

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

2020-000969

04/28/2020 10:08 AM

Request of: LAURIE J. TRESTI



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

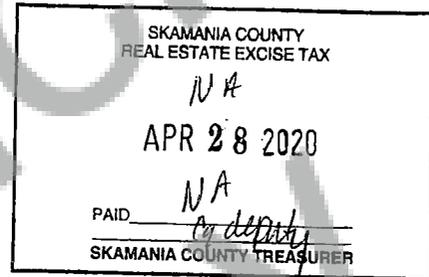
Reference Number(s) of related documents:

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.

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**

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]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 772 SKAMANIA LANDING ROAD
CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648

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

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

BIRTH DATE: SEPTEMBER 08, 1939
BIRTHPLACE: PORTLAND, OR

FATHER: ADOLPH HABLUETZEL
MOTHER: MARQUERITE ZWEIFEL

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: SHARON PIERCE

METHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: OMEGA CREMATORY

OCCUPATION: FLORIST/OWNER/OPERATOR
INDUSTRY: FLORAL-RETAIL
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

CITY, STATE: PORTLAND, OREGON
DISPOSITION DATE: APRIL 09, 2020

INFORMANT: SHARON HABLUETZEL
RELATIONSHIP: SPOUSE
ADDRESS: 772 SKAMANIA LANDING ROAD, STEVENSON, WA 98648

FUNERAL FACILITY: OMEGA FUNERAL & CREMATION SERVICE

ADDRESS: 223 SE 122ND AVE
CITY, STATE, ZIP: PORTLAND, OREGON 97233
FUNERAL DIRECTOR: KATHY WENTZ-PHELPS

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

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY
PREGNANCY STATUS IF FEMALE: NO RESPONSE

LOCATION OF INJURY:

CERTIFIER NAME: STEPHEN MCLENNON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2621 WASCO STREET
CITY, STATE, ZIP: HOOD RIVER, OR 97031
DATE SIGNED: APRIL 07, 2020

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

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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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 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 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

<p>Child under 18</p> <ul style="list-style-type: none"> • 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 	<p>Adult (18 years or older)</p> <ul style="list-style-type: none"> • 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
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*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.

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). 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 January 2015



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

CERTIFIED
CLARK COUNTY PUBLIC HEALTH

Alan Melnick
Alan Melnick, MD, MPH, CPH
Health Officer



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LEGAL DESCRIPTION

LOT 5, BLOCK 1, WOODARD 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
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