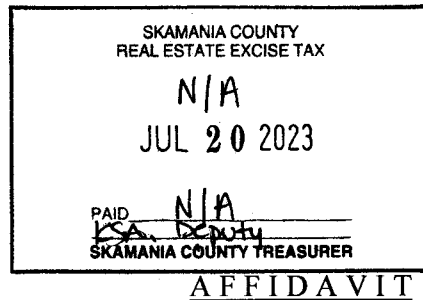




Return Address:

Shawn R. MacPherson  
430 NE Everett Street  
Camas, WA 98607



Grantor: Emanuel Vincent Hajek, JR., deceased  
Grantee: Belinda Avis Hajek, a widow  
Legal description (abbrev.): NE 1/4 , SW 1/4 , Sec. 5, TIN, R5E  
Assessor's Tax Parcel ID No.: 01050500050200  
Prior Document No.: 2023-000891

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAMANIA )

BELINDA AVIS HAJEK, being first duly sworn, upon oath, deposes and says:

1. This affidavit is made for the purpose of supplying information of record pertaining to that certain Community Property Agreement executed by EMANUEL VINCENT HAJEK, JR. and BELINDA AVIS HAJEK, husband and wife, dated February 17, 2012, and recorded in the office of the Auditor of Clark County, Washington. The information set forth in this affidavit may be relied upon by any person dealing with property, real or personal, the title to which is deraigned through said Community Property Agreement.

2. EMANUEL VINCENT HAJEK, JR died on or about March 17, 2023, in Skamania County, Washington, being at the time of his death, a resident of Skamania County, Washington. A certified copy of his death certificate is attached hereto, and by this reference incorporated herein as Exhibit "A".

3. The parties to said Community Property Agreement did no act which would rescind or abrogate such agreement, nor did they, or either of them, execute any testamentary writing which would have the effect of nullifying or abrogating such agreement. Said Community Property Agreement was valid in all respects, and was in full force and effect at the date of death of EMANUEL VINCENT HAJEK, JR, one of the parties thereto.

4. The total value of all assets in this estate is less than the minimum value which requires the filing of a federal estate tax return under federal law applicable as of the date of death, and no such return has been or will be filed. No taxes imposed by the Washington Estate and Transfer Tax Reform Act are due.

5. Included among the assets of the community estate of EMANUEL VINCENT HAJEK,

JR. and BELINDA AVIS HAJEK, husband and wife, were the following described real estate, the disposition of which is controlled by the terms of the said Community Property Agreement:

**County of Skamania, State of Washington**

**The West half of the North half of the following described property:**

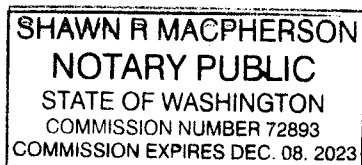
**The Northeast quarter of the Southwest quarter of Section 5, Township 1 North, Range 5 East, of the Willamette Meridian, Skamania County, Washington.**

6. No proceedings have been instituted to contest or set aside or cancel said Community Property Agreement.
7. Said decedent, at the time of death, owned no separate property of any kind nor held any interest in any separate property.
8. All obligations of the marital community composed EMANUEL VINCENT HAJEK, JR. and BELINDA AVIS HAJEK, husband and wife, and all separate obligations of the said EMANUEL VINCENT HAJEK, JR have been paid in full, and all expenses of last illness and funeral expenses have been paid.
9. In addition to BELINDA AVIS HAJEK, the surviving spouse, the said EMANUEL VINCENT HAJEK JR. was survived by four children, namely, LISA ANN HAJEK, GARY ALLEN HAJEK, BRIAN KEITH HAJEK and EMANUEL VINCENT HAJEK III, all of whom have attained majority.

IN WITNESS WHEREOF, I have hereunto set my hand this 24<sup>th</sup> day of MAY, 2023.

Belinda Hajek  
BELINDA AVIS HAJEK

SUBSCRIBED and SWORN to before me this 24<sup>th</sup> day of MAY, 2023.



Shawn R MacPherson  
NOTARY PUBLIC in and for the State  
of Washington, residing at CMMB.  
My commission expires: 12-8-23.

# EXHIBIT “A”

Unofficial  
Copy

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-014110

DATE ISSUED: 03/24/2023

FEE NUMBER:

FIRST AND MIDDLE NAME(S): EMANUEL VINCENT

LAST NAME(S): HAJEK JR

COUNTY OF DEATH: SKAMANIA

DATE OF DEATH: MARCH 17, 2023

HOUR OF DEATH: 07:51 AM

SEX: MALE

AGE: 73 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: MARCH 18, 1949

BIRTHPLACE: WAYNE, MI

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: BELINDA AVIS HAJEK

OCCUPATION: PAPER MARKER

INDUSTRY: PRODUCTION

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: BELINDA AVIS HAJEK

RELATIONSHIP: SPOUSE

ADDRESS: 241 HAJEK ROAD, WASHOUGAL, WA 98671

CAUSE OF DEATH:

A: CARDIOMYOPATHY

INTERVAL: YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: 241 HAJEK ROAD

CITY, STATE, ZIP: WASHOUGAL, WASHINGTON 98671

RESIDENCE STREET: 241 HAJEK ROAD

CITY, STATE, ZIP: WASHOUGAL, WA 98671

INSIDE CITY LIMITS: NO

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 25 YEARS

FATHER: EMANUEL VINCENT HAJEK SR

MOTHER: LORRANE MARIE PETROW

METHOD OF DISPOSITION: REMOVAL FROM STATE

PLACE OF DISPOSITION: PFS CREMATORY

CITY, STATE: PORTLAND, OREGON

DISPOSITION DATE: APRIL 01, 2023

FUNERAL FACILITY: NEPTUNE CREMATION SERVICE

ADDRESS: 11211 SE 82ND AVENUE SUITE N

CITY, STATE, ZIP: HAPPY VALLEY, OREGON 97086

FUNERAL DIRECTOR: REGAN HINTON

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: SUZANNE FRIEBERG, ARNP

TITLE: ARNP

CERTIFIER ADDRESS: 5400 MACARTHUR BLVD

CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98668

DATE SIGNED: MARCH 22, 2023

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: SUZANNE FRIEBERG, ARNP

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL

DATE RECEIVED: MARCH 23, 2023

# 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
-------------------	------------	----------	------	------------------

<b>Required</b>	<b>Required information must match current information on record</b>			
	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 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

## INSTRUCTIONS – go to [www.doh.wa.gov](http://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.

### 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.

\*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.

### 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.

