Skamania County, WA Total:\$309.50

2025-000105

01/21/2025 03:29 PM

Request of: CAROLYN A SIMMS

00020378202500001050070071

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

Skamania County Real Estate Excise Tax NA JAN **21** 2025

NA

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

4m 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 December, 2024

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 December, 2024.

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

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 ///
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 17th day of June, 2020.

CAROLYN A SIMMS
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
SEPTEMBER 1, 2021



CERTIFICATE OF DEATH



DATE ISSÛEDÊ **04/17/2024** FÊE NÛMBER

CERTIFICATE NUMBER: 2024-016663

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

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

WÈRE 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 98668

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

Person on Record: Parent(s) Funeral Director Other (speetly)	DOH 422-034 August 2019								
Record Type: Birth Death Marriage Dissolution (Divorce)	State File Number	Fee Numb		E OFFICE		Date	Affidavit Nur	nber	
Record Type: Birth Death Marriage Dissolution (Divorce)	· · · · · · · · · · · · · · · · · · ·	Requir	ed information	must mate	h current info	ormation on record	<u> </u>	, , , , , , , , , , , , , , , , , ,	
Second content Print Pri									
Relationship to Person Requesting Correction: Relationship to Person on Record Parents Funeral Director Other (specify)	1 Name on Record:	1 Name on Record:			iage				
Relationship to Self Gardian Informant Hospit Person on Record: Parents Gardian Informant Hospit Pop Box or Street Address City State Street St	First Middle Leet								
Relationship to Self Grandon Informant Hospit Person on Record: Parents Funeral Director Other (specify)	5 4 5-44/B4 5-44 B			1	M // /B // E				
Relationship to Self Guardian Informant Hospit Person on Record: Parents Guardian Informant Hospit Person on Record: Parents Guardian Informant Hospit Person on Record: Parents Guardian Informant Hospit Person on Record:	4. Father/Parent Full B	iπn Name (Spouse A for	=	· I	Mother/Parent F	• •	B for Marriage or D	issolution)	
Relationship to Self Grandon Informant Hospit Person on Record: Parents Funeral Director Other (specify)	First		iden						
7. Return Malling Address: PO Box or Street Address City State Zip Telephone Number: () Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows: The record currently shows: 8. 10. 11. 12. I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct. 14a. Signature: Printed name: Date: INSTRUCTIONS go to wew doh.wa go: 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 card, or hospital decorative birth certificate as proof documentation. Birth Certificates 1. Only a parent(s), legal quardian (if the child is under 15), 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 alfidavit says the name should be flary Ann Doe, the proof must show the name to Mary Ann Doe. Proof documentation must be five or more years old or, established within five years of birth. The street is a count order is required to change the last name, on certificate (can be any combination) of the 1st, incide or last names, on certificate (can be any combination) of the 1st, incide or last names, on certificate (can be any combination) of the 1st, incide or last names, on the required to change the last name. No proof is required to change the last name on certificate (can be any combination) on proof documentation is required. To correct parents information, one proof documentation is required. To correct parents of the name of a child using the form, signatures from both parents land. To correct parents of the name of a child using the form, signatures from both parents lined on the certificate are required. If one parent is doceased, submit a death certificate with request. To correct parents birth date, place of bi	6. Name of Person Requesting Correction: Relationship				_			☐ Hospital	
PO Box or Street Address City State Zip Telephone Number: () Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows: The true fact is: 8. 9. 10. 11. 12. I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct. 14a. Signature: Printed name: Date: Printed name: Date: INSTRUCTIONS go to www.dow.wa.cov for more information Required proof documentation must be submitted with the effidavit and include full name and birth date. Examples of proof documentation include: Birth/Marriage/Divorce record • Military record (DD-214) • School transcripts Certificate of Naturalization • Hospital/medical record • Copy or Passport / Enhanced ID • Green/Premanent Resident card (-5 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. 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. 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. 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. 1. Only a parent(s), include certified court order proving guardianship. 2. The proof(s) must match the asserted fact(s). For example, if the airdiant says the name should be vary kim Doe, the proof must show the name to Mary Am Do. 3. Proof documentation must be five or more years old or established within five years of birth. 4. The airdian's cannot be used to add a parent to a birth certificate (sea Acknowledgment of Parentage form, last name can be changed once to either parents in me. 4. To correct the sex to the child, on	7 Return Mailing Address:	and the second of the second o		311 G11 1 G001	a raroni(o)				
Telephone Number: () Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows: The record currently shows: 10. 11. 12. 1 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: Printed name. Date:	PO Box or Street Address	8			City		State	Zip	
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10.	()								
10. 11. 12. 13. 14b. Signature of 2nd parent (if required): Instructions Date:	Use the section	n below for request	ing any change	s on the r	ecord. The rec	ord is incorrect or	incomplete as fo	llows:	
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Printed name: Date: Printed name: Date: Printed name Date:	I declare und	er penalty of perjury	under the laws	of the Sta	te of Washing	gton that the forgoi	ng is true and co	rrect.	
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	14a. Signature:			14	o. Signature of 2	nd parent (if required):			
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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, siblicated to did 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	Birth/Marriage/Divorce re Certificate of Naturalizat You cannot Birth Certificates 1. Only a parent(s), legal go 2. The proof(s) must mate Mary Ann Doe. 3. Proof documentation mu 4. This affidavit cannot be of Child under 18 If legal guardian(s), inco Up to age one or up to of Parentage form, last on certificate (can be an thereafter, a court order No proof is required to To correct parent's infor To correct the sex of the provider is required. *To change any part of the *To change any part of the	ecord • Military recion • Hospital/met use a Driver's license uardian (if the child is unch the asserted fact(s). First be five or more years used to add a parent to a lude certified court order one year following the fill name can be changed or ny combination of the first is required to change the change the first or middle mation, one proof docume child, one proof docume the first or more document of the first or middle mation, one proof document of the first or middle mation, one proof document of the first or middle mation, one proof document of the first or middle mation, one proof document of the first or middle mation, one proof document of the first or middle mation, one proof document of the first or middle mation, one proof document of the first or middle mation, one proof document of the first or middle mation, one proof document of the first or middle mation.	ded (DD-214) edical record , Social Security der 18), or the nare for example, if the old or established a birth certificate (un proving guardians of an Acknowled not be elast name. e last name. e name.* nentation is require entation from a me	Scho Copy Card, or ho med individu affidavit say within five y ise Acknowle chip. dgement ts' name ames); ed. edical	ol transcripts of Passport / Ei spital decorative al (if 18 or older) s the name should ears of birth, edgment of Parei lult (18 years or Only the adult of required. If the first, middl is incorrect, two To correct paren is required.	• Soci nhanced ID • Gree e birth certificate as p may change the birth uld be Mary Ann Doe, the ntage form DOH 422-1: older) can change his or her b didle name is missing, the le and/or last name is n pieces of proof docume t's birth date, place of b	al Security Numiden en/Permanent Resid proof documentation certificate, the proof must show firth certificate, the precision of proof of the proof must show firth certificate, the proof of the proof o	t Report ent card (I-551) on. the name to be documentation are and/or day of birth I. oof 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.	Death Certificates 1. Only the informant may member may change to adult child or stepchild. 2. The medical information Marriage/Dissolution (Divol. 1. Personal facts (minor sp.	he non-medical informati Marital status requires a n (cause of death) may lorce) Certificates elling changes in name,	on with proof docu a certified court ord be changed only be date or place of bi	imentation. I der if someo y the certifyinth, or reside	Family members ne other than the ng physician or tence) may be cha	are spouse or registered informant is requesting the coroner/medical exampled by the person with the person wi	ed domestic partner, g the change. aminer. ith one piece of proo	parent, sibling, or	



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



