

Request of: HONNA T SHEFFIELD



**WHEN RECORDED RETURN TO:**  
Hanna T Sheffield  
2211 Kueffler Rd  
Stevenson, WA 98648

REAL ESTATE EXCISE TAX  
N/A  
MAR 19 2026  
PAID N/A  
65-52024  
SKAMANIA COUNTY TREASURER

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

**REFERENCE NUMBER(S)** of Documents assigned or released:

Additional numbers on page \_\_\_\_ of document.

**GRANTOR(S):**

- 1. Robert Delaney Sheffield 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_

Additional names on page \_\_\_\_ of document.

**GRANTEE(S):**

- 1. Hanna Tova Sheffield 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_

Additional names on page \_\_\_\_ of document.

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

Lot 11 Columbia River Estates BK J PG 364

Complete legal on page \_\_\_\_ of document.

**Assessor's Property Tax Parcel #**

02062320010000

Skamania County Assessor

Date 3-19-26 Parcel # 02062320010000

Additional parcel numbers on page \_\_\_\_ of document.

LM

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

KNOW ALL MEN BY THESE PRESENTS:

That this Agreement, made and entered into this 27 day of August, 1991, by and between **ROBERT DELANEY SHEFFIELD** and **HONNA TOVA SHEFFIELD**, husband and wife, of Skamania County, Washington,

W I T N E S S E T H:

That, in consideration of the love and affection that each of said parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and promised:

I.

That all property of whatsoever nature or description whether real, personal or mixed and wheresoever situated, now possessed or hereafter acquired by them, or either of them, shall be considered at the death of the first of them to be community property.

II.

That upon the death of either of the aforementioned parties, title to all community property as herein defined shall immediately vest in fee simple in the survivor between them.

III.

It is further agreed that Washington law shall apply to this Agreement and this Agreement shall terminate immediately and automatically upon the filing or initiating of any Court proceedings for Divorce or Separation by either party.



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-048321

DATE ISSUED: 10/10/2025  
FEE NUMBER: 209911530

FIRST AND MIDDLE NAME(S): ROBERT DELANEY  
LAST NAME(S): SHEFFIELD

COUNTY OF DEATH: SKAMANIA  
DATE OF DEATH: SEPTEMBER 20, 2025  
HOUR OF DEATH: 06:11 PM  
SEX: MALE

AGE: 73 YEARS

PLACE OF DEATH: DECEDENT'S HOME  
FACILITY OR ADDRESS: 2211 KUEFFLER RD  
CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648

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

RESIDENCE STREET: 2211 KUEFFLER RD  
CITY, STATE, ZIP: STEVENSON, WA 98648  
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 46 YEARS

BIRTH DATE: JUNE 09, 1952  
BIRTHPLACE: SEWARD, ALASKA

FATHER: ROBERT A SHEFFIELD  
MOTHER: PATRICIA M WILKERSON

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: HONNA KLEIN

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: COLUMBIA GORGE CREMATION

OCCUPATION: MANAGER - OTHER  
INDUSTRY: MANUFACTURING - NOT SPECIFIED  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: NO

CITY, STATE: HOOD RIVER, OREGON  
DISPOSITION DATE: OCTOBER 01, 2025

INFORMANT: HONNA SHEFFIELD  
RELATIONSHIP: SPOUSE  
ADDRESS: 2211 KUEFFLER RD. STEVENSON, WA 98648

FUNERAL FACILITY: GARDNER FUNERAL HOME INC  
ADDRESS: 156 NE CHURCH AVE  
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672  
FUNERAL DIRECTOR: JOHN H. TRUMBULL

LOCAL DEPUTY REGISTRAR: LISA MITCHELL  
DATE RECEIVED: OCTOBER 02, 2025

UNOFFICIAL COPY

# Affidavit for Correction

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

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

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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<b>Required</b>	<b>Required information must match current information on record</b>			
	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:**

<b>The record currently shows:</b>	<b>The true fact is:</b>
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 <sup>nd</sup> parent (if required):
Printed name: Date:	Printed name: Date:

**INSTRUCTIONS – go to [www.doh.wa.gov](http://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**

OCT 10 2025

Joel McCullough, M.D.  
Klickitat County Health Department  
*Joel McCullough*



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