

Skamania County, WA
Total: \$208.50
DEED
Pgs=6

2022-000623

03/29/2022 09:58 AM

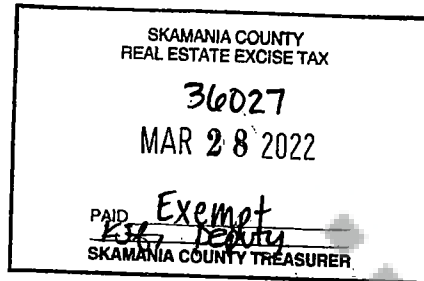
Request of: STANLEY STEUDLER



00012580202200006230060060

Return to:

Sally Steudler
7933 SW Spruce Street
Portland, OR 97223



Document title: Warranty Deed

Reference Number(s) of Related Document(s): N/A

Grantor: Stanley S. Steudler and Sharlene A. Steudler, Co-Trustees of the Gelene A. Steudler Revocable Trust dated August 31, 2000, as amended or restated

Grantee(s): Stanley S. Steudler and Sharlene A. Steudler

Legal description: T2N R5E Sec 32, T1N R5E Sec 6, Washougal Riverside Tracts

Assessor's Property Tax Parcel/Account Number: 02-05-32-3-0-3100-00 *And*
Parcel # 0205323029000 See Exhibit A for legal
2m
3/28/22
WARRANTY DEED

THE GRANTORS, Stanley S. Steudler and Sharlene A. Steudler, Co-Trustees of the Gelene A. Steudler Revocable Trust dated August 31, 2000, as amended or restated, as a distribution from the Gelene A. Steudler Revocable Trust, hereby grant, bargain, and convey to Stanley S. Steudler and Sharlene A. Steudler, as joint tenants with right of survivorship (and not as tenants in common), all of the interest in the following described real estate, situated in the

County of Skamania State of Washington:

Skamania County Assessor

Date 3-28-22 Parcel# 02053230310000 *2m*

The Northerly one-half of Tract Nine (9) and the Southerly one-half of Tract Ten (10) of the plat of Washougal Riverside Tracts, situated in Section Six (6) Township One

WARRANTY DEED - 1

(1) North Range Five (5) East and Section Thirty-Two (32) Township Two (2) North Range Five (5) East of the Willamette Meridian in Skamania County, Washington.

Dividing lines for tracts nine (9) and ten (10) to be parallel to the tract lines running Easterly and Westerly.

DATED this 24 day of March, 2022.



Stanley S. Steudler, Co-Trustee of the Gelene A. Steudler Revocable Trust dated August 31, 2000

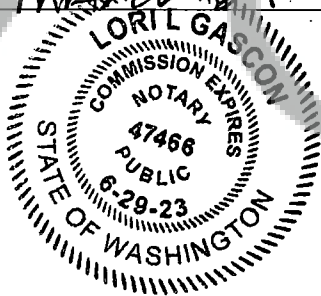


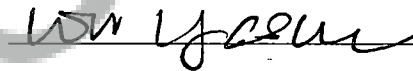
Sharlene A. Steudler, Co-Trustee of the Gelene A. Steudler Revocable Trust dated August 31, 2000

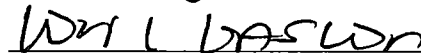
STATE OF WASHINGTON)
: ss.
COUNTY OF Clark)

I certify that I know or have satisfactory evidence that Stanley S. Steudler signed this instrument, on oath stated that he was authorized to execute the instrument and acknowledged it as the co-trustee of the Gelene A. Steudler Revocable Trust dated August 31, 2000, to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

DATED: March 24, 2022.







Notary Public in and for the State of Washington;
My appointment expires: 6/29/23

STATE OF WASHINGTON)
 : ss.
COUNTY OF Clark)

I certify that I know or have satisfactory evidence that Sharlene A. Steudler signed this instrument, on oath stated that she was authorized to execute the instrument and acknowledged it as the co-trustee of the Gelene A. Steudler Revocable Trust dated August 31, 2000, to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

DATED: March 24, 2022.



Loril Gascon

Loril Gascon
Notary Public in and for the State of Washington;
My appointment expires: 6/29/23

EXHIBIT A TO REAL ESTATE EXCISE TAX AFFIDAVIT

The Northerly one-half of Tract Ten (10) and Southerly three-quarters of Tract Eleven (11) of the plat of Washougal Riverside Tracts, according to the duly recorded plat thereof recorded in Skamania County, Washington. Dividing lines for tracts 10 and 11 to be parallel to the tract lines running easterly and westerly.

TOGETHER with all rights and property lying between the Easterly extension of the Northerly and Southerly lines of the North one-half (1/2) of Lot Ten (10) and South three-fourths (3/4) of Lot Eleven (11) and the easterly ends of the above described property and the center of the Washougal River as platted in Washougal Riverside Tracts in Section 32, Township 2 North, Range 5 East of the W.M., in Skamania County, Washington.

Parcel or Tax Account No. 02-05-32-3-0-2900-00
(aka 141 Laurel Lane, Washougal, Washington)

Skamania County Assessor

Date 3-28-22 Parcel# 02053230 2900 00

Jm

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-044098

DATE ISSUED: 03/17/2022
FEE NUMBER: 140542640

FIRST AND MIDDLE NAME(S): GELENE ALICE
LAST NAME(S): STEUDLER

COUNTY OF DEATH: CLARK
DATE OF DEATH: SEPTEMBER 05, 2021
HOUR OF DEATH: 05:40 AM
SEX: FEMALE AGE: 94 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: FEBRUARY 11, 1927
BIRTHPLACE: PORTLAND, OR

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: REGISTERED NURSE
INDUSTRY: HEALTH CARE
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: STAN STEUDLER
RELATIONSHIP: SON
ADDRESS: 471 URAN RD. WASHOUGAL, WA 98671

CAUSE OF DEATH:
A: PNEUMONIA
INTERVAL: 6 DAYS
B: COVID 19
INTERVAL: 6 DAYS
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: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: HAMPTON & ASHLEY INN
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98683

RESIDENCE STREET: 141 LAUREL LANE
CITY, STATE, ZIP: WASHOUGAL, WA 98671
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: LARRY HOBBS
MOTHER: ALICE SWART

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

CITY, STATE: WHITE SALMON, WASHINGTON
DISPOSITION DATE: SEPTEMBER 09, 2021

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: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: SARAH WINSLOW, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 16811 SE MCGILLIVRAY BLVD
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98683
DATE SIGNED: SEPTEMBER 09, 2021

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

LOCAL DEPUTY REGISTRAR: KIMBERLY ST. CYR
DATE RECEIVED: SEPTEMBER 09, 2021

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 currently shows:	The true fact is:
8. _____	9. _____
10. _____	11. _____
12. _____	13. _____

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

14a. Signature: _____	14b. Signature of 2 nd parent (if required): _____
Printed name: _____	Printed name: _____
Date: _____	Date: _____

INSTRUCTIONS – go to www.doh.wa.gov for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

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. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
- To correct the sex of the child, one proof documentation 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 proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

Death Certificates

1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified 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 proof documentation.
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.



CERTIFIED

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

Alan Melnick

Alan Melnick
Health Officer
Clark County Public Health



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