

WHEN RECORDED RETURN TO:PETER S. BANKS131 VIEW DRSTEVENSON, WA98648

Skamania County, WA

Total: \$207.50

CPA

Pgs=5

Request of: PETER S BANKS

2023-000713

05/23/2023 10:48 AM



00015980202300007130050050

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)CPA / DC**REFERENCE NUMBER(S)** of Documents assigned or released:☐ Additional numbers on page ____ of document.**GRANTOR(S):**1. NORMA L. Garrison 2. _____

3. _____ 4. _____

☐ Additional names on page ____ of document.**GRANTEE(S):**1. JAMES L. Garrison 2. _____

3. _____ 4. _____

☐ Additional names on page ____ of document.**LEGAL DESCRIPTION** (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):☐ Complete legal on page ____ of document.**Assessor's Property Tax Parcel #**04072620190100☐ 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."

Signature of Requesting Party

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

Return Address: _____

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 4th day of May, 2015 by and between James L Garrison and Nodma L Garrison husband and wife, of Skamania County, State of Washington, pursuant to the provisions of Sec. 26.16.120 of the Revised Code of Washington, permitting agreements between husband and wife, fixing the status and disposition of community property to take effect upon the death of either, WITNESSETH:

That in consideration of love and affection that each of us has for the other, and in consideration of mutual benefits to be derived by each of us, it is hereby agreed promised and covenanted as follows:

First: That all property of whatsoever nature or description, whether real, personal or mixed, and wheresoever situated, now owned or hereafter acquired by either of us, including separate property, shall be considered and is hereby declared to be community property, and each of us hereby conveys and quitclaims to the other his or her interest in any separate property he or she owns or hereafter acquires so as to convert the same to community property.

Second: That upon the death of either of us, title to all community property as defined in the preceding paragraph is to vest immediately in fee simple the survivor.

IN WITNESS WHEREOF, We, James L Garrison and Norma Garrison have hereunto set our hands to this 4 day of May 2015.

James L Garrison

Norma Garrison

JAYNE I. BORDEN
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
FEBRUARY 15, 2019

STATE OF WASHINGTON)

) ss.

COUNTY OF SKAMANIA)

THIS IS TO CERTIFY that on this 4th day of May 2015, personally appeared before me James L Garrison and Norma Garrison to me known to be the persons described in and who executed the foregoing instrument, and acknowledged the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS MY HAND AND OFFICIAL SEAL the day and year first above written.

Jayne Borden

Notary Public in and for the State of Washington, residing at Carson, WA 98610

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-008355

DATE ISSUED: 03/04/2016

FEE NUMBER: 0002027923

GIVEN NAMES: NORMA LEE
LAST NAME: GARRISON

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: FEBRUARY 26, 2016 FOUND
HOUR OF DEATH: 05:59 P.M. FOUND
SEX: FEMALE
AGE: 70 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: JANUARY 07, 1946
BIRTHPLACE: SHELBY, MONTANA

MARITAL STATUS: MARRIED
SPOUSE: JAMES LONNIE GARRISON

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: JAMES LONNIE GARRISON
RELATIONSHIP: SPOUSE
ADDRESS: 311 TROUT CREEK ROAD

CAUSE OF DEATH:
A. OCCLUSIVE ATHEROSCLEROTIC CARDIOVASCULAR DISEASE
INTERVAL: UNKNOWN

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
OBESITY

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

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 311 TROUT CREEK ROAD
CITY, STATE, ZIP: STABLER, WASHINGTON 98610

RESIDENCE STREET: 311 TROUT CREEK ROAD
CITY, STATE, ZIP: STABLER, WASHINGTON 98610
INSIDE CITY LIMITS? NO
COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 37 YEARS

FATHER/PARENT: CHRISTAIN MIVRE
MOTHER/PARENT: BETTY LEVISAY

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY
CITY, STATE: WHITE SALMON, WA
DISPOSITION DATE: MARCH 04, 2016

FUNERAL FACILITY: GARDNER FUNERAL HOME INC
ADDRESS: 1270 NORTH MAIN AVENUE
CITY, STATE, ZIP: WHITE SALMON WA 98672
FUNERAL DIRECTOR: DEREK F. KRENTZ

MANNER OF DEATH: NATURAL
AUTOPSY: YES
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? YES
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

ME/CORONER: ADAM N. KICK
TITLE: CORONER
ME/CORONER
ADDRESS: 240 NW VANCOUVER AVENUE
CITY, STATE, ZIP: STEVENSON WA 986480790
DATE SIGNED: FEBRUARY 29, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 2016-0435
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
AMANDA HERTEL
DATE RECEIVED: FEBRUARY 29, 2016



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300
www.doh.wa.gov

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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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:
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4. Father/Parent Full Birth Name	5. Mother/Parent Full Birth Name
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The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
6.	7.
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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(Printed Name)

All vital records are registered as received. **Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.**

Examples of acceptable documentary proof:

Birth Record	Full Numident Report (Social Security Administration)	School Transcripts (Official)
Certificate of Naturalization	Marriage/Divorce Record	Alien Registration (front and back)
Military Record (DD-214)	Life Insurance Policy	Hospital/Medical Record
Passport		

Birth Certificates

- Only a parent, legal guardian (if the child is under 18), or the named individual (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.
- Child under 18
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
 - To correct the sex of the child, submit one proof from a medical provider.
- Adult (18 years or older)
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, 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.
 - Proof must be five (or more) years old or have been established within five years of birth.
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH 422-032)**

Death Certificates

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal facts (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 422-034 June 2014

CERTIFIED

MAK 04 2016

Christopher Spillers, M.D.
Klickitat County Health Department

BB00056469