

Skamania County, WA

Total: \$208.50

CPA

Pgs=6

Request of: COLUMBIA GORGE TITLE

2023-001042

07/27/2023 04:20 PM



00016432202300010420060062

WHEN RECORDED RETURN TO:

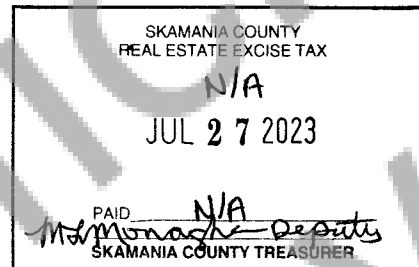
Margaret Bloomquist
8100 NE 339th Street
LaCenter, WA 98629

DOCUMENT TITLE(S):
COMMUNITY PROPERTY AGREEMENT

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
RAYMOND C. BLOOMQUIST

GRANTEE :
MARGARET H BLOOMQUIST, A WIDOW



LEGAL DESCRIPTION:

A tract of land located in the Northeast Quarter of the Northeast Quarter of Section 29, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 3 of the CARSON MEADOWS Short Plat II, recorded as Auditor File Number 2018000639, Skamania County Records.

TAX PARCEL NUMBER(S):
03-08-29-1-1-3816-00

Skamania County Assessor

Date 7-27-23 Parcel# 0308291381600

YM

AFTER RECORDING RETURN TO:

JACKSON, JACKSON & KURTZ, INC. PS

704 E. MAIN STREET, SUITE 102

BATTLE GROUND, WA 98604

COMMUNITY PROPERTY AGREEMENT

Reference: 030739

THIS COMMUNITY PROPERTY AGREEMENT, made and entered into this 2nd day of February, 2004, by and between **RAYMOND C. BLOOMQUIST**, hereinafter called "Husband," and **MARGARET H. BLOOMQUIST**, hereinafter called "Wife," husband and wife, both of whom are domiciled in the State of Washington. In consideration of the love and affection they each bear toward the other, and in consideration of their mutual agreements set forth below, the parties agree as follows:

1. **Property Covered:** This agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife, even though some of the items may have been or may be registered in the name of one or the other or both. If Husband dies and wife survives him by ten days, any separate property of Husband which is owned by Husband at the time of his death shall become and be considered community property vested as of the moment of his death, and if Wife dies and Husband survives her by ten days, any separate property of Wife which is owned by Wife at the time of her death shall become and be considered community property vested as of the moment of her death. All such property is referred to in this agreement as the "described community property." This agreement shall not apply to the partnership units owned by **RAYMOND C. BLOOMQUIST** in **BLOOMQUIST PROPERTIES, LLC**, which the parties acknowledge is his separate property.

2. **Vesting at Death of a Spouse:** If Husband dies and Wife survives him by ten days, all of the described community property shall vest in Wife as of the moment of Husband's death. If Wife dies and Husband survives her by ten days, all of the described community property shall vest in Husband as of the moment of Wife's death.

3. **Disclaimer:** Upon the death of either spouse, the surviving spouse, or the surviving spouse's guardian, may disclaim any interest passing under this agreement in whole and in part,

or with reference to specific parts, shares or assets thereof which such surviving spouse would otherwise receive under the provisions of this agreement.

4. **Automatic Revocation**: The agreement shall be deemed automatically revoked:


(a) Upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce; or

(b) Immediately prior to death, if the order of death cannot be ascertained.

5. **Optional Revocation By One Party**: If either party becomes disabled, the other party shall have the power to terminate the provisions of this agreement, and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardians, if any, of the person and of the estate of the disabled person. For the purposes of this paragraph, a spouse shall be deemed disabled if a person duly licensed to practice medicine in the State of Washington signs a statement declaring that the person is unable to manage his or her own affairs.

6. **Revocation of Inconsistent Agreements**: To the extent this agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community property, the terms of this agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

IN WITNESS WHEREOF, the parties hereto set their hands the day and year first above mentioned.


RAYMOND C. BLOOMQUIST


MARGARET H. BLOOMQUIST

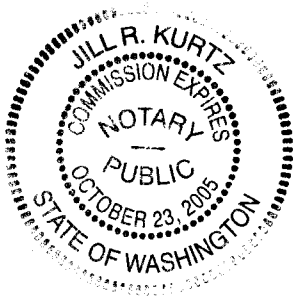
STATE OF WASHINGTON)

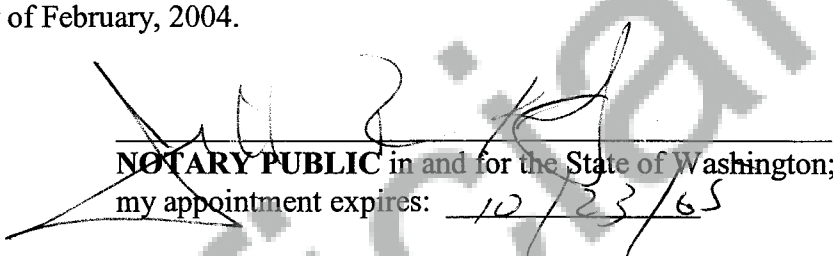
: ss.

COUNTY OF CLARK)

I certify that I know or have satisfactory evidence that **RAYMOND C. BLOOMQUIST** and **MARGARET H. BLOOMQUIST** are the persons who appeared before me, and said persons acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 2nd day of February, 2004.




NOTARY PUBLIC in and for the State of Washington;
my appointment expires: 10/23/05

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-015152

DATE ISSUED: 04/06/2023

FEE NUMBER:

FIRST AND MIDDLE NAME(S): **RAYMOND CHARLES**
LAST NAME(S): **BLOOMQUIST**

COUNTY OF DEATH: **CLARK**
DATE OF DEATH: **MARCH 27, 2023**
HOUR OF DEATH: **05:25 AM**
SEX: **MALE** AGE: **76 YEARS**
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: **DECEMBER 24, 1946**
BIRTHPLACE: **VANCOUVER, WA**

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **MARGARET HELEN TYLER**

OCCUPATION: **LOGGER**
INDUSTRY: **LOGGING**
EDUCATION: **BACHELOR'S DEGREE**
US ARMED FORCES: **NO**

INFORMANT: **MARGARET HELEN BLOOMQUIST**
RELATIONSHIP: **WIFE**
ADDRESS: **8100 NE 339TH STREET, LA CENTER, WA 98629**

CAUSE OF DEATH:
A: **COLON CANCER METASTATIC TO SPLEEN AND OMENTUM**
INTERVAL: **YEARS**
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: **LARGE BOWEL OBSTRUCTION;
ATRIAL FIBRILLATION; OBSTRUCTIVE SLEEP APNEA.**

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: **8100 NE 339TH STREET**
CITY, STATE, ZIP: **LA CENTER, WASHINGTON 98629**

RESIDENCE STREET: **8100 NE 339TH STREET**
CITY, STATE, ZIP: **LA CENTER, WA 98629**
INSIDE CITY LIMITS: **NO** COUNTY: **CLARK**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **8 YEARS**

FATHER: **JOHN BLOOMQUIST**
MOTHER: **ELSIE VIVIAN MERRY**

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **LONGVIEW MEMORIAL PARK CREMATORY**

CITY, STATE: **LONGVIEW, WASHINGTON**
DISPOSITION DATE: **MARCH 29, 2023**

FUNERAL FACILITY: **LAYNE'S FUNERAL SERVICES INC**

ADDRESS: **PO BOX 7**
CITY, STATE, ZIP: **BATTLE GROUND, WASHINGTON 98604**
FUNERAL DIRECTOR: **JAMES WALDROUPE**

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**

CERTIFIER NAME: **JENNIFER BLACK, MD**
TITLE: **PHYSICIAN**
CERTIFIER ADDRESS: **500 NE MULTNOMAH ST**
CITY, STATE, ZIP: **PORTLAND, OREGON 97232**
DATE SIGNED: **MARCH 28, 2023**

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

LOCAL DEPUTY REGISTRAR: **JARED BURROWS**
DATE RECEIVED: **MARCH 28, 2023**



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

- 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.
 - 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.
 - Proof documentation must be five or more years old or established within five years of birth.
 - 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

- 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.
- 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 the person with one piece of proof documentation.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

CERTIFIED
CLARK COUNTY PUBLIC HEALTHAlan Melnick, MD, MPH, CPH
Health OfficerCertificate not valid unless the Seal of the State of
Washington changes color when heat applied.

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