

Skamania County, WA  
Total: \$108.50  
CPA  
Pgs=6

2020-000969

04/28/2020 10:08 AM

Request of: LAURIE J. TREOSTI



**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

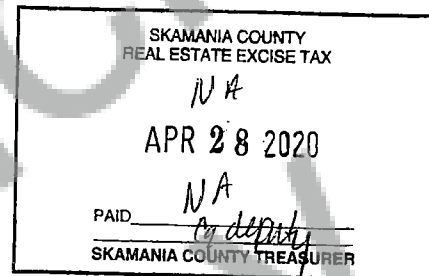
**Reference Number(s) of related documents:**

**Grantor(s)** (Last name, First name and Middle Initial)

Habluetzel, Warren D.

**Grantee(s)** (Last name, First name and Middle Initial)

Habluetzel, Sharon L.



**Legal Description:** (abbreviated form: i.e. lot, block, plat or section township, range, quarter/quarter)

LOT 5 BLK 1 WOODARD MARINA ESTATES BK A/PG 114-15

**Assessor's Property Tax Parcel/Account Number:**

02063523050000  
C.S.

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.**

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Signature of Requesting Party

## COMMUNITY PROPERTY AGREEMENT

### I. CONSIDERATION

KNOW ALL MEN BY THESE PRESENTS, That I, **WARREN D. HABLUETZEL** and I, **SHARON L. HABLUETZEL**, husband and wife, residing in Stevenson, 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:

### II. AGREEMENT

That one hour prior to the death of either of us, 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 regarded and treated and known as community property, subject to paragraph IV below.

### III. INTENT

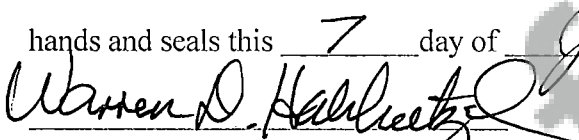
The full intent and purpose of this Agreement is to be construed by the Courts, our heirs, executors and assigns and by all other persons whomsoever as a voluntary conveyance from one to another, subject to paragraph IV below.

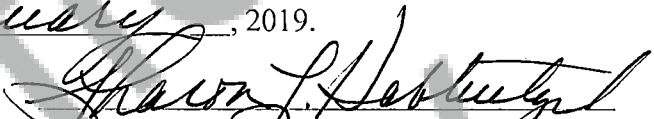
### IV. EFFECTIVENESS

From and after one hour prior to the death of either party the property shall pass to the survivor without delay or expense. In the case of the death of **WARREN D. HABLUETZEL**

while **SHARON L. HABLUETZEL** survives, the community property as above stated now owned by us or which may hereinafter be acquired by us, it is hereby agreed and understood shall at once vest in **SHARON L. HABLUETZEL** in fee simple as her sole and separate property; and in the event of the death of **SHARON L. HABLUETZEL** leaving **WARREN D. HABLUETZEL** 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 **WARREN D. HABLUETZEL** in fee simple as his sole and separate property.

IN WITNESS WHEREOF, the parties hereto, being the said **WARREN D. HABLUETZEL** and **SHARON L. HABLUETZEL**, husband and wife, have hereunto set their hands and seals this 7 day of January, 2019.

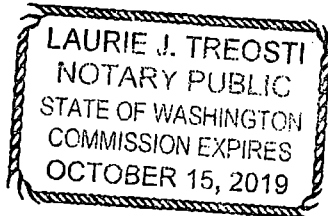
  
**WARREN D. HABLUETZEL**

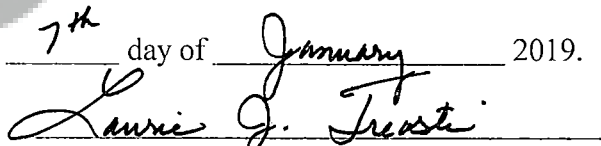
  
**SHARON L. HABLUETZEL**

STATE OF WASHINGTON                     )  
  :SS  
COUNTY OF CLARK                     )

On this day personally appeared before me **WARREN D. HABLUETZEL** and **SHARON L. HABLUETZEL**, 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 free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 7<sup>th</sup> day of January, 2019.



  
NOTARY PUBLIC in and for the  
State of Washington.  
My Commission expires: 10/15/19

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-015747

DATE ISSUED: 04/13/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): WARREN

LAST NAME(S): HABLUETZEL

COUNTY OF DEATH: SKAMANIA

DATE OF DEATH: APRIL 01, 2020

HOUR OF DEATH: 06:43 AM

SEX: MALE

AGE: 80 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: SEPTEMBER 08, 1939

BIRTHPLACE: PORTLAND, OR

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: SHARON PIERCE

OCCUPATION: FLORIST/OWNER/OPERATOR

INDUSTRY: FLORAL-RETAIL

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: SHARON HABLUETZEL

RELATIONSHIP: SPOUSE

ADDRESS: 772 SKAMANIA LANDING ROAD, STEVENSON, WA 98648

CAUSE OF DEATH:

A: ADENOCARCINOMA OF THE LUNG

INTERVAL: 4 YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: BONE AND BRAIN METASTASES

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 772 SKAMANIA LANDING ROAD

CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648

RESIDENCE STREET: 772 SKAMANIA LANDING ROAD

CITY, STATE, ZIP: STEVENSON, WA 98648

INSIDE CITY LIMITS: YES

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 28 YEARS

FATHER: ADOLPH HABLUETZEL

MOTHER: MARQUERITE ZWEIFEL

METHOD OF DISPOSITION: REMOVAL FROM STATE

PLACE OF DISPOSITION: OMEGA CREMATORY

CITY, STATE: PORTLAND, OREGON

DISPOSITION DATE: APRIL 09, 2020

FUNERAL FACILITY: OMEGA FUNERAL & CREMATION SERVICE

ADDRESS: 223 SE 122ND AVE

CITY, STATE, ZIP: PORTLAND, OREGON 97233

FUNERAL DIRECTOR: KATHY WENTZ-PHELPS

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY

PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CERTIFIER NAME: STEPHEN MCLENNON, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 2621 WASCO STREET

CITY, STATE, ZIP: HOOD RIVER, OR 97031

DATE SIGNED: APRIL 07, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL

DATE RECEIVED: APRIL 08, 2020



# 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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<b>Required</b>	<b>Record Type:</b> <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 Birth 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: PO 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 <sup>nd</sup> parent (if required):
Printed name:	Date:
Printed name:	Date:

## INSTRUCTIONS – go to [www.doh.wa.gov](http://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

\*To change any part of the name of a child using this form, **signatures from both parents listed on the certificate are required.** If one parent is deceased, submit a death certificate with request.

#### 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

**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). 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.

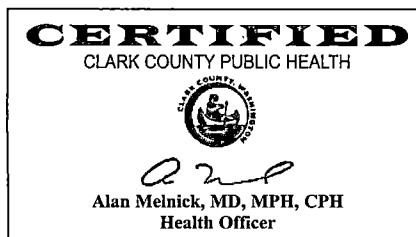
### Marriage/Dissolution (Divorce) Certificates

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 January 2015



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



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# **LEGAL DESCRIPTION**

LOT 5, BLOCK 1, WOOARD MARINA ESTATES, ACCORDING TO THE OFFICIAL PLAT  
THEREOF, ON FILE AND OF RECORD AT PAGE 114, BOOK A OF PLATS, RECORDS  
OF SKAMANIA COUNTY, STATE OF WASHINGTON

*M.S. 4/28/20*

Unofficial  
Copy