

Caren Guldenzopf
PO Box 217
Carson WA 98610

Skamania County
Real Estate Excise Tax

N/A
MAR 04 2025

Skamania County, WA
Total: \$307.50
CPA
Pgs=5
Request of: CAREN GULDENZOPF
2025-000326
03/04/2025 11:19 AM
00020666202500003260050060

PAID N/A
Skamania County Treasurer
M. Morayna Deputy

COMMUNITY PROPERTY AGREEMENT

This agreement, made and entered into this 15th day of January, 2025, by and between CAREN COLLEN GULDENZOPF and DANNY MORRIS GULDENZOPF, wife and husband, both of Skamania County, Washington.

03081730100100 (X) WITNESSETH

WHEREAS, the parties hereto are the owners of certain property, both real and personal, situated in the State of Washington, consisting of real and personal property; and

WHEREAS, the parties contemplate acquiring more property in the future; and

WHEREAS, the parties are desirous of all of their property passing to the survivor without delay or expense in the event of the death of either of them;

NOW, THEREFORE, we, CAREN COLLEN GULDENZOPF and DANNY MORRIS GULDENZOPF, wife and husband, for and in consideration of the love and affection that we have one for the other, do hereby mutually agree as follows:

That upon the death of the first of us to die, all of the property which we have separately, jointly or otherwise, and whether real, personal, or mixed and wheresoever situate shall be community property; and;

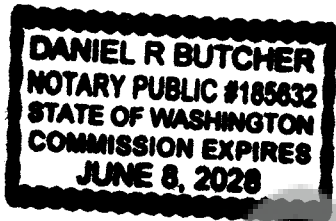
That upon the death of the first of us to die, title to all community property is to vest immediately in fee simple or wholly, as the case may be, in the survivor.

Caren C. Guldenzopf Danny M. Guldenzopf
CAREN COLLEN GULDENZOPF, wife DANNY MORRIS GULDENZOPF, husband

STATE OF WASHINGTON)
) ss.
County of Klickitat)

On this day personally appeared before me CAREN COLLEN GULDENZOPF and DANNY MORRIS GULDENZOPF, wife and husband, to me known to be the individuals described in and who executed the within and foregoing instrument and acknowledged to me that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and seal this 15th day of January, 2025



A handwritten signature in black ink, appearing to be "Daniel R. Butcher", written over a horizontal line.

Daniel R. Butcher
Notary Public in and for the State of
Washington Residing in: Skamania County
My commission expires on June 8, 2028

The following real estate, situated in Skamania County, State of Washington, together with all after acquired title therein.

A tract of land located in the Southeast 1/4 of the Northwest 1/4 of the Southwest 1/4 of Section 17, Township 3 North, Range 8 East of the Willamette Meridian, Skamania County, Washington, being more particularly described as follows:

BEGINNING at the Northwest corner of Lot 2 of Cluff Short Plat, recorded October 25, 1999 in book 3 of short plats page 358;
Thence South 88°16'16" East, along the north line of said Lot 2, a distance of 322.94 feet to the northwest corner of Lot 1 of said Cluff Short Plat;
Thence South 01°25'43" West, along the west line of said Lot 1, a distance of 330.60 feet to the Southwest corner of said Lot 1;
Thence South 01°25'43" West, along the west line of that certain tract of land described in Boundary Line Adjustment Quit Claim Deed, recorded in Auditor's File no. 2007165776, a distance of 133.06 feet to the southwest corner of said tract of land described in said Boundary Line Adjustment Quit Claim Deed, recorded in Auditor's File no. 2007165776;
Thence South 88°03'46" East, along the south line of said tract of land described in Quit Claim Deed Boundary Line Adjustment recorded in Auditors File no. 2007165776, a distance of 323.10 feet to the east line of said Lot 2 of Cluff Short Plat;
Thence South 01°24'35" West, a distance of 62.56 feet;
Thence North 88°03'46" West, a distance of 646.28 feet to a point on the west line of said Lot 2 of the Cluff Short Plat;
Thence North 01°27'07" East, along the west line of said Lot 2 of the Cluff Short Plat, a distance of 525.05 feet to the **POINT OF BEGINNING**.

Containing: 190,019 Sq.ft, or 4.36 acres more or less

Planning Department - BLA Approved By:

[Signature] 3/3/2021

Skamania County Assessor

Date 3/3/21 Parcel# 3-8-17-3-1000 + 1001
3/4/25 6.57 PTN OF
[Signature]



STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: **2025-009285**

DATE ISSUED: **02/27/2025**
FEE NUMBER:

FIRST AND MIDDLE NAME(S): **DANNY MORRIS**
LAST NAME(S): **GULDENZOPF**

COUNTY OF DEATH: **SKAMANIA**
DATE OF DEATH: **FEBRUARY 19, 2025**
HOUR OF DEATH: **03:46 AM**

SEX: **MALE** AGE: **67 YEARS**
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: **DECEMBER 11, 1957**
BIRTHPLACE: **SANTA CLARA, CA**

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **CAREN COLLEEN CLUFF**

OCCUPATION: **GLAZIER**
INDUSTRY: **GLASS**
EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**
US ARMED FORCES: **NO**

INFORMANT: **CAREN COLLEEN GULDENZOPF**
RELATIONSHIP: **SPOUSE**
ADDRESS: **131 BONNIE LANE CARSON WA 98610**

CAUSE OF DEATH:

A: **GLIOBLASTOMA MULTIFORME OF THE LEFT FRONTAL WHITE MATTER CORONA RADIATA**

INTERVAL: **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: **DECEDENT'S HOME**
FACILITY OR ADDRESS: **131 BONNIE LANE**
CITY, STATE, ZIP: **CARSON, WASHINGTON 98610**

RESIDENCE STREET: **131 BONNIE LANE**
CITY, STATE, ZIP: **CARSON, WA 98610**
INSIDE CITY LIMITS: **NO** COUNTY: **SKAMANIA**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **25 YEARS**

FATHER: **MORRIS THEODORE GULDENZOPF**
MOTHER: **M FAYE LEWIS**

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **CLARK COUNTY CREMATORY**

CITY, STATE: **VANCOUVER, WASHINGTON**
DISPOSITION DATE: **FEBRUARY 25, 2025**

FUNERAL FACILITY: **ALL COUNTY CREMATION AND BURIAL SERVICE - VANCOUVER**

ADDRESS: **605 E. BARNES STREET SUITE 206**
CITY, STATE, ZIP: **VANCOUVER, WASHINGTON 98661**
FUNERAL DIRECTOR: **NICHOLAS R. BROWN**

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: **BRANDI L. O'BRIEN, ARNP**
TITLE: **ARNP**

CERTIFIER ADDRESS: **6410 NE HALSEY ST**
CITY, STATE, ZIP: **PORTLAND, OREGON 97213**
DATE SIGNED: **FEBRUARY 19, 2025**

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

LOCAL DEPUTY REGISTRAR: **LISA MITCHELL**
DATE RECEIVED: **FEBRUARY 25, 2025**

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:	Printed name:
Date:	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

Adult (18 years or older)

- 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.
- 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 HEALTH



Alan Melnick, MD, MPH, CPH
Health Officer

