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WHEN RECORDED RETURN TO:

Edward E. Hildenbrand
182 Yule Rd.
Washougal, WA
98671

DOCUMENT TITLE(S)

Community Property Agreement / Death Certificate
REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page _____ of document.

GRANTOR(S):

Joanne K. Hildenbrand

☐ Additional names on page _____ of document.

GRANTEE(S):

Edward E. Hildenbrand

☐ Additional names on page _____ of document.

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

Sec. 19 T2N R5E of the Wm

☐ Complete legal on page 2 of document. Exhibit A

TAX PARCEL NUMBER(S):

D20519 00020300 (XW)

☐ 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.

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

Company Name:

Signature/Title: Edward E. Hildenbrand

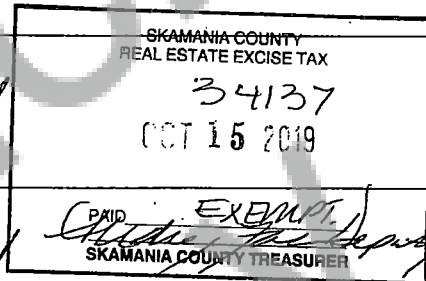


EXHIBIT A

A tract of land located in Section 19, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania and State of Washington, described as follows:

Beginning at the Northwest corner of the North half of the Northeast quarter of the said Section 19; thence South 440 feet; thence East 490 feet to the True Point of Beginning; thence continuing East 495 feet; thence North 220 feet; thence West 495 feet; thence South 220 feet to the True Point of Beginning. Also known as Lot 4 of Corinne V. Yule Short Plat, recorded June 26, 1979 in Book 2 of Short Plats, Page 111, records of Skamania County, Washington.

Skamania County Assessor

Date 10-15-19 Parcel# 2-5-19-203
(Signature)

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-011314

LOCAL FILE NUMBER: 7593

DATE ISSUED: 03/13/2018

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOANNE KAY
LAST NAME(S): HILDENBRAND

COUNTY OF DEATH: CLARK
DATE OF DEATH: MARCH 06, 2018
HOUR OF DEATH: 11:16 AM
SEX: FEMALE AGE: 69 YEARS
SOCIAL SECURITY NUMBER: 543-60-0058

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

BIRTH DATE: MARCH 05, 1949
BIRTHPLACE: LOS ANGELES, CA

MARITAL STATUS: MARRIED
SPOUSE: EDWARD ELLIS HILDENBRAND

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: EDWARD ELLIS HILDENBRAND
RELATIONSHIP: HUSBAND
ADDRESS: 182 YULE ROAD WASHOUGAL, WA 98671

CAUSE OF DEATH:
A: BLUNT HEAD TRAUMA
INTERVAL: 4 DAYS

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ANTICOAGULATION THERAPY
FOR DEEP VEIN THROMBOSIS

DATE OF INJURY: MARCH 02, 2018
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: NO
PLACE OF INJURY: DECEDENT'S HOME

LOCATION OF INJURY: 182 YULE ROAD

CITY, STATE, ZIP: WASHOUGAL, WASHINGTON 98671

COUNTY: CLARK

DESCRIBE HOW INJURY OCCURRED: DECEDENT FELL AT HOME IN THE
BATHROOM.

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: 182 YULE ROAD
CITY, STATE, ZIP: WASHOUGAL, WA 98671
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 27 YEARS

FATHER/PARENT: ARNOLD WILLIAM SCHULT
MOTHER/PARENT: MARIE MARGARET RICKERT

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: CLARK COUNTY CREMATORY

CITY, STATE: VANCOUVER, WASHINGTON
DISPOSITION DATE: MARCH 13, 2018

FUNERAL FACILITY: ALL COUNTY CREMATION AND BURIAL SERVICE

ADDRESS: 605 E. BARNES STREET SUITE 206
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661
FUNERAL DIRECTOR: NICHOLAS R. BROWN

MANNER OF DEATH: ACCIDENT
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: DENNIS J. WICKHAM, MD
TITLE: CORONER/ME
CERTIFIER ADDRESS: 900 W 13TH ST
CITY, STATE, ZIP: VANCOUVER, WA 98666
DATE SIGNED: MARCH 07, 2018

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 2018-0522
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ELLEN WELSH
DATE RECEIVED: MARCH 13, 2018



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 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:

- 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

- 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

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.

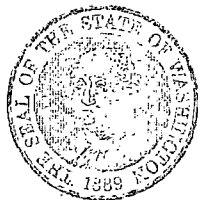
DOH 422-034 October 2015

CERTIFIED

MAR 13 2018

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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COMMUNITY PROPERTY AGREEMENT

KNOW ALL MEN BY THESE PRESENTS, that I, EDWARD E. HILDENBRAND, SR., and I, JOANNE K. HILDENBRAND, husband and wife, residing in Washougal, Washington, for and in consideration of the love and affection we bear one toward the other and in further consideration of the mutual helpfulness we have been one to the other in the past and for and in consideration of the commingling of our joint efforts and earnings and other considerations, we hereby mutually agree, one with the other, as follows:

That each and every piece, parcel, lot or tract of land which we own jointly or separately and wheresoever located or situated and each and every article of personal property wheresoever situated, and each and every article of mixed property wheresoever situated, shall be by us and all other persons whomsoever, regarded and treated and known as community property.

The full intent and purpose of this Agreement is to be construed by the Courts, our heirs, executors and assigns, and by all other persons whomsoever, as a voluntary conveyance from one to the other unitedly, to the community of all our earthly possessions in such manner and form that the same shall from this date be the property of the community of ourselves as husband and wife.

Being desirous that said property shall pass to the survivor without delay or expense in the case of the death of either of us, the said husband and wife, it is hereby agreed and understood that in the case of the death of the said EDWARD E. HILDENBRAND, SR., while the said JOANNE K. HILDENBRAND survives, the said community property as above

IN WITNESS WHEREOF, the parties hereto, being the said
EDWARD E. HILDENBRAND, SR. and JOANNE K. HILDENBRAND,
husband and wife, have hereunto set their hands this 17
day of October, 1991.

Edward E. Hildenbrand, SR.
EDWARD E. HILDENBRAND, SR.

Joanne K. Hildenbrand
JOANNE K. HILDENBRAND

STATE OF WASHINGTON)
 : ss.
COUNTY OF CLARK)

On this day personally appeared before me EDWARD E. HILDENBRAND, SR. and JOANNE K. HILDENBRAND, husband and wife, to me known to be the individuals described in and who executed the within and foregoing instrument, and acknowledged that they and each of them signed the same as their and each of their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 17 day of
October, 1991.

NOTARY PUBLIC in and for the
State of Washington residing
at Yakima WA
My appointment expires: 12/92