

Skamania County, WA
Total: \$107.50
CPA
Pgs=5

2020-003500

12/14/2020 02:14 PM

Request of: COLUMBIA GORGE TITLE



WHEN RECORDED RETURN TO:

Columbia Gorge Title _____

41 Russell Ave _____

Stevenson WA 98648

DOCUMENT TITLE(S)

Community Property Agreement

Principal/(Grantor)/ORIGINAL TRUSTEE:

Beverly Marvel Showalter

☐ Additional names on page _____ of document.

Agent/GRANTEE(S)/NEW TRUSTEE:

Marvin Earl Showalter

☐ Additional names on page _____ of document.

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

Lot 14, WINSONG ESTATES NO. 2, according to the recorded Plat thereof, recorded in Book 'B' of Plats, Page 105, in the County of Skamania, State of Washington

TAX PARCEL NUMBER(S):

02-07-20-4-2-0414-00

Skamania County Assessor

Date 12-14-20 Parcel # 02072042041400

☐ 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.

Community Property Agreement


On this day July 23, 2013, we Marvin Earl Showalter and Beverly Marvel Showalter, a married couple of Skamania, Washington, enter into this Community Property Agreement with the intention of affecting the characterization and disposition of our property, as permitted by the Revised Code of Washington 26.16.120.

We revoke all prior community property agreements, and we understand that if this agreement conflicts with any other of our estate plans or other agreements, that this Community Property Agreement is likely to supersede the others, in accordance with Washington law.

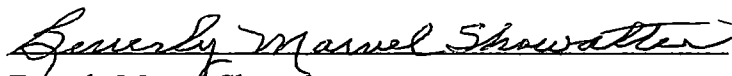
With the intention of leaving all of our property to the other and avoiding the expense and delay of probate when the first of us dies, we agree that:

1. Upon the death of the first of us to die, all property we each own at that time, including separate property and jointly owned property, shall be community property.
2. Upon the death of the first of us to die, all community property of the deceased shall immediately transfer to the survivor as his or her sole and separate property.
3. We may amend or revoke this Agreement at any time. Any amendment or revocation shall be written, signed by both of us, and acknowledged by a notary public.
4. This Agreement shall be automatically revoked upon a court-ordered termination of our marriage.
5. This Agreement shall be automatically revoked if we die simultaneously, or if the order of our deaths cannot be reasonably determined.

Signature:


Marvin Earl Showalter

Signature:


Beverly Marvel Showalter

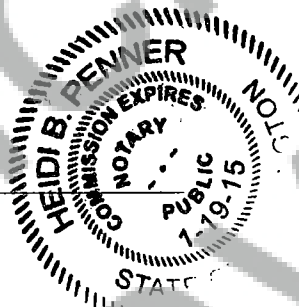
STATE OF WASHINGTON)
) ss.
COUNTY OF Skamania)

On this day personally appeared before me Beverly J. Marvin Showalter
_____, proven to be the individuals described in and
who executed the within and foregoing Community Property Agreement, 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 on this 23 day of July, 2013.

Heidi B. Penner
NOTARY PUBLIC in & for Washington

My appointment expires on: 1-19-15



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-023046

DATE ISSUED: 05/21/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): BEVERLY MARVEL
LAST NAME(S): SHOWALTER

COUNTY OF DEATH: CLARK
DATE OF DEATH: MAY 17, 2020
HOUR OF DEATH: 09:35 AM
SEX: FEMALE AGE: 87 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: JANUARY 20, 1933
BIRTHPLACE: BUENA, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: MARVIN SHOWALTER

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: NO

INFORMANT: MARVIN SHOWALTER
RELATIONSHIP: HUSBAND
ADDRESS: 16500 SE 1ST STREET UNIT 165, VANCOUVER, WASHINGTON

CAUSE OF DEATH:

A: COLON CANCER WITH METASTASIS TO THE LIVER, INTRAHEPATIC BILE DUCT, INTRA-ABDOMINAL NODES.
INTERVAL: 2 MONTHS

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FIBRILLATION,
CONGESTIVE HEART FAILURE, CHRONIC KIDNEY DISEASE STAGE III,
HYPERTENSION, HYPERLIPIDEMIA

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: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: COMMUNITY HOME CARE AND HOSPICE
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98686

RESIDENCE STREET: 16500 SE 1ST STREET # 165
CITY, STATE, ZIP: VANCOUVER, WA 98684
INSIDE CITY LIMITS: YES COUNTY: CLARK
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 1 YEAR

FATHER: EARNEST ROBISON
MOTHER: MAXINE FURMAN

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: EVERGREEN MEMORIAL GARDENS

CITY, STATE: VANCOUVER, WASHINGTON
DISPOSITION DATE: MAY 22, 2020

FUNERAL FACILITY: EVERGREEN MEMORIAL GARDENS FUNERAL
CHAPEL
ADDRESS: 1101 NE 112TH AVE
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98684
FUNERAL DIRECTOR: ELLEN S. CARMICHAEL

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: RANDI EWING, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 14508 NE 20TH AVE STE 201
CITY, STATE, ZIP: VANCOUVER, WA 98686
DATE SIGNED: MAY 18, 2020

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: RANDI EWING

LOCAL DEPUTY REGISTRAR: LINDA L. POLAND
DATE RECEIVED: MAY 19, 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 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: 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

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.

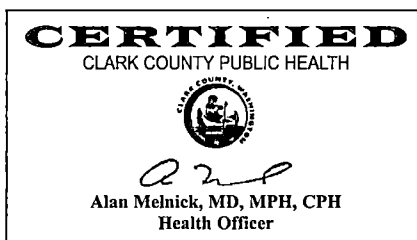
Marriage/Dissolution (Divorce) Certificates

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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