



After Recording Mail To:  
Carolyn A. Simms, Attorney  
P.O. Box 169  
Washougal, WA 98671

Skamania County  
Real Estate Excise Tax

N/A

JAN 21 2025

PAID

N/A

*Ms. Skamania County Treasurer*

### AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

Grantor/Decedent: FREDDIE L. BELLAMY, SR., deceased  
Grantee/Affiant: ANNA MARIE BELLAMY, surviving spouse  
Abbreviated Legal descriptions: PTN W1/2SW1/4 SEC 30 T2N R5EWM  
Tax Parcel No's.: 02053000151200

*2m 1-21-25*

STATE OF WASHINGTON )  
COUNTY OF CLARK ) SS.

ANNA MARIE BELLAMY, being first duly sworn, on oath deposes and says:

1. I am the surviving spouse of FREDDIE L. BELLAMY, SR., who died on April 02, 2024, a resident of Skamania County, Washington.
2. This Affidavit provides information for the record regarding that certain Community Property Agreement dated June 17, 2020 and executed by FREDDIE L. BELLAMY, SR. and ANNA MARIE BELLAMY, husband and wife (the Agreement). The Agreement is attached and made a part hereof as Exhibit A. The statements set forth in this Affidavit are representations of fact that may be relied upon by all parties dealing with any real and personal property located in Skamania County, Washington and more fully described herein.
3. The parties to the Agreement were legally competent at the time of the Agreement and executed no subsequent wills or agreements that would have the effect of abrogating or nullifying the Agreement.
4. The Real Estate legal description subject to the Community Property Agreement is attached hereto and made a part hereof as Exhibit B, for property known as 81 BELLAMY LANE, WASHOUGAL, WASHINGTON 98671 (TPN 02053000151200)

5. The Decedent left no separate property that has not been otherwise provided for; all personal property and community property shall pass to the surviving spouse as provided in the Agreement.
6. All obligations of the community composed of the Decedent and the affiant owing at the date of the Decedent's death have been paid in full, and all expenses of last illness, funeral and burial services of the Decedent have been paid.
7. The estate is not subject to estate tax either in the State of Washington or under the Internal Revenue Code, as all of the property is passing under the Community Property Agreement to the surviving spouse.
8. The Decedent was survived by his spouse.
9. The personal property that is part of the Decedent's estate transferring to the surviving spouse, as provided herein, includes any and all bank accounts, CD's, annuities and investment accounts, held either in the name of the Decedent or both the Decedent and surviving spouse, the Decedent's pension, together with any and all personal property owned by Decedent or in which Decedent otherwise held an interest.

DATED this 9th day of January 2025, ~~December, 2024~~.

Anna M Bellamy  
ANNA MARIE BELLAMY

81 Bellamy Lane  
Washougal, WA 98671  
No number is being provided for privacy

SUBSCRIBED AND SWORN TO before me this 9th day of January, 2025, ~~December, 2024~~.

NOTARY PUBLIC  
STATE OF WASHINGTON  
GLORIA D MEYERS  
MY COMMISSION EXPIRES  
MARCH 01, 2025  
COMMISSION # 141282

G. D. Myers  
NOTARY PUBLIC in and for Washington  
Residing at Clark County  
My appointment expires: 3-1-2025

Exhibit "B"  
Schedule

Community Property of Freddie L. Bellamy, Sr. and Anna Marie Bellamy

Real Estate:

Residence: Parcel No. 02053000151200  
81 Bellamy Lane  
Washougal, WA 98671

Legally described as:

The North 365 feet of the South 1120 feet of the West half of the  
West half of the Southwest quarter of Section 30, Township 2 North,  
Range 5 East of the Willamette Meridian, Skamania County, State of  
Washington.

EXCEPT County Roads.

Including 1985 Modgeline Candlewood 27X66 032671 & 032672  
Manufactured Home.

Other Personal Property and Bank Accounts:

Any and all remaining.

Recorded at the Request of:

After Recording Send To:

## COMMUNITY PROPERTY AGREEMENT

FREDDIE L. BELLAMY, SR. and ANNA MARIE BELLAMY, husband and wife, residing in Skamania County, Washington, desiring to fix the status of their property, agree between themselves as follows:

### ARTICLE I

That all property of whatsoever nature or description, whether real, personal or mixed and wheresoever situated now owned by them, or either of them, is hereby declared to be their community property.

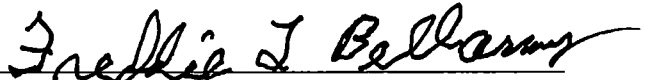
### ARTICLE II

That all property acquired by each of them or both of them after the date of this Agreement, including, but not limited to, gifts, devises, bequests and inheritances, shall immediately become their community property, unless specifically excluded by mutual agreement, by later separation or divorce, or as otherwise provided herein.

### ARTICLE III

That upon the death of either of them, title to all of their community property shall vest absolutely in the survivor of them.

IN WITNESS WHEREOF, the parties have executed this Agreement on this 17<sup>th</sup> day of June, 2020.

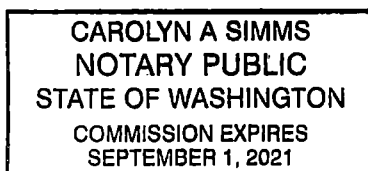
  
FREDDIE L. BELLAMY, SR.


  
ANNA MARIE BELLAMY

State of Washington)  
County of Clark )SS:

I certify that I have satisfactory evidence that FREDDIE L. BELLAMY, SR. and ANNA MARIE BELLAMY signed this instrument and acknowledged it to be the free and voluntary act of each of them for the uses and purposes mentioned in the instrument.

Dated this 17<sup>th</sup> day of June, 2020.



  
\_\_\_\_\_  
NOTARY PUBLIC for Washington  
Residing at: Clark County  
My Commission Expires: 9-1-2021

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-016663

DATE ISSUED: 04/17/2024  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): FREDDIE LUCO  
LAST NAME(S): BELLAMY SR

COUNTY OF DEATH: SKAMANIA  
DATE OF DEATH: APRIL 02, 2024  
HOUR OF DEATH: 09:35 AM  
SEX: MALE AGE: 83 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: JULY 01, 1940  
BIRTHPLACE: CONWAY, SC

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: ANNA CUSHMAN

OCCUPATION: COORDINATOR  
INDUSTRY: ALUMINUM PRODUCTION  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: YES

INFORMANT: ANNA BELLAMY  
RELATIONSHIP: SPOUSE  
ADDRESS: 81 BELLAMY LN. WASHOUGAL, WA 98671

CAUSE OF DEATH:  
A: HEART FAILURE WITH REDUCED EJECTION FRACTION  
INTERVAL: 3 MONTHS  
B: HYPERTENSION  
INTERVAL: UNKNOWN  
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: 81 BELLAMY LN.  
CITY, STATE, ZIP: WASHOUGAL, WASHINGTON 98671

RESIDENCE STREET: 81 BELLAMY LN.  
CITY, STATE, ZIP: WASHOUGAL, WA 98671  
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 44 YEARS

FATHER: WHILDON BELLAMY  
MOTHER: VOILA BROWN

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: EVERGREEN MEMORIAL GARDENS

CITY, STATE: VANCOUVER, WASHINGTON  
DISPOSITION DATE: APRIL 12, 2024

FUNERAL FACILITY: EVERGREEN MEMORIAL GARDENS FUNERAL  
CHAPEL  
ADDRESS: 1101 NE 112TH AVE  
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98684  
FUNERAL DIRECTOR: DEVYN N. HALEY

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: NOT APPLICABLE

CERTIFIER NAME: SUZANNE FRIEBERG, ARNP  
TITLE: ARNP  
CERTIFIER ADDRESS: 5400 MACARTHUR BLVD  
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98688  
DATE SIGNED: APRIL 03, 2024

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

LOCAL DEPUTY REGISTRAR: LISA MITCHELL  
DATE RECEIVED: APRIL 08, 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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<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 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 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 2nd 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.

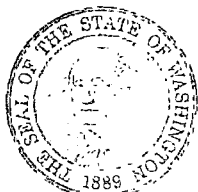
\*To change any part of the name of a child using this form, **signatures from both parents listed on the certificate are required.** If one parent is deceased, submit a death certificate with request.

### Death Certificates

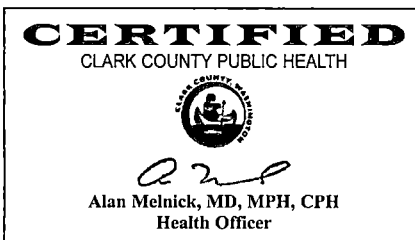
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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.



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



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