

**WHEN RECORDED RETURN TO:**

JESSE D. CONWAY / CONWAY LAW, PLLC

1014 FRANKLIN ST., STE. 106

VANCOUVER, WA 98660

Skamania County, WA

Total: \$260.50

ALP

Pgs=8

Request of: CONWAY LAW, PLLC

**2022-001488**

07/21/2022 12:02 PM



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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)

Affidavit of Surviving Spouse/Community Property Agreement/Death Certificate

**REFERENCE NUMBER(S)** of Documents assigned or released:☐ Additional numbers on page \_\_\_\_ of document.**GRANTOR(S):**

1. Rodney L. Hora

2.

3.

4.

☐ Additional names on page \_\_\_\_ of document.**GRANTEE(S):**

1. Jack D. Kruger

2. Charmaine L. Kruger

3.

4.

☐ Additional names on page \_\_\_\_ of document.**LEGAL DESCRIPTION** (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

LOT 3 CHRISTAL SP BK 1/PG 85

Skamania County Assessor

☐ Complete legal on page \_\_\_\_ of document.Date 7/21/22 Parcel# 02052320040100**Assessor's Property Tax Parcel #**

02052320040100 Skamania Co. Superior Court Case No. 22-2-00030-30

☐ 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.

"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."

Jesse D. Conway

Signature of Requesting Party

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

**Affidavit of Surviving Spouse or Domestic Partner  
for Claiming an Exemption Based on  
Inheritance of Real Estate**

State of Washington

County of Skamania

Name of deceased Donna L. Hora

I, (survivor's name) Rodney L. Hora affirm

that I am the sole and rightful heir to the property described as:

Parcel number(s) 02052320040100/ OBJECTID: 4928

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

Signed this 30th day of June, 2022 at Bellingham, WA  
(month) (year) (city) (state)

Rodney L. Hora  
(Signature of surviving spouse or registered domestic partner)

Rodney L. Hora  
(Printed name of surviving spouse or registered domestic partner)

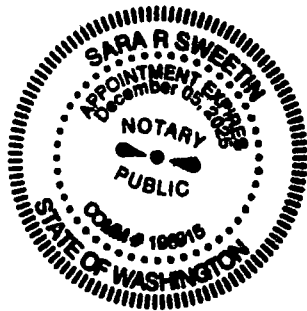
14 Old Creamery Road Trout Lake WA 98650  
(Address of surviving spouse or domestic partner) (city) (state) (zip)

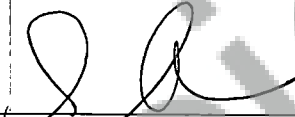
**Note:** See RCW 82.45.197 on page 2 for statutory requirements.

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF WHATCOM )

On this day personally appeared before me RODNEY L. HORA to me known to be the individual, or individuals described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 30<sup>TH</sup> day of June, 2022.



  
\_\_\_\_\_  
Print Name: Sara R. Sweetin  
NOTARY PUBLIC in and for the  
State of Washington, Residing at Lynden  
My Commission Expires: 12/5/2025

## COMMUNITY PROPERTY AGREEMENT

This AGREEMENT is executed between RODNEY L. HORA and DONNA L. HORA, husband and wife, residing at Vancouver, Washington:

## 1. DECLARATIONS

1.1 Marital Status. The parties hereto are husband and wife, and are residents of the State of Washington.

1.2 Children. The parties have two children, namely: Brett Alan Hora, born November 1, 1968; and Derek John Hora, born July 8, 1971.

## 2. CONSIDERATION

FOR AND IN CONSIDERATION of the love and affection they each bear toward the other, and in consideration of the mutual help each will be to the other in the future, and for the consideration of the commingling of their joint efforts and earnings and property, it is agreed as herein provided.

## 3. AMENDMENTS, ETC.

3.1 Amendments. This agreement may be amended or revoked by written instrument executed and acknowledged by the spouses. No such amendment or revocation by mutual consent of the spouses shall become effective except by written revocation or amendment.

3.2 Effect of Divorce. Unless otherwise provided in the divorce decree or in the property settlement agreement, this agreement shall be revoked by any decree divorcing the spouses.

3.3 Effect of Incompetency. If, prior to the death of either spouse, a legal guardian is appointed over the property of one of the spouses on account of incompetency, the legal guardian may join with the competent spouse in a petition to the court having jurisdiction over the guardianship proceedings for permission to enter into a modification or revocation of this agreement. Hearing on the petition shall be held after giving such notice

Initials

COPY

to all interested parties as may be ordered by the court. If, after the hearing, the court deems the proposed modification or revocation to be fair and equitable and affords reasonable protection towards all parties concerned, it may authorize the guardian to execute such modification or revocation on behalf of the incompetent spouse.

3.4 Effect of Domicile Change. Unless otherwise revoked or modified, this agreement shall remain in full force and effect regardless of the state of residence and/or domicile of the spouses at the time of the death of either or both.

#### 4. VESTING OWNERSHIP ON DEATH

Upon the death of the first spouse, all community property shall become the sole and separate property of the surviving spouse. Immediately upon the death of the one spouse, the survivor shall have the full power to sell, will, or otherwise to dispose of all property subject to this Community Property Agreement.

#### 5. COMMUNITY PROPERTY

All property, real or personal, now owned or hereafter acquired, whether separate or community, is hereby conveyed and converted into community property and hereafter shall be deemed community property for all purposes under the laws of the State of Washington.

DATED this 26 <sup>December</sup> day of ~~October~~, 1974.

Rodney L. Hora  
Rodney L. Hora

Donna L. Hora  
Donna L. Hora

STATE OF WASHINGTON )  
                                  ) ss  
County of Clark )

On this day, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn,

[Signature]

[Signature]  
Initials

personally appeared RODNEY L. HORA and DONNA L. HORA, husband and wife, to me known to be the individuals described in and who executed the foregoing instrument, and each acknowledged to me that he severally signed said instrument as his free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal this 26<sup>th</sup> day  
December  
of October, 1974.

Douglas Owen Whitlock  
Notary Public in and for the State  
of Washington, residing at Vancouver.

Initials

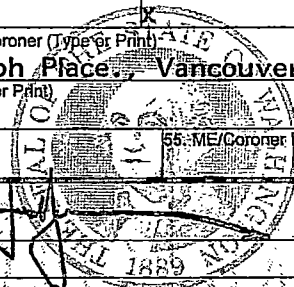


STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Donna Lee Hora				2. Death Date Jan 15, 2005			
3. Sex (M/F) F	4a. Age - Last Birthday 64	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	6. County of Death Clark		
7. Birthdate Oct. 2, 1940		8a. Birthplace (City, Town, or County) Toppenish		8b. (State or Foreign Country) Washington	9. Decedent's Education Bachelors Degree		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No				11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? No	
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 19814 SE 25th Street				13b. City or Town Camas			
13c. Residence: County Clark		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country WA	13f. Zip Code + 4 98607	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. 40 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Rodney Hora			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Teacher				18. Kind of Business/Industry (Do not use Company Name) Education			
19. Father's Name (First, Middle, Last, Suffix) John Ward				20. Mother's Name Before First Marriage (First, Middle, Last) Alice (unk)			
21. Informant's Name Rodney Hora		22. Relationship to Decedent Husband		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 19814 SE 25th Street Camas, WA 98607			
24. Place of Death, if Death Occurred in a Hospital: Inpatient				24. Place of Death, if Death Occurred Somewhere Other than a Hospital:			
25. Facility Name (If not a facility, give number & street or location) Southwest Washington Medical Center				26a. City, Town, or Location of Death Vancouver		26b. State WA	27. Zip Code 98664
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Portland Cremation Center		30. Location-City/Town, and State Portland, OR			
31. Name and Complete Address of Funeral Facility Memorial Gardens Mortuary, 1101 NE 112th Ave., Vancouver, WA 98684				32. Date of Disposition Jan. 19, 2005			
33. Funeral Director Signature X <i>Randall Williams</i>							
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → <i>cerebral hemorrhage with brain stem compression leading to brain death</i> Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST <i>intracerebral hemorrhage</i> Due to (or as a consequence of): <i>cerebral infarction</i> Due to (or as a consequence of): <i>hypertension 2° atrial fibrillation</i> Interval between Onset & Death <i>18°</i> <i>5 days</i> <i>years</i> <i>years</i>							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			
41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street City or Town: County: State: Zip Code+ 4:				46. Describe how injury occurred			
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)							
48a. Certifying Physician-To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.				48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Duncan Borland 400 NE Mother Joseph Place, Vancouver, WA 98664				50. Hour of Death (24hrs) 2102			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) 1/18/2005			
53. Title of Certifier DO		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature X				58. Date Received (MM/DD/YYYY) JAN 18 2005			
59. Amendments							

Part 1 completed by Funeral Director

Part 2 completed by Certifier



# Affidavit for Correction

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

Center for Health Statistics  
P.O. Box 9709  
Olympia, WA 98507-9709  
(360) 236-4300

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify) Telephone Number:

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

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof: Certificate of Naturalization Medical Record  
Hospital Records Military Record (DD-214)  
Insurance Records Birth Record  
Marriage/Divorce Records Passport  
School Record  
Voter's Registration Card (if it bears an effective date)  
Alien Registration Card (front and back)

### Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
  - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
  - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
  - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)

### Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

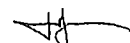
### Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

**CERTIFIED**

JAN 18 2005



Justin Denny M.D.  
Health Officer  
Clark County Health Dept.

MM00009849