

WHEN RECORDED RETURN TO:

Joel Jensen
82 Newquist Rd.
Washougal, WA 98671

Skamania County, WA
Total: \$308.50
CPA
Pgs=6

2025-000329

03/04/2025 05:05 PM

Request of: JOEL JENSON

00020670202500003290060065

Please print or type information **Washington State Recorder's Cover Sheet (RCW 65.04)****DOCUMENT TITLE(S)** (or transaction contained therein) (all areas applicable to your document must be filled in)

Community Property Agreement

REFERENCE NUMBER(S) of Documents assigned or released:☐ Additional numbers on page ____ of document.**GRANTOR(S):**

1. Reinelda Doady 2. Skamania County
3. 4. Real Estate Excise Tax

☐ Additional names on page ____ of document.**GRANTEE(S):**

1. Larry William Doady 2. PAID N/A
3. 4. Skamania County Treasurer

☐ Additional names on page ____ of document.**LEGAL DESCRIPTION** (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):☐ Complete legal on page 5 of document.**Assessor's Property Tax Parcel #**☐ Additional parcel numbers on page 5 of document.

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

"I am signing below and paying an additional \$50.00 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

[Signature]

Signature of Requesting Party

Note to Submitter: Do NOT sign above nor pay additional \$50 fee if the document meets margin/formatting requirements.

COMMUNITY PROPERTY AGREEMENT

This instrument evidences the agreement entered into on 12-18, 2024 between
Larry William Doody and Reinelda ~~X~~. Doody.
RD

- 1) **RECITALS.** The parties are husband and wife and residents of the State of Washington. They desire to enter into an Agreement as to the status of their property.
- 2) **STATUS OF PROPERTY.** All property of whatever nature or description, whether real, personal, mixed, and wherever located, now owned or hereafter acquired by the parties of either of them, shall be considered and hereby is declared to be community property.
- 3) **DISPOSITION OF PROPERTY.** Upon the death of one of the parties survived by the other party, all interest of the deceased party in such of the then-existing (community) property, real and personal, of the parties as would otherwise be subject to disposition under the laws of intestate succession or the deceased party's last Will shall vest in and become the sole property of the surviving party in fee simple.
- 4) **INDEPENDENT COUNSEL.** Each party recognizes that he or she has a right to be represented by independent counsel in arriving at this Agreement and hereby waives said right and states that each has had an adequate, fair, and full disclosure of all assets now owned and the value of each involved in this Agreement.
- 5) **TERMINATION.** In writing. In the absence of other evidence indicating the parties intent to terminate this Agreement, it shall, nevertheless, be deemed mutually terminated and of no further force or effect upon the occurrence of one or more of the following events:
 - a) Upon the parties moving their domicile to another state.
 - b) Upon both parties suffering death simultaneously or under circumstances where it is difficult to determine that they died other than simultaneously.
 - c) Upon a court of competent jurisdiction adjudging one or the other party incompetent or insane.
 - d) Upon the commencement of a legal proceeding in a court of competent jurisdiction to obtain a decree of dissolution of their marriage, a decree of legal separation or a decree declaring their marriage invalid where one of the parties dies survived by the other prior to dismissal, abandonment or completion of such proceedings, or where a decree of dissolution or legal separation or a decree declaring their marriage invalid is entered therein.
- 6) **REVOCATION OF CONTRARY PROVISIONS.** The provisions of any agreement regarding the status of property or community property agreement or any other agreement

made previously by the parties or either of them affecting the property described in this Agreement are hereby revoked to the extent of any inconsistency with this Agreement.

Larry Wm. Doody
Larry William Doody

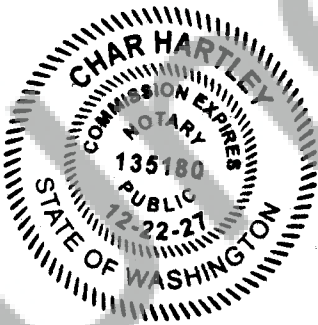
Reinelda Doody
Reinelda ~~W.~~ Doody

RD

STATE OF WASHINGTON)
COUNTY OF SKAMANIA)

On this 18th day of December, 2024, personally appeared before me, Larry William Doody and Reinelda ~~W.~~ Doody, to me known to be the individuals who executed the forgoing document consisting of two pages, of which this is the last, and acknowledged that they signed said document as their free and voluntary act and deed for the uses and purposed therein mentioned.

Given under my hand and official seal this 18th day of December, 2024.



Char Hartley
Signature of Notary
Printed Name of Notary: CHAR HARTLEY
Washington, residing at: SKAMANIA COUNTY
My appointment expires: 12-22-2027

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-001690

DATE ISSUED: 02/25/2025
FEE NUMBER:

FIRST AND MIDDLE NAME(S): REINELDA
LAST NAME(S): DOODY

COUNTY OF DEATH: CLARK
DATE OF DEATH: JANUARY 12, 2025
HOUR OF DEATH: 08:00 AM
SEX: FEMALE AGE: 72 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: OTHER: ECUADORIAN
RACE: WHITE

BIRTH DATE: JULY 09, 1952
BIRTHPLACE: NACIMIENTO ECUADOR

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: LAWRENCE WILLIAM DOODY

OCCUPATION: TEACHER
INDUSTRY: EDUCATION
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: JOEL JENSEN
RELATIONSHIP: POA
ADDRESS: 82 NEWQUIST ROAD WASHOUGAL, WA 98671

CAUSE OF DEATH:
A: MALIGNANT NEOPLASM OF PANCREAS
INTERVAL: 5 WEEKS
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: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: 2300 W 9TH STREET #105
CITY, STATE, ZIP: WASHOUGAL, WASHINGTON 98671

RESIDENCE STREET: 2300 W 9TH ST APT 105
CITY, STATE, ZIP: WASHOUGAL, WA 98671-7446
INSIDE CITY LIMITS: YES COUNTY: CLARK
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 7 DAYS

FATHER: UNKNOWN
MOTHER: UNKNOWN

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

CITY, STATE: VANCOUVER, WASHINGTON
DISPOSITION DATE: JANUARY 16, 2025

FUNERAL FACILITY: BROWN'S FUNERAL HOME INC

ADDRESS: 410 NE GARFIELD STREET
CITY, STATE, ZIP: CAMAS, WASHINGTON 98607
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: JENNIFER O'DONNELL, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 5400 MACARTHUR BLVD
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98668
DATE SIGNED: JANUARY 14, 2025

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

LOCAL DEPUTY REGISTRAR: ELIZABETH HORTON
DATE RECEIVED: JANUARY 16, 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
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 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 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

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.

CERTIFIED

CLARK COUNTY PUBLIC HEALTH



Alan Melnick, MD, MPH, CPH
Health Officer



Exhibit A

COMMENCING at the West quarter corner of Section 28, Township 2 North, Range 5 East of the Willamette Meridian, Skamania County, Washington; thence South 89°31'05" East 460 feet to the True Point of Beginning; thence continue South 89°31'05" East 755.00 feet; thence North 08°02'01" West 300 feet; thence South 79°19'55" West 198.20 feet; thence South 80°11'08" West 206.74 feet; thence North 15°13'51" West 576.10 feet; thence South 50°20'07" West 480.00 feet; thence South 88°20'23" East 278.87 feet; thence South 08°56'54" West 465.85 feet to the True Point of Beginning.

ALSO known as Lot 3 of SHORT PLATS, recorded in Book "2" of SHORT PLATS, pages 101 and 101A, records of Skamania County, Washington.

Skamania County Assessor

Date 3/4/25 Parcel# 2-5-28-2-112
[Signature]

DC # 2004151885
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