

Skamania County, WA
Total:\$632.00
ALP CPA DEATH
Pgs=8

2024-001873

12/23/2024 02:00 PM

Request of: COLUMBIA GORGE TITLE



00020146202400018730080082

WHEN RECORDED MAIL TO:

Glen A. Owen
3103 Northwest 125th Circle
Vancouver, WA 98685

DOCUMENT TITLE(S)

Lack of Probate Affidavit, Community Property Agreement, and Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S):

Karen A. Owen, deceased

Skamania County
Real Estate Excise Tax

N/A

DEC 23 2024

GRANTEE(S):

Glen A. Owen, a widower

PAID

N/A

Skamania County Treasurer
M. M. Brooker Deputy

ABBREVIATED LEGAL DESCRIPTION:

Ptn. Sec 29, T3N, R8E W.M.

See Page 8 for full legal description

TAX PARCEL NUMBER(S):

03-08-29-1-1-4600-00

am

After recording, return to:

INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Washington)

SS:

COUNTY OF Skamania)

The undersigned, Elen A Owen, executes this affidavit relating to the estate of Karen A Owen (herein "Decedent"), who died on 3/28/2024, in the County of Clark, State of Washington, then being a resident of the City of Vancouver, County of Clark, State of Washington. (A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am the rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The undersigned is (check one):

- ☒ the lawful surviving spouse of the Decedent
- ☐ Registered domestic partner of the Decedent
- ☐ Surviving child of the Decedent
- ☐ One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____ [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington.
- ☐ other (identify:) _____

Names of All Heirs of the Decedent

3. That all the heirs at law and next of kin of the decedent that were living at the time decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:
(a) a spouse or registered domestic partner, and

(b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent).

[Use the reverse side or attaching a list if necessary]

Name & relationship Derek Scott Owen Son

Name & relationship Elise Marie Owen Daughter

Name & relationship _____

Name & relationship _____

Description of the Property

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of _____, State of Washington, and described as follows:

[INSERT either complete legal description, or refer to attachment for full legal description]

5. Status of the Will (if any)

- ☒ The decedent left a Will that devises real property.
☐ The decedent left no Will that devises real property.

DATED: 12-19, 2024

[Signature]
(Signature)

Glen A. Owen
(Print or type full name)

3103 NW 125th Circle, Vancouver, WA 98685
(Full address and telephone number)
360-573-6144

State of Washington
County of Clark

SUBSCRIBED and SWORN TO before me this 19th day of December 2024,
by Glen A Owen, proved to me on the basis of satisfactory evidence to be the person who
appeared before me.

[Signature]
Notary Public in and for the State of WA
residing at Carson




Glen A. Owen and Karen A. Owen Community Property Agreement

This Community Property Agreement ("Agreement") is made this 3rd day of May, 2017 in Vancouver, Washington, between Glen A. Owen and Karen A. Owen (referred to herein as "Husband" and "Wife") who reside at 3103 NW 125th Cir., Vancouver, Washington 98685. In consideration of their mutual promises and agreements set forth below, the parties agree as follows:

1. **Property Covered.** This Agreement shall apply to all real property and personal property now or hereafter owned or hereafter acquired by Husband and Wife (except for property which a separate property beneficiary designation has been or is hereafter made by Husband or Wife and approved in writing by the other spouse, as set forth below) even though some items may have been or may be purchased or acquired by one or the other or both or may have been or may be registered in the name of one or the other or both, which shall be considered and is declared to be the **community property** of the parties. All such property is referred to in this agreement as the "**described community property**". Either spouse may disclaim in whole or in part any interest in property hereafter acquired which would be the separate property of the other spouse except for the provisions of this Section 1. In the event of such a disclaimer, the interest disclaimed shall be and remain the separate property of the other spouse. Such a disclaimer shall not affect the right of the disclaiming spouse to receive all, any part of, or interest in such property of the other spouse by a later gift or inheritance.
2. **Vesting at Death of a Spouse.** If one spouse dies and the other spouse survives by ten days, and this document (or a true copy thereof) is thereafter recorded in the Real Estate Records of the Auditor of Clark County, Washington, all of the described community property shall vest in the surviving spouse as of the moment of death of the first spouse to die. Property for which a separate property designation has been or is hereafter made by Husband or Wife and approved in writing by the other spouse shall pass according to the Last Will and Testament of the designating spouse.
3. **Disclaimer.** Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, or with reference to specific parts, shares or property. The interest disclaimed shall pass as if the provision of Section 2 above had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition applicable to the disclaimed interest.
4. **Revocation or Amendment.** The provisions of Section 2 above shall be revoked or amended as follows:
 - (a) This Agreement shall be deemed to be revoked upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce,

5. **Effect of Incapacity.** Upon disability or incapacity of either Husband or Wife, this Agreement may be modified or revoked by the other spouse without court approval if such spouse has been granted such power in a power of attorney given by the disabled or incapacitated spouse. If, prior to the death of either spouse, a legal guardian is appointed over the property of one of the spouses on account of incapacity, the legal guardian may join with the competent spouse in a petition to a court having jurisdiction over the guardianship proceedings for permission to enter into a modification or revocation of this Agreement. If, after a properly noticed hearing on such matter the court deems the proposed modification or revocation to be fair and equitable, it may authorize the guardian to execute such modification or revocation on behalf of the incapacitated person.

7. **Revocation of Inconsistent Agreements.** To the extent that this Agreement is inconsistent with the provisions of any previous community property agreement, Will or other arrangement made before the execution of this Agreement by either or both of the parties that affect the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency; provided however that this Community Property Agreement shall not be in effect if it is revoked in writing by the survivor of Husband or Wife within one year from the date of the death of the first spouse to die.


Glen A. Owen, Husband

Karen A. Owen
Karen A. Owen, Wife

[illegible]

On this day, personally appeared together before me Glen A. Owen and Karen A. Owen, husband and wife, to me known to be the individuals described in and who executed the within and foregoing Community Property Agreement, and acknowledged that they each 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 May 3, 2017.

Notary Public
State of Washington
Robert W Ives
My Commission Expires 10-15-18

NOTARY PUBLIC in and for the State of Washington
Residing at Vancouver, Washington.
My appointment expires on October 15, 2018

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-015482

DATE ISSUED: 04/26/2024
FEE NUMBER: 180408053

FIRST AND MIDDLE NAME(S): KAREN-ANN
LAST NAME(S): OWEN

COUNTY OF DEATH: CLARK
DATE OF DEATH: MARCH 28, 2024
HOUR OF DEATH: 03:13 AM
SEX: FEMALE AGE: 79 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: SEPTEMBER 03, 1944
BIRTHPLACE: FORT WAYNE, IN

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: GLEN ANDREW OWEN

OCCUPATION: TEACHER/INSTRUCTORS - OTHER
INDUSTRY: EDUCATION - ELEMENTARY AND SECONDARY
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: NO

INFORMANT: GLEN ANDREW OWEN
RELATIONSHIP: HUSBAND
ADDRESS: 3103 NW 125 CIRCLE, VANCOUVER, WASHINGTON 98685

CAUSE OF DEATH:
A: PARKINSONS DISEASE
INTERVAL: 5 MONTHS

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: HOSPICE FACILITY
FACILITY OR ADDRESS: 2112 E MILL PLAIN BLVD
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661

RESIDENCE STREET: 3103 NW 125 CIRCLE
CITY, STATE, ZIP: VANCOUVER, WA 98658
INSIDE CITY LIMITS: NO COUNTY: CLARK
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 11 YEARS

FATHER: LESTER JOHN OTT
MOTHER: ANNA CAROLINA LARSON

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: BERGE CEMETERY

CITY, STATE: HOME VALLEY, WASHINGTON
DISPOSITION DATE: APRIL 02, 2024

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

ADDRESS: 1270 NORTH MAIN AVENUE
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672
FUNERAL DIRECTOR: JOHN H. TRUMBULL

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: NOT APPLICABLE

CERTIFIER NAME: JENNIFER O'DONNELL, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 5400 MACARTHUR BLVD.
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98668
DATE SIGNED: MARCH 29, 2024

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ELIZABETH HORTON
DATE RECEIVED: APRIL 01, 2024

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 <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.



CERTIFIED

APR 26 2024

Joel McCullough, M.D.
 Klickitat County Health Department
 Joel McCullough



0 6 1 7 0 5 0 0

Exhibit "A"
Property Description

A parcel of property 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:

Beginning at the intersection of the South line of Fredrickson Avenue and the Southerly projection of the East line of Second Street, said intersection being 531.85 feet South $00^{\circ} 55' 33''$ West and 776.47 feet North $89^{\circ} 04' 27''$ West from the Northeast corner of said Section 29;

Thence South $89^{\circ} 34' 36''$ East along the South line of Fredrickson Avenue 2.91 feet to the true point of beginning;

Thence continuing along the South line of Fredrickson Avenue South $89^{\circ} 34' 46''$ East 100 feet;

Thence South $00^{\circ} 25' 14''$ West 110 feet;

Thence North $89^{\circ} 34' 46''$ West 100 feet to a point which bears South $00^{\circ} 25' 14''$ West from the true point of beginning;

Thence North $00^{\circ} 25' 14''$ East 110 feet to the true point of beginning.

Skamania County Assessor

Date 12/23/24 Parcel# 03082911460000