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## WHEN RECORDED RETURN TO:

Edward E. Hildenbrand  
 182 Yule Rd.  
 Wishram, 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.

## TAX PARCEL NUMBER(S):

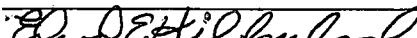
220519 00020300 

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: 

SKAMANIA COUNTY REAL ESTATE EXCISE TAX	
34137	
OCT 15 2019	
Paid	EXEMPT
SKAMANIA COUNTY TREASURER	

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  
(JW)

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



1653098

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: [REDACTED]

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 CREMATORIUM

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

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
<b>Required</b>	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: Person on Record: _____			Relationship to _____	<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: _____					
<b>Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:</b>						
The record now shows:			The true fact is:			
8.	9.					
10.	11.					
12.	13.					
14.	15.					
<b>I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct</b>						
16a. Signature:		16b. Signature of 2 <sup>nd</sup> parent (if required):				
Printed name: _____		Date: _____	Printed name: _____		Date: _____	
<b>INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information</b>						
<b>Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof</b>						
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"> <li>• Birth/Marriage/Divorce record</li> <li>• Military record (DD-214)</li> <li>• School transcripts</li> <li>• Social Security Numident Report</li> <li>• Certificate of Naturalization</li> <li>• Hospital/medical record</li> <li>• Passport</li> </ul>						
<b>Birth Certificates</b> <ol style="list-style-type: none"> <li>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.</li> <li>2. <b>The proof(s) must match the asserted fact(s).</b> For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.</li> <li>3. Documentary proof must be five or more years old or established within five years of birth.</li> </ol>						
<b>Child under 18</b> <ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship</li> <li>• 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)*</li> <li>• After age one, a court order is required to change the last name</li> <li>• No proof is required to change the first or middle name*</li> <li>• To correct parent's information, one documentary proof is required.</li> <li>• To correct the sex of the child, one documentary proof from a medical provider is required</li> </ul>						
<b>Adult (18 years or older)</b> <ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate</li> <li>• If the first or middle name is missing, three pieces of documentary proof are required</li> <li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li> <li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li> </ul>						
<small>*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.</small>						
<b>This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)</b>						
<b>Death Certificates</b> <ol style="list-style-type: none"> <li>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.</li> <li>2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.</li> </ol>						
<b>Marriage/Dissolution (Divorce) Certificates</b> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> </ol>						

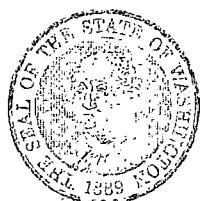
**CERTIFIED**

MAR 13 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.



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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

by us, shall at once vest in the said JOANNE K. HILDENBRAND in fee simple as her sole and separate property; and in the event of the death of the said JOANNE K. HILDENBRAND, leaving the said EDWARD E. HILDENBRAND, SR. surviving her, it is hereby agreed and understood that the whole of said property now owned by us or which may hereinafter be acquired by us shall at once vest in the said EDWARD E. HILDENBRAND, SR. in fee simple as his sole and separate property.

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 )  
COUNTY OF CLARK ) : ss.

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.

John Cotter  
NOTARY PUBLIC in and for the  
State of Washington, residing  
at Vancouver, WA  
My appointment expires: 12/92