



Recorded at the Request of:
Robert M. Gregg, Attorney
800 N Devine Rd.
Vancouver, WA 98661

Skamania County
Real Estate Excise Tax
N/A

APR 15 2025

PAID N/A
Skamania County Treasurer
Max Monaghan

AFFIDAVIT OF DEVOLUTION OF COMMUNITY PROPERTY

Tax Parcel No. 02 05 32 3 0 2000 00 *gm*

PTN Lots 49 & 50, Subdivision of WASHOUGAL RIVERSIDE TRACTS, A/80

STATE OF WASHINGTON)

) ss:

County of Skamania)

Patricia J. Grindy, being first duly sworn, on oath, deposes and says:

1. I am the surviving spouse of Mitchel A. Grindy, who died on February 25, 2025.
2. Attached hereto and incorporated herein by reference is a certified copy of the Washington State Certificate of Death relative to Mitchel A. Grindy, identified as exhibit A.
3. Prior to the death of Mitchel A. Grindy, he and I constituted a marital community under the laws of the State of Washington.
4. That I was a party to a Community Property Agreement with Mitchel A. Grindy, which we executed on February 19, 2025. Said Community Property Agreement is attached hereto and incorporated herein by reference, and identified as exhibit B.
5. Among other items of community property that devolved to me upon the death of Mitchel A. Grindy, pursuant to the attached Community Property Agreement, was the following described real estate, situated in, Washougal, Skamania County, Washington, legally described as:

PORTION OF LOTS 49 & 50 OF WASHOUGAL RIVERSIDE TRACTS, ACCORDING TO THE PLAT THEREOF, RECORDED IN BOOK "A" OF PLATS, PAGE 80, RECORDS OF SKAMANIA COUNTY, WASHINGTON, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHWEST CORNER OF SAIT LOT 49, SAID POINT BEING MOST WESTERLY CORNER THEREOF AND SAID POINT BEING THE NORTHEAST CORNER OF LOT 50;

THENCE ALONG THE NORTHERLY LINE OF SAID LOT 49 NORTH 48°04' EAST 10 FEET;

THENCE PARALLEL WITH THE WESTERLY LINE OF SAID LOT 49 SOUTHEASTERLY 125 FEET;

THENCE SOUTH 48°04' WEST 110 FEET;

THENCE PARALLEL TO THE EASTERLY LINE OF THE SAID LOT 50 NORTHWESTERLY 125 FEET TO THE NORTHERLY LINE OF SAID LOT 50

THENCE NORTH 48°04 EAST 100 FEET TO THE POINT OF BEGINNING.

Abbreviated Legal: PTN Lots 49 & ⁵⁰ Subdivision of WASHOUGAL RIVERSIDE TRACTS, A/80

Tax Parcel Numbers(s): 02 05 32 3 0 2000 00

SUBJECT TO covenants, conditions, restrictions, reservations, easements, and agreement of record, if any.

Skamania County Assessor

DATED this 24 day of March, 2025.

Date 4/15/25 Parcel# 020532302000000

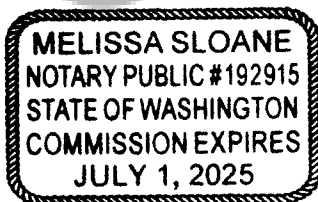
Patricia J. Grindy
Patricia J. Grindy

ACKNOWLEDGEMENT

STATE OF WASHINGTON)
) ss.
COUNTY OF CLARK)

On this day personally appeared before me Patricia J. Grindy, known or proved to me to be the individual described in and who executed the within and foregoing *Affidavit of Devolution of Community Property*, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal on: March 24, 2025



M. Grindy
Signature

NOTARY PUBLIC for the State of Washington
My appointment expires on: 7.1.25

COMMUNITY PROPERTY AGREEMENT

This COMMUNITY PROPERTY AGREEMENT dated February 19, 2025 is between Mitchel Allen Grindy and Patricia Jo Grindy (the "parties"), as husband and wife.

The parties are married to each other, are residents of the State of Washington, and desire to enter into this Agreement in order to set forth the status of their property as Community Property and to provide for its disposition to the survivor of them at the death of the first of them to die.

WHEREFORE, the parties revoke all prior Community Property Agreements and any other agreement regarding the status or disposition of his, her, or their property to the extent of any inconsistency with this Agreement and agree as follows:

1. Financial Disclosure. Each party has fully disclosed to the other party his/her assets, incomes, debts, and liabilities, and the other party is satisfied that full disclosure has been made.

2. Status of Property. All property of whatever nature or description, whether real, personal, or mixed, and wherever located, within or without the State of Washington, now owned or hereafter acquired by either party or both of the parties shall be and is the Community Property of the parties.

3. Disposition of Property. Upon the death of either party survived by the other party, all interest of the deceased party in the then current Community Property of the parties shall pass to and become the sole and separate property of the survivor of the parties.

4. Disclaimer. Upon the death of either party survived by the other party, the surviving spouse may disclaim, in whole or in part, and if in part, any specific part, share, or asset, any interest passing under this Agreement. Upon such disclaimer, the disclaimed interest shall pass as if Paragraph 3 immediately above had been revoked as to that interest at the deceased spouse's death but with the surviving spouse continuing to be entitled to any benefits by any alternative disposition.

5. Automatic Revocation of Paragraph 3. Paragraph 3 immediately above shall be automatically revoked upon the occurrence of any of the following events:

- a. The establishment of a domicile outside the State of Washington by either party.
- b. The simultaneous death of both parties or their death if its order cannot be reasonably determined.
- c. The filing in a Court of competent jurisdiction by either party or both parties of a Petition for Marital Dissolution, Legal Separation, or Declaration of Marital Invalidity followed by the death of either party survived by the other party before such proceeding is either dismissed, abandoned, or completed, with its completion being determined by the entry of an Order of Dissolution, Legal Separation, or Marital Invalidity, respectively.

EXHIBIT "B"

6. Optional Revocation of Paragraph 3 by Either Party. If either party becomes disabled, the other party may revoke Paragraph 3 above but only by a writing signed by that party and acknowledged before a Notary Public. For purposes of this paragraph, a party shall be "disabled" if he/she is:

- Determined in a writing to be unable to adequately manage his/her property or financial affairs by two independent physicians, or
- Found to be legally disabled by a Court of competent jurisdiction.

7. Optional Revocation of Paragraph 3 by Both Parties. Paragraph 3 above may be revoked by both parties but only by a writing signed by both of them and acknowledged before a Notary Public.

8. Independent Counsel. Each party recognizes that he/she has the right to be represented by independent counsel as regards the advisability of his/her entering into this Agreement and waives that right.

IN WITNESS WHEREOF, the Parties have signed this Agreement on February 19, 2025.

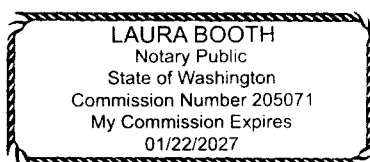
Mitchel A Grindy
Mitchel Allen Grindy

Patricia Jo Grindy

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAMANIA

On this day personally appeared before me Mitchel Allen Grindy and Patricia Jo Grindy, proven to be the individuals described in and who executed the within and foregoing Community Property Agreement, and acknowledged 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 official seal on: February 19, 2025



Laura Roth
NOTARY PUBLIC in & for Washington
My appointment expires on: 1-22-2027



STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: **2025-011844**

DATE ISSUED: **03/11/2025**
FEE NUMBER:

FIRST AND MIDDLE NAME(S): **MITCHEL ALLEN**
LAST NAME(S): **GRINDY**

COUNTY OF DEATH: **SKAMANIA**
DATE OF DEATH: **FEBRUARY 25, 2025**
HOUR OF DEATH: **12:45 PM**
SEX: **MALE** AGE: **64 YEARS**
SOCIAL SECURITY NUMBER: **[REDACTED]**

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

BIRTH DATE: **JUNE 15, 1960**
BIRTHPLACE: **HOOD RIVER, OR**

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **PATRICIA JO SHAW**

OCCUPATION: **MILL WORKER**
INDUSTRY: **PAPERMILL**
EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**
US ARMED FORCES: **NO**

INFORMANT: **PATRICIA JO GRINDY**
RELATIONSHIP: **WIFE**
ADDRESS: **10152 WASHOUGAL RIVER ROAD WASHOUGAL, WA 98671**

CAUSE OF DEATH:
A: **MALIGNANT NEOPLASM OF THE RIGHT KIDNEY**
INTERVAL: **12 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: **10152 WASHOUGAL RIVER RD**
CITY, STATE, ZIP: **WASHOUGAL, WASHINGTON 98671-7021**

RESIDENCE STREET: **10152 WASHOUGAL RIVER RD**
CITY, STATE, ZIP: **WASHOUGAL, WA 98671-7021**
INSIDE CITY LIMITS: **NO** COUNTY: **SKAMANIA**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **3 YEARS**

FATHER: **CLIFTON NEWELL GRINDY**
MOTHER: **LELA LARUE LONG**

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

CITY, STATE: **VANCOUVER, WASHINGTON**
DISPOSITION DATE: **MARCH 10, 2025**

FUNERAL FACILITY: **CAMAS CREMATION AND BURIAL SERVICES**

ADDRESS: **532 NE 3RD AVENUE #101**
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: **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: **MARCH 06, 2025**

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

LOCAL DEPUTY REGISTRAR: **LISA MITCHELL**
DATE RECEIVED: **MARCH 10, 2025**

EXHIBIT "A"

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:		2. Date of Event:	3. Place of Event:	
	First	Middle	Last	MM/DD/YYYY	(City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
	First	Middle	Last/Maiden	First	Middle
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 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

- 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

- 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

