

Return Address: Johnnie and Gail Kotzian
918 NW Nicklaus Ct
Steverson, WA 98648

Skamania County, WA
Total: \$206.50
CPA
Pgs=4
Request of: JOHNNIE KOTZIAN

2021-003997

12/07/2021 09:09 AM



COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 30th day of NOVEMBER, 2013, by and between Johnnie Kotzian and Gail Kotzian husband and wife, of Skamania County, State of Washington, pursuant to the provisions of Sec. 26.16.120 of the Revised Code of Washington, permitting agreements between husband and wife, fixing the status and disposition of community property to take effect upon the death of either, WITNESSETH:

That in consideration of love and affection that each of us has for the other, and in consideration of mutual benefits to be derived by each of us, it is hereby agreed promised and covenanted as follows:

First: That all property of whatsoever nature or description, whether real, personal or mixed, and wheresoever situated, now owned or hereafter acquired by either of us, including separate property, shall be considered and is hereby declared to be community property, and each of us hereby conveys and quitclaims to the other his or her interest in any separate property he or she owns or hereafter acquires so as to convert the same to community property.

Second: That upon the death of either of us, title to all community property as defined in the preceding paragraph is to vest immediately in fee simple the survivor.

IN WITNESS WHEREOF, We Johnnie & Gail and Gail Kotzian have hereunto set our hands to this 30th day of NOVEMBER, 2013.

Skamania County
Real Estate Excise Tax

N/A
DEC - 7 2021

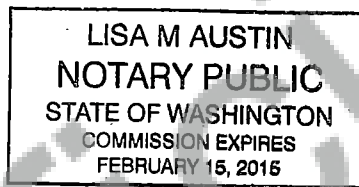
PAID

N/A
Skamania County Treasurer

STATE OF WASHINGTON)

) ss.

COUNTY OF SKAMANIA)



THIS IS TO CERTIFY that on this 30TH day of NOVEMBER 2013, personally appeared before me JOHNNIE KOTZIAN and GAIL KOTZIAN to me known to be the persons described in and who executed the foregoing instrument, and acknowledged the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS MY HAND AND OFFICIAL SEAL the day and year first above written.

A handwritten signature in dark ink, appearing to read "Lisa M Austin", written over a horizontal line.

Notary Public in and for the State of WASHINGTON, residing at RIEVIEW.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-050867

DATE ISSUED: 11/27/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): GAIL ANN
LAST NAME(S): KOTZIAN

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: NOVEMBER 17, 2019
HOUR OF DEATH: 06:53 AM FOUND
SEX: FEMALE AGE: 70 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: MAY 29, 1949
BIRTHPLACE: COLVILLE, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: JOHNNIE L KOTZIAN

OCCUPATION: TEACHER
INDUSTRY: EDUCATION
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: NO

INFORMANT: JOHNNIE KOTZIAN
RELATIONSHIP: SPOUSE
ADDRESS: 918 NW NICKLAUS CT., STEVENSON, WA 98648

CAUSE OF DEATH:
A: SPONTANEOUS VENTRICULAR FIBRILLATION ARREST
INTERVAL: MINUTES
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PRESCRIPTION OPIOID USE
DUE TO CHRONIC PAIN, CHRONIC ARRHYTHMIA

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: 918 NW NICKLAUS CT.
CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648

RESIDENCE STREET: 918 NW NICKLAUS CT.
CITY, STATE, ZIP: STEVENSON, WA 98648
INSIDE CITY LIMITS: YES COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER: ALDEN E MATHEWS
MOTHER: GRACE MARTIN

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

CITY, STATE: WHITE SALMON, WASHINGTON
DISPOSITION DATE: NOVEMBER 20, 2019

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

ADDRESS: 1270 NORTH MAIN AVENUE
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672
FUNERAL DIRECTOR: VICTORIA LARA

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: ADAM N. KICK
TITLE: CORONER/ME
CERTIFIER ADDRESS: 240 NW VANCOUVER AVENUE
CITY, STATE, ZIP: STEVENSON, WA 986480790
DATE SIGNED: NOVEMBER 19, 2019

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 19-08419
ATTENDING PHYSICIAN: JAMES REISS, MD

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL
DATE RECEIVED: NOVEMBER 20, 2019



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 information must match current information on record

Required	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 nd parent (if required):
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

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 (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

CERTIFIED

NOV 25 2019

Alan Melnick
Health Officer
Skamania Co. Public Health



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