

WHEN RECORDED RETURN TO:

**Clark County Title Company
1400 Washington Street Suite 100
Vancouver, WA 98660**

Skamania County, WA **2022-002131**
Total: \$257.50
CPA 10/25/2022 12:42 PM
Pgs=5
Request of: CLARK COUNTY TITLE



DOCUMENT TITLE(S)

Community Property Agreement

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S):

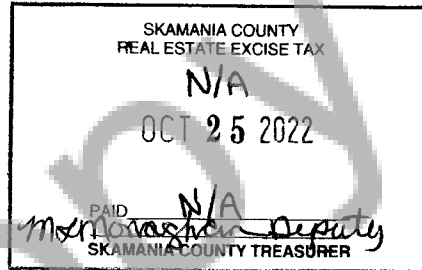
Marie Schaeffer, also known as Marie Schaeffer Lee, Marie Gay Lee, Marie Schaeffer and Marie G. Schaeffer

GRANTEE(S):

Kenny Q. Lee

ABBREVIATED LEGAL DESCRIPTION:

Lot 9, Subdivision of COLUMBIA RIVER ESTATES, J/364



TAX PARCEL NUMBER(S):

02 06 23 2 0 0104 00

Skamania County Assessor

Date 10-25-22 Parcel# 02062326010400

Lm

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document. The fee for non-standard processing is \$50.00.

Signature of Requesting Party

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT is made on the 20th day of November, 2017, between Kenny Q. Lee ["Husband"] and Marie Schaeffer ["Wife"], husband and wife, both of whom are domiciled in the State of Washington. In consideration of their mutual promises set forth below, the parties agree as follows:

1. Revocation of Prior Agreements. If before the date the parties have executed a community property agreement, or any other agreement other than a Will or trust which is signed by the both of them and which specifically provides for disposition of their community property at the time either or both of them die, then any such agreement is terminated by this Agreement.

2. Property Covered. This Agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife. Any separate property of either, [now owned or hereafter acquired,] shall become and be considered community property upon the death of the party owning said separate property. All such community property is referred to in this Agreement as the "subject property."

3. Vesting at Death. On the death of either Husband or Wife, all of the subject property shall vest in the survivor of them.

4. Disclaimer. Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, and the interest disclaimed shall pass under the terms and conditions of any validly executed Will which the decedent may have executed or in default thereof, according to the laws of intestacy as governed by the statutes of the State of Washington then in effect.

5. Automatic Revocation. In the absence of other evidence indicating the party's intent to terminate this Agreement, it shall, nevertheless, be deemed mutually terminated and of no further force or effect upon either party's filing a petition, complaint or other pleading for dissolution of their marriage or granting a decree of divorce or separate maintenance to either of them.

6. Optional Revocation by One Party. If either party becomes disabled, the other party shall have the power to terminate this Agreement, and each party designates the other as attorney in fact to become effective upon disability to exercise such power. Such termination shall be effective upon the delivery of written notice thereof to the disabled spouse, and to the guardian, if any, of the person or the estate of the disabled person. For the purpose of this paragraph, a spouse shall be deemed disabled if such spouse's regularly attending physician signs statement declaring that such spouse is unable to manage his or her own

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-016733

DATE ISSUED: 09/21/2022
FEE NUMBER:

FIRST AND MIDDLE NAME(S): MARIE GAY
LAST NAME(S): LEE

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: MARCH 26, 2022
HOUR OF DEATH: 06:00 AM
SEX: FEMALE AGE: 79 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 102 PACIFIC ROAD
CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648

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

RESIDENCE STREET: 102 PACIFIC ROAD
CITY, STATE, ZIP: STEVENSON, WA 98648
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 25 YEARS

BIRTH DATE: FEBRUARY 13, 1943
BIRTHPLACE: BUHL, ID

FATHER: EDWARD LEROY STEVENS
MOTHER: MARJORIE HELEN DYKSTRA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: KENNY QUONG LEE

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

OCCUPATION: SYSTEMS ANALYST
INDUSTRY: INFORMATION TECHNOLOGY
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

CITY, STATE: WHITE SALMON, WASHINGTON
DISPOSITION DATE: MARCH 30, 2022

INFORMANT: KENNY QUONG LEE
RELATIONSHIP: SPOUSE
ADDRESS: 102 PACIFIC ROAD, STEVENSON, WA 98648

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

CAUSE OF DEATH:
A: ACUTE MYELOCYTIC LEUKEMIA
INTERVAL: 4 YEARS

B: INTERVAL:

C: INTERVAL:

D: INTERVAL:

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

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: ALEXANDER CHIA-JEN CHOW, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 700 NE 87TH AVENUE
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98664
DATE SIGNED: MARCH 29, 2022

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL
DATE RECEIVED: MARCH 30, 2022



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: <i>First Middle Last</i>		2. Date of Event: <i>MM/DD/YYYY</i>	3. Place of Event: <i>City & County</i>	
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) <i>First Middle Last/Initials</i>		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) <i>First Middle Last/Initials</i>		
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 forgoing is true and correct

16a. Signature: 16b. Signature of 2nd parent (if required):

Printed name: Date: 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.

- | | |
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| <p>Child under 18</p> <ul style="list-style-type: none"> • 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 | <p>Adult (18 years or older)</p> <ul style="list-style-type: none"> • 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 |
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*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

CERTIFIED

SEP 21 2022

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



0 1 2 3 7 0 8 0

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