separately, jointly or otherwise, and of whatsoever nature and wheresoever situate, shall be and it is hereby declared to be community property, and each of the parties does hereby convey and transfer to the other and to the community all such property hereafter acquired by either of them, even though the same be acquired in his or her separate estate, and

IT IS FURTHER AGREED THAT the whole of the community property now owned by us or hereafter acquired by us, including all property the status of which is changed or created by this agreement, shall at once, in the event of the death of Thomas A. Alway, while the said

Valerie J. Alway survives, be vested in VALERIE J. ALWAY, absolutely and in fee simple as her sole and separate property; and in the event of the death of the said Valerie J. Alway while the said Thomas A. Alway survives, then the whole of the community property now owned by us or hereafter acquired by us, including all property the status of which is changed or created by this agreement, shall at once vest in the said THOMAS A. ALWAY, absolutely and in fee simple as his sole and separate property.

IN WITNESS WHEREOF, the parties have executed this instrument this 7th day of March, 1974.

Thomas A. Alway
Thomas A. Alway

Valerie J. Alway
Valerie J. Alway

STATE OF WASHINGTON)
) ss
)
COUNTY OF CLARK)

On this day personally appeared before me THOMAS A. ALWAY and VALERIE J. ALWAY, to me known 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.

GIVEN under my hand and official seal this 7th day of March, 1974.

Jefferson D. Miller
Notary Public in and for the State
of Washington;
Residing at Camas, therein.



STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-041235

LOCAL FILE NUMBER: 9426

DATE ISSUED: 09/25/2018

FEE NUMBER:

 FIRST AND MIDDLE NAME(S): THOMAS ALFRED
 LAST NAME(S): ALWAY

COUNTY OF DEATH: CLARK

DATE OF DEATH: SEPTEMBER 18, 2018

HOUR OF DEATH: 04:47 PM

SEX: MALE

AGE: 76 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: DECEMBER 01, 1941

BIRTHPLACE: CAMAS, WA

MARITAL STATUS: MARRIED

SPOUSE: VALERIE CLEVER

OCCUPATION: LOG BUYER

INDUSTRY: TIMBER

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: VALERIE ALWAY

RELATIONSHIP: WIFE

ADDRESS: PO BOX 324, NORTH BONNEVILLE, WA 98639

CAUSE OF DEATH:

A: INTRACRANIAL HEMORRHAGE

INTERVAL: 8 DAYS

B: RESECTION OF AN ACOUSTIC NEUROMA

INTERVAL: 15 DAYS

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

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: SOUTHWEST WASHINGTON MEDICAL CENTER

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98664

RESIDENCE, STREET: 324 HAMILTON

CITY, STATE, ZIP: NORTH BONNEVILLE, WA 98639

INSIDE CITY LIMITS: YES

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER/PARENT: GEORGE ALWAY

MOTHER/PARENT: WINIFRED JOHNSON

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: EVERGREEN MEMORIAL GARDENS CREMATORY

CITY, STATE: VANCOUVER, WASHINGTON

DISPOSITION DATE: SEPTEMBER 24, 2018

FUNERAL FACILITY: EVERGREEN MEMORIAL GARDENS FUNERAL CHAPEL

ADDRESS: 1101 NE 112TH AVE

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98664

FUNERAL DIRECTOR: JOHN J. HARRISON

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: MARYCLARE SARFF, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 505 NE 87TH AVENUE SUITE 301

CITY, STATE, ZIP: VANCOUVER, WA 98664

DATE SIGNED: SEPTEMBER 20, 2018

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ELLEN WELSH

DATE RECEIVED: SEPTEMBER 24, 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	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			
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Telephone Number: ()	Email Address:
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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.

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

SEP 25 2018

Alan Melnick
Health Officer
Clark County Public Health



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



0 1 9 9 6 3 1 5

EXHIBIT 'A'

Lot 24, Block 3, of the PLAT OF RELOCATED NORTH BONNEVILLE, recorded in Book 'B' of Plats, Page 9, Skamania County File No. 83466. Also recorded in Book 'B' of Plats, Page 25, Skamania County File No. 84429, records of Skamania County, Washington.

Unofficial
Copy