

**WHEN RECORDED RETURN TO:**

Julie Dallas

P O Box 102

North Bonneville, WA 98639

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)

CPA - Death Certificate

REFERENCE NUMBER(S) of Documents assigned or released:

Additional numbers on page _____ of document.

GRANTOR(S):

1. Edward Dallas

2. _____

Skamania County

3. _____

4. _____

Real Estate Excise Tax

N/A

OCT 13 2025

Additional names on page _____ of document.

GRANTEE(S):

1. Julie Dallas

2. _____

PAID N/A

Skamania County Treasurer

3. _____

4. _____

Kda, Deputy

Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

Sec 29 T 2 N R 7 E W M

Complete legal on page _____ of document.

Assessor's Property Tax Parcel #

02072912021200

Additional parcel numbers on page _____ 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 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 Agreement is made by and between Edward Dwain Dallas and Julie Fay Dallas, husband and wife, who are domiciled in the State of Washington. Edward Dwain Dallas and Julie Fay Dallas desire that all of their property, no matter how presently characterized, be deemed to be community property under the community property laws of the State of Washington, and therefore agree between themselves as follows:

1. All property wherever situated and of whatever nature or description, whether real, personal, or mixed and whether now owned by both of them or by either of them, is hereby declared to be their community property.

2. All property acquired by either of them or by both of them after the date of this Agreement will immediately become their community property. Property described in this paragraph will include any property acquired by a revocable trust created by either or both of them, and will also include any property acquired by gift, devise, bequest or inheritance.

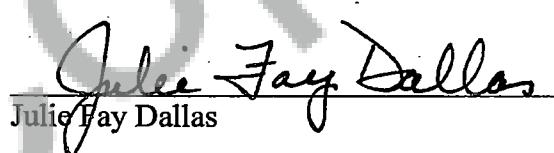
3. Upon the death of one of the parties survived by the other party, all interest of the deceased party in such of the then-existing (community) property, real and personal, of the parties as would otherwise be subject to disposition under the laws of intestate succession or the deceased party's last Will shall vest in and become the sole property of the surviving party in fee simple.

4. Each party recognizes that he or she has a right to be represented by independent counsel in arriving at this Agreement and hereby waives such right.

5. Each party states that he or she has had an adequate, fair, and full disclosure of all assets now owned by the other party and the value of each asset involved in this Agreement.

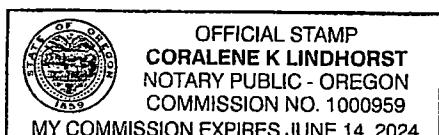
DATED: April 19, 2023.

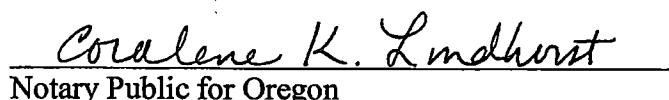

Edward Dwain Dallas


Julie Fay Dallas

STATE OF OREGON)
) ss.
County of Wasco)

On April 19, 2023, before me personally appeared Edward Dwain Dallas and Julie Fay Dallas and each acknowledged to me that they executed this agreement freely and voluntarily.




Notary Public for Oregon

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2025-047115

FIRST AND MIDDLE NAME(S): EDWARD DWAIN
LAST NAME(S): DALLAS

COUNTY OF DEATH: CLARK
DATE OF DEATH: SEPTEMBER 21, 2025
HOUR OF DEATH: 05:07 AM
SEX: MALE AGE: 75 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: DECEMBER 18, 1949
BIRTHPLACE: JACKSON, TENNESSEE

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: JULIE FAY ERICKSON

OCCUPATION: WILDFIRE FIGHTER
INDUSTRY: GOVERNMENT
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: JULIE FAY DALLAS
RELATIONSHIP: SPOUSE
ADDRESS: 1212 ISLAND WAY, NORTH BONNEVILLE, WA 98639

CAUSE OF DEATH:
A: SENILE DEGENERATION OF BRAIN
INTERVAL: UNKNOWN
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

DATE ISSUED: 09/29/2025
FEE NUMBER:

PLACE OF DEATH: HOSPICE FACILITY
FACILITY OR ADDRESS: 2112 E MILL PLAIN BLVD
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661

RESIDENCE STREET: 1212 ISLAND WAY
CITY, STATE, ZIP: NORTH BONNEVILLE, WA 98639
INSIDE CITY LIMITS: YES COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER: WALLACE WILSON DALLAS
MOTHER: SARAH LOIS LOWRY

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: PFS GRESHAM CREMATORIUM

CITY, STATE: GRESHAM, OREGON
DISPOSITION DATE: SEPTEMBER 26, 2025

FUNERAL FACILITY: DAVIES CREMATION AND BURIAL SERVICE

ADDRESS: 301 E MCLOUGHLIN BLVD STE E
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98663
FUNERAL DIRECTOR: AMANDA CORNELIUS

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: SEPTEMBER 23, 2025

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

LOCAL DEPUTY REGISTRAR: ELIZABETH HORTON
DATE RECEIVED: SEPTEMBER 24, 2025

Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

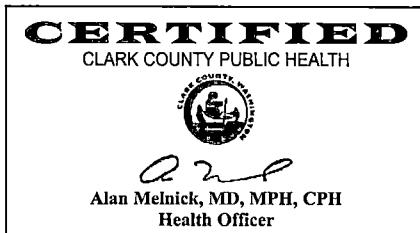
Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number		Fee Number	Initials	Date	Affidavit Number	
Required	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: Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____			Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital		
	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:		Date:	Printed name:	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:						
<ul style="list-style-type: none"> • 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) <p>You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.</p>						
<p>Birth Certificates</p> <ol style="list-style-type: none"> 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). <p>Child under 18</p> <ul style="list-style-type: none"> • If legal guardian(s), include certified court order proving guardianship. • Up to age one or up to one year following the filing of an Acknowledgement 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. <p>*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.</p>						
<p>Death Certificates</p> <ol style="list-style-type: none"> 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. <p>Marriage/Dissolution (Divorce) Certificates</p> <ol style="list-style-type: none"> 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.



0 7 6 8 0 4 9 3