



**WHEN RECORDED RETURN TO:**

Laurie J. Treosti, Attorney  
Boyd, Gaffney, Sowards & Treosti  
11015 NE Fourth Plain Blvd. # D  
Vancouver, WA 98662

Please print or type information **Washington State Recorder's Cover Sheet** (RCW 65.04)

**DOCUMENT TITLE(S)** (or transaction contained therein) (all areas applicable to your document must be filled in)

\* Community Property Agreement

**REFERENCE NUMBER(S)** of Documents assigned or released:

☐ Additional numbers on page \_\_\_\_\_ of document.

Skamania County

Real Estate Excise Tax

**GRANTOR(S):**

N/A

1. Virgil Anderson

MAR - 4 2021

3. \_\_\_\_\_

4. \_\_\_\_\_

PAID

N/A

☐ Additional names on page \_\_\_\_\_ of document.

Skamania County Treasurer

**GRANTEE(S):**

1. Peggy Thomas

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

☐ Additional names on page \_\_\_\_\_ of document.

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

Lots 8 Malfait River Front Tracts BK A/PG 123

Lot 9 + 10 + W 15' Lot 11 Malfait River Front Tracts  
BK A/PG 123

☐ Complete legal on page \_\_\_\_\_ of document.

**Assessor's Property Tax Parcel #**

02053143060000; 02053143050000

Skamania County Assessor

☐ Additional parcel numbers on page \_\_\_\_\_ of document.

Date 3/4/21

Parcel # 2-S-31-43-60

2-S-31-43-50

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 signing below and paying an additional \$50.00 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Signature of Requesting Party

Note to Submitter: Do NOT sign above nor pay additional \$50 fee if the document meets margin/formatting requirements.

## COMMUNITY PROPERTY AGREEMENT

This **COMMUNITY PROPERTY AGREEMENT** dated April 21, 2014, is between Virgil Anderson and Peggy Thomas, (the "parties"), as husband and wife.

The parties are married to each other, are residents of the State of Washington, and desire to enter into this Agreement in order to set forth the status of their property as Community Property and to provide for its disposition to the survivor of them at the death of the first of them to die.

**WHEREFORE**, the parties revoke all prior Community Property Agreements and any other agreement regarding the status or disposition of his, her, or their property to the extent of any inconsistency with this Agreement and agree as follows:

1. **Financial Disclosure**. Each party has fully disclosed to the other party his/her assets, incomes, debts, and liabilities, and the other party is satisfied that full disclosure has been made.

2. **Status of Property**. All property of whatever nature or description, whether real, personal, or mixed, and wherever located, within or without the State of Washington, now owned or hereafter acquired by either party or both of the parties shall be and is the Community Property of the parties.

3. **Disposition of Property**. Upon the death of either party survived by the other party, all interest of the deceased party in the then current Community Property of the parties shall pass to and become the sole and separate property of the survivor of the parties.

4. **Disclaimer**. Upon the death of either party survived by the other party, the surviving spouse may disclaim, in whole or in part, and if in part, any specific part, share, or asset, any interest passing under this Agreement. Upon such disclaimer, the disclaimed interest shall pass as if Paragraph 3 immediately above had been revoked as to that interest at the deceased spouse's death but with the surviving spouse continuing to be entitled to any benefits by any alternative disposition.

5. **Automatic Revocation of Paragraph 3**. Paragraph 3 immediately above shall be automatically revoked upon the occurrence of any of the following events:

- a. The establishment of a domicile outside the State of Washington by either party.
- b. The simultaneous death of both parties or their death if its order cannot be reasonably determined.
- c. The filing in a Court of competent jurisdiction by either party or both parties of a Petition for Marital Dissolution, Legal Separation, or Declaration of Marital Invalidity followed by the death of either party survived by the other party before such proceeding is either dismissed, abandoned, or completed, with its completion

being determined by the entry of an Order of Dissolution, Legal Separation, or Marital Invalidity, respectively.

**6. Optional Revocation of Paragraph 3 by Either Party.** If either party becomes disabled, the other party may revoke Paragraph 3 above but only by a writing signed by that party and acknowledged before a Notary Public. For purposes of this paragraph, a party shall be "disabled" if he/she is:

- Determined in a writing to be unable to adequately manage his/her property or financial affairs by two independent physicians, or
- Found to be legally disabled by a Court of competent jurisdiction.

**7. Optional Revocation of Paragraph 3 by Both Parties.** Paragraph 3 above may be revoked by both parties but only by a writing signed by both of them and acknowledged before a Notary Public.

**8. Independent Counsel.** Each party recognizes that he/she has the right to be represented by independent counsel as regards the advisability of his/her entering into this Agreement and waives that right.

IN WITNESS WHEREOF, the Parties have signed this Agreement on

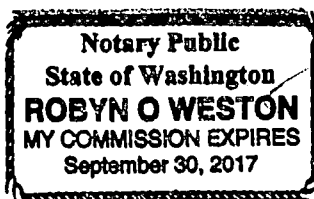
Virgil Anderson  
Virgil Anderson

Peggy Thomas  
Peggy Thomas

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF CLALLAM

On this day personally appeared before me Virgil Anderson and Peggy Thomas, 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:



Robyn O Weston  
NOTARY PUBLIC in & for Washington  
My appointment expires on: 9/30/2017

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-010332

LOCAL FILE NUMBER: 7304

DATE ISSUED: 03/10/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): VIRGIL JOHN

LAST NAME(S): ANDERSON

COUNTY OF DEATH: CLARK

DATE OF DEATH: MARCH 04, 2020

HOUR OF DEATH: 04:47 PM

SEX: MALE

AGE: 82 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: NOVEMBER 17, 1937

BIRTHPLACE: SKAMANIA, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: PEGGY MARIE THOMAS

OCCUPATION: MECHANIC

INDUSTRY: AUTOMOTIVE

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: PEGGY MARIE THOMAS

RELATIONSHIP: WIFE

ADDRESS: 121 MALFAIT TRACTS RD. WASHOUGAL, WA 98671

CAUSE OF DEATH:

A: SEQUELAE OF CEREBROVASCULAR ACCIDENT

INTERVAL: 1 MONTH

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: MYELOPROLIFERATIVE DISORDER, CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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: HOSPICE

FACILITY OR ADDRESS: RAY HICKEY HOSPICE HOUSE

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661

RESIDENCE STREET: 121 MALFAIT TRACTS RD.

CITY, STATE, ZIP: WASHOUGAL, WA 98671

INSIDE CITY LIMITS: NO

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 53 YEARS

FATHER: ALBERT C ANDERSON

MOTHER: DOROTHY LOWMAN

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: WASHOUGAL MEMORIAL CEMETERY

CITY, STATE: WASHOUGAL, WASHINGTON

DISPOSITION DATE: MARCH 11, 2020

FUNERAL FACILITY: STRAUB'S FUNERAL HOME & COLUMBIA RIVER CREMATION

ADDRESS: 325 NE THIRD AVE

CITY, STATE, ZIP: CAMAS, WASHINGTON 98607

FUNERAL DIRECTOR: CHRISTIAN M. DIERICKX

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: SANDFORD B. PLANT, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 5400 MACARTHUR BLVD

CITY, STATE, ZIP: VANCOUVER, WA 98668

DATE SIGNED: MARCH 05, 2020

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: KIMBERLY ST. CYR

DATE RECEIVED: MARCH 09, 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>Required information must match current information on record</b>			
	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 <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)**

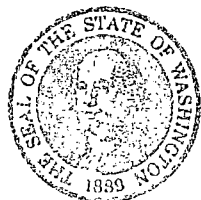
### Death Certificates

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.

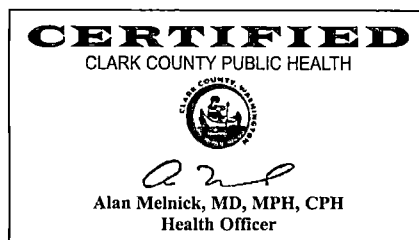
### Marriage/Dissolution (Divorce) Certificates

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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