


The Community Property  
Agreement is a copy, not an  
original

Return Address:  
Christopher R. Lanz Law Office LLC  
Post Office Box 1116  
White Salmon, WA 98672

Skamania County, WA  
Total: \$107.50  
CPA  
Pgs=5  
Request of: CHRISTOPHER R LANZ LAW OFFICE, LLC  
2021-001410  
04/22/2021 02:06 PM  
00008336202100014100050050

<i>Document Title(s) or transactions contained herein:</i>	
<b>COMMUNITY PROPERTY AGREEMENT</b>	
<i>GRANTOR(S) (Last name, first name, middle initial)</i>	Skamania County Real Estate Excise Tax N/A
<b>THOMAS E. RASTRELLI, deceased</b>	<b>APR - 5 2021</b>
<input type="checkbox"/> Additional names on page _____ of document.	
<i>GRANTEE(S) (Last name, first name, middle initial)</i>	PAID N/A Skamania County Treasurer <i>[Signature]</i>
<b>JILL E. RASTRELLI</b>	
<input type="checkbox"/> Additional names on page _____ of document.	
<i>LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)</i>	
<b>Sec 24 T2N Range 7.5EWM</b>	
<input type="checkbox"/> Complete legal on page _____ of document.	
<i>REFERENCE NUMBER(S) of Documents assigned or released:</i>	
<input type="checkbox"/> Additional numbers on page _____ of document.	
<b>ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER</b>	
<b>03-75-2400-0400/00</b> 	
<input type="checkbox"/> Property Tax Parcel ID is not yet assigned	
<input type="checkbox"/> Additional parcel numbers on page _____ of document.	
The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.	

After Recording Return To:  
CHRISTOPHER R. LANZ LAW OFFICE, LLC  
Post Office Box 1116  
White Salmon, WA 98672

### COMMUNITY PROPERTY AGREEMENT

This agreement, made and entered into this 20th day of November, 2020, by and between THOMAS E. RASTRELLI and JILL E. RASTRELLI, husband and wife, both of Skamania County, Washington.

#### WITNESSETH

WHEREAS, the parties hereto are the owners of certain property situated in the State of Washington, consisting of real and personal property; and

WHEREAS, the parties contemplate acquiring more property in the future; and

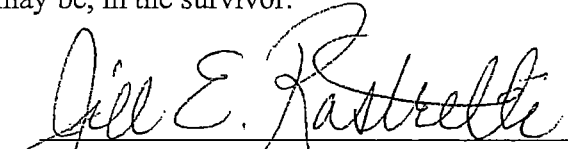
WHEREAS, the parties are desirous of all of their property passing to the survivor without delay or expense in the event of the death of either of them;

NOW, THEREFORE, we, THOMAS E. RASTRELLI and JILL E. RASTRELLI, husband and wife, for and in consideration of the love and affection that we have one for the other, do hereby mutually agree as follows:

That upon the death of the first of us to die, all of the property which we have separately, jointly or otherwise, and whether real, personal, or mixed and wheresoever situate shall be community property; and;

That upon the death of the first of us to die, title to all community property is to vest immediately in fee simple or wholly, as the case may be, in the survivor.

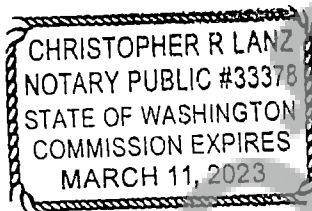
  
THOMAS E. RASTRELLI, Husband

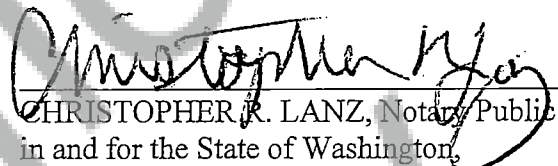
  
JILL E. RASTRELLI, Wife

STATE OF WASHINGTON            )  
  ) ss.  
County of Skamania            )

On this day personally appeared before me THOMAS E. RASTRELLI and JILL E. RASTRELLI, to me known to be the individuals described in and who executed the within and foregoing instrument and acknowledged to me 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 seal this 30<sup>th</sup> day of November, 2020.



  
CHRISTOPHER R. LANZ, Notary Public  
in and for the State of Washington,  
residing in Skamania County.  
My commission expires March 11, 2023.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-007434

DATE ISSUED: 02/17/2021  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): THOMAS EDWARD  
LAST NAME(S): RASTRELLI

COUNTY OF DEATH: SKAMANIA  
DATE OF DEATH: FEBRUARY 12, 2021  
HOUR OF DEATH: 01:05 PM  
SEX: MALE AGE: 73 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: MAY 23, 1947  
BIRTHPLACE: CLINTON, IA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: JILL EILEEN FIGGINS

OCCUPATION: VECTOR MARKETING CONSULTANT  
INDUSTRY: CUTLERY & COOKWARE  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: YES

INFORMANT: MARIA SPENCER  
RELATIONSHIP: DAUGHTER  
ADDRESS: 3031 LOOP ROAD, STEVENSON, WA 98648

CAUSE OF DEATH:  
A: METASTATIC SALIVARY CANCER  
INTERVAL: 4 MONTHS

B:  
INTERVAL:

C:  
INTERVAL:

D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: HOME  
FACILITY OR ADDRESS: 3051 LOOP ROAD  
CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648

RESIDENCE STREET: 3051 LOOP ROAD  
CITY, STATE, ZIP: STEVENSON, WA 98648  
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 4 MONTHS

FATHER: PETER BERNARD RASTRELLI  
MOTHER: IDA BEATRICE BALDACCI

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY

CITY, STATE: WHITE SALMON, WASHINGTON  
DISPOSITION DATE: FEBRUARY 16, 2021

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

ADDRESS: 1270 NORTH MAIN AVENUE  
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672  
FUNERAL DIRECTOR: DEREK F. KRENTZ

MANNER OF DEATH: NATURAL  
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: CHRISTOPHER FAISON, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 65371 HIGHWAY 14  
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672  
DATE SIGNED: FEBRUARY 15, 2021

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

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL  
DATE RECEIVED: FEBRUARY 16, 2021



# Affidavit for Correction

Mail to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

This is a legal document. Complete in ink and do not alter.

## 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 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: 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: P.O. 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 foregoing is true and correct

16a. Signature:	16b. Signature of 2 <sup>nd</sup> parent (if required):
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

#### 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

\*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.

**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). 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.
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 October 2015



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

**CERTIFIED**

FEB 17 2020

*Alan Melnick*  
Alan Melnick  
Health Officer  
Skamania Co. Public Health



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