



WHEN RECORDED RETURN TO:

Richard C Brannum
431 Hoffman Road
Washougal, Wa 98671

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)

Community Property Agreement
REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page ____ of document.

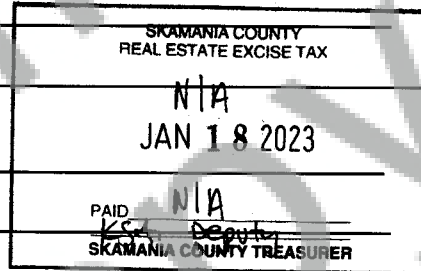
GRANTOR(S):

1. Gail Brannum 2. Richard C Brannum
3. _____ 4. _____

☐ Additional names on page ____ of document.

GRANTEE(S):

1. Richard C Brannum 2. _____
3. _____ 4. _____



☐ Additional names on page ____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

LOT 3 OF the May Brannan S/P #2004415
2004154253

☐ Complete legal on page ____ of document.

Assessor's Property Tax Parcel #

01050400080500

Skamania County Assessor

Date 1-18-23 Parcel # 01050400080500

☐ 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."

Richard C Brannum **Signature of Requesting Party**

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

Community Property Agreement

On this day 23 January 2019, we Richard Charles Branum and Gail Marguerite Branum, a married couple of Skamania County, Washington, enter into this Community Property Agreement with the intention of affecting the characterization and disposition of our property, as permitted by the Revised Code of Washington 26.16.120.

We revoke all prior community property agreements, and we understand that if this agreement conflicts with any other of our estate plans or other agreements, that this Community Property Agreement is likely to supersede the others, in accordance with Washington law.

With the intention of leaving all of our property to the other and avoiding the expense and delay of probate when the first of us dies, we agree that:

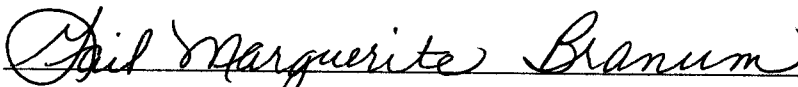
1. Upon the death of the first of us to die, all property we each own at that time, including separate property and jointly owned property, shall be community property.
2. Upon the death of the first of us to die, all community property of the deceased shall immediately transfer to the survivor as his or her sole and separate property.
3. We may amend or revoke this Agreement at any time. Any amendment or revocation shall be written, signed by both of us, and acknowledged by a notary public.
4. This Agreement shall be automatically revoked upon a court-ordered termination of our marriage.
5. This Agreement shall be automatically revoked if we die simultaneously, or if the order of our deaths cannot be reasonably determined.

Signature: _____



Richard Charles Branum

Signature: _____



Gail Marguerite Branum

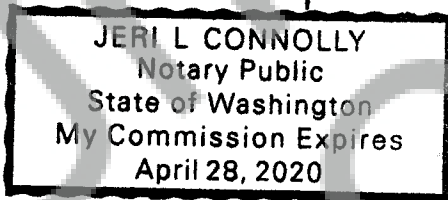
COUNTY OF Skamania) ss.

On this day personally appeared before me Richard C Branum
Gail Marguerite Branum, proven to be the individuals described in and
who executed the within and foregoing Community Property Agreement, and
acknowledged 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 official seal on this 23rd day of January, 20 19:

Jeri L. Connolly
NOTARY PUBLIC in & for Washington

My appointment expires on: April 28, 2020





STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-006008

DATE ISSUED: 02/07/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): **GAIL MARGUERITE**
LAST NAME(S): **BRANUM**

COUNTY OF DEATH: **SKAMANIA**
DATE OF DEATH: **JANUARY 28, 2022**
HOUR OF DEATH: **10:07 PM**
SEX: **FEMALE** AGE: **68 YEARS**
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: **FEBRUARY 14, 1953**
BIRTHPLACE: **PUYALLUP, WA**

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **RICHARD C BRANUM**

OCCUPATION: **TEACHER**
INDUSTRY: **EDUCATION**
EDUCATION: **BACHELOR'S DEGREE**
US ARMED FORCES: **YES**

INFORMANT: **RICHARD C BRANUM**
RELATIONSHIP: **HUSBAND**
ADDRESS: **431 HOFFMAN ROAD WASHOUGAL, WA 98671**

CAUSE OF DEATH:
A: **RESPIRATORY FAILURE**
INTERVAL: **DAYS**
B: **COVID-19 INFECTION**
INTERVAL: **DAYS**
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: **NON-SMALL CELL LUNG
CANCER**

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: **DECEDENT'S HOME**
FACILITY OR ADDRESS: **431 HOFFMAN ROAD**
CITY, STATE, ZIP: **WASHOUGAL, WASHINGTON 98671**

RESIDENCE STREET: **431 HOFFMAN ROAD**
CITY, STATE, ZIP: **WASHOUGAL, WA 98671**
INSIDE CITY LIMITS: **NO** COUNTY: **SKAMANIA**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **16 YEARS**

FATHER: **FRANK HAROLD JONES**
MOTHER: **DORENA THEODASIA PIERSON**

METHOD OF DISPOSITION: **BURIAL**
PLACE OF DISPOSITION: **WASHOUGAL MEMORIAL CEMETERY**

CITY, STATE: **WASHOUGAL, WASHINGTON**
DISPOSITION DATE: **FEBRUARY 03, 2022**

FUNERAL FACILITY: **BROWN'S FUNERAL HOME, INC**

ADDRESS: **410 NE GARFIELD STREET**
CITY, STATE, ZIP: **CAMAS, WASHINGTON 98607**
FUNERAL DIRECTOR: **RONALD A BROWN**

MANNER OF DEATH: **NATURAL**
AUTOPSY: **NO**
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: **NOT APPLICABLE**
DID TOBACCO USE CONTRIBUTE TO DEATH: **UNKNOWN**
PREGNANCY STATUS IF FEMALE: **NO RESPONSE**

CERTIFIER NAME: **KATHERINE W. PEARSON, DO**
TITLE: **DO**
CERTIFIER ADDRESS: **700 NE 87TH AVENUE**
CITY, STATE, ZIP: **VANCOUVER, WASHINGTON 98664**
DATE SIGNED: **FEBRUARY 01, 2022**

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

LOCAL DEPUTY REGISTRAR: **LORI KOCH**
DATE RECEIVED: **FEBRUARY 03, 2022**



DOH 422-034 August 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 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 forgoing is true and correct.

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

CERTIFIEDAlan Melnick
Health Officer

Clark County Public Health

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

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