

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

2023-000239

02/22/2023 01:54 PM

Request of: COLUMBIA GORGE TITLE



WHEN RECORDED RETURN TO:

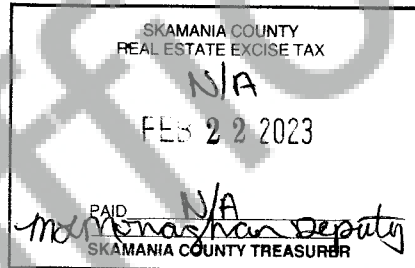
Bernadette Campbell, Personal Rep
PO Box 621
Stevenson, WA 98648

DOCUMENT TITLE(S):
Community Property Agreement

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
Walter George Campbell, JR.

GRANTEE:
June Ann Campbell



LEGAL DESCRIPTION:

A tract of land in the Southeast Quarter of Section 27, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 1 of the THELMA TOMBLESON Short Plat, recorded in Book 3 of Short Plats, Page 111, Skamania County Records.

TAX PARCEL NUMBER(S):
03-08-27-4-0-1400-00

RETURN ADDRESS
David H. Schultz
430 NE Everett Street
Camas, WA 98607

THE FOREGOING INSTRUMENT HAS BEEN COMPARED AND IS
A TRUE AND CORRECT TRANSCRIPT OF THE ORIGINAL THEREOF
ON FILE IN THE RECORDS OF MY OFFICE
DATED this 18th Day of February 2023
Victoria A. Bean DEPUTY
AUDITOR

Please print neatly or type information
Document Title(s):

COMMUNITY PROPERTY AGREEMENT

Reference Number(s) of related documents:

Additional Reference #'s on page _____
Grantor(s) (Last name, First name and Middle Initial):

CAMPBELL, JR., WALTER GEORGE

Grantee(s) (Last name, First name and Middle Initial):

CAMPBELL, JUNE ANN

Legal Description: (abbreviated form: i.e. lot, block, plat or section township, range, quarter/quarter):

LOT 2 SP 79-46R S2N2NENW; 33-5-17

Assessor's Property Tax Parcel/Account Numbers:

Assessor's Tax Parcel ID No: 05173351000200

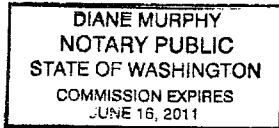
The Auditor/Recorder will rely on the information provided on this form. The staff will not read
the document to verify the accuracy or completeness of the indexing information provided herein.

WITNESSETH

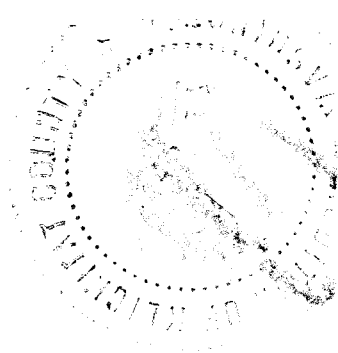
COMMUNITY PROPERTY AGREEMENT
Page 1

act and deed for the uses and purposes therein mentioned.

Given under my hand and seal this 4th day of March, 2011.



Diane Murphy
Name Diane Murphy
Notary Public in and for the State of
Washington, residing at White Salmon WA
My commission expires June 16, 2011



STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-038507

DATE ISSUED: 08/24/2020

FEE NUMBER: 128078

FIRST AND MIDDLE NAME(S): WALTER GEORGE
LAST NAME(S): CAMPBELL

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: AUGUST 14, 2020
HOUR OF DEATH: 02:45 PM

SEX: MALE AGE: 79 YEARS
SOCIAL SECURITY NUMBER: 533-38-0174

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

BIRTH DATE: JANUARY 26, 1941
BIRTHPLACE: CAMAS, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: JUNE ANN PRUETT

OCCUPATION: SMALL BUSINESS OWNER/GROCER
INDUSTRY: GROCERY
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: YES

INFORMANT: JUNE ANN CAMPBELL
RELATIONSHIP: SPOUSE
ADDRESS: PO BOX 621, STEVENSON, WA 98648

CAUSE OF DEATH:
A: UNSPECIFIED NATURAL CAUSES
INTERVAL: UNKNOWN

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CORONARY ARTERY DISEASE,
HYPERLIPIDEMIA, HIGH BLOOD PRESSURE, SUPRA VENTRICULAR
TACHYCARDIA, SPINAL STENOSIS, MULTIPLE MYELOMA

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: OTHER PLACE
FACILITY OR ADDRESS: EN ROUTE, HWY 14 APPROX MP 37
CITY, STATE, ZIP: SKAMANIA, WASHINGTON 98648

RESIDENCE STREET: 91 TOMBLESON ROAD
CITY, STATE, ZIP: STEVENSON, WA 98648
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 11 YEARS

FATHER: WALT CAMPBELL SR
MOTHER: LILIAN WILBER

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

CITY, STATE: WHITE SALMON, WASHINGTON
DISPOSITION DATE: AUGUST 22, 2020

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

ADDRESS: 1270 NORTH MAIN AVENUE
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672
FUNERAL DIRECTOR: DEREK F. KRENTZ

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: ADAM N. KICK
TITLE: CORONER/ME
CERTIFIER ADDRESS: 240 NW VANCOUVER AVENUE
CITY, STATE, ZIP: STEVENSON, WA 986480790
DATE SIGNED: AUGUST 21, 2020

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 20-06037
ATTENDING PHYSICIAN: TRACY WEBB

LOCAL DEPUTY REGISTRAR: LORI KOCH
DATE RECEIVED: AUGUST 22, 2020



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 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: 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 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:
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 using this form, **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). 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 January 2015

CERTIFIED

AUG 24 2020

Amy Person, M.D.

Clallam County Health Department

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



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