



Asotin County Auditor

**COMMUNITY PROPERTY AGREEMENT**

THIS AGREEMENT is made between ALBERT L. DENT and SHARON R. DENT, husband and wife, residents of the State of Washington, pursuant to the provisions of Section 26.16.120, Revised Code of Washington, providing for property agreements between husband and wife. This agreement shall take effect only on the death of either party and provides for the disposition of property. In consideration of the love and affection between the parties and in consideration of their mutual benefits from this agreement, IT IS HEREBY AGREED AS FOLLOWS:

1. In the event of the death of either of us, then all of our property shall be treated as community property and title shall then vest in the survivor of us to the exclusion of everyone else. This agreement includes all real and personal property and all property in the names of both of us or either of us.

2. This agreement shall be automatically revoked in the event either husband or wife files an action for dissolution of marriage or legal separation. If the parties should reconcile, they may then execute a new community property agreement if they wish. This agreement may also be revoked by a written revocation personally signed by both husband and wife. The parties acknowledge that upon revocation of this agreement, the disposition of the estate of either husband or wife would be controlled by his or her Will existing at the time of his or her death.

Dated: \_\_\_\_\_

*July 3, 1996*

*Albert L. Dent*

ALBERT L. DENT

*Sharon R. Dent*

SHARON R. DENT

STATE OF WASHINGTON )  
COUNTY OF Mason ) SS.

I certify that I know or have satisfactory evidence that ALBERT L. DENT and SHARON R. DENT are the persons who appeared before me, and said per-

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JOEL SNYDER, INC., P.S.  
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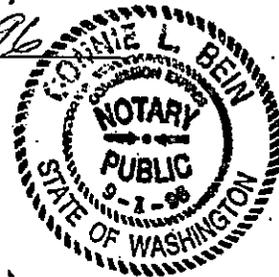
sons acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: July 3, 1996

Connie L. Bein

NOTARY PUBLIC for the State of Washington.

My appointment expires: 7-1-96



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**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH**

Washington State Certificate of Death

1. Name of Decedent <b>Albert Dent</b>		2. Date of Birth <b>June 10, 2008</b>	
3. Sex <b>M</b>	4. Age at Death <b>65</b>	5. Under 1 Year <b>None</b>	6. Under 1 Day <b>None</b>
7. Social Security Number <b>580-11-1111</b>		8. County of Death <b>Asotin</b>	
9. Birthdate <b>May 11, 1943</b>	10. Birthplace (City, Town, or County) <b>Klamath Falls, Oregon</b>	11. (State of Birth or Country) <b>Oregon</b>	12. Decedent's Education <b>Some College</b>
13a. Residence: Number and Street (add apt. no. if apt. no.) <b>548 Monroe St.</b>		13b. City or Town <b>Clarkston</b>	
13c. Residence: County <b>Asotin</b>	13d. Tribal Reservation Name (if applicable) <b>N/A</b>	13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>99403</b>
13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	14. Estimated length of time at residence <b>5 Years</b>		
15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Sharon Smith</b>	
17. Usual Occupation (Indicate type of work done during most of working life. Do not use RETIRED.) <b>Instructor</b>		18. Kind of Business/Industry (Do not use Company Name) <b>Automotive</b>	
19. Father's Name (First, Middle, Last Suffix) <b>Dorsey Dent</b>		20. Mother's Name Before First Marriage (First, Middle, Last) <b>Laura Nelson</b>	
21. Informant's Name <b>Sharon Dent</b>	22. Relationship to Decedent <b>Spouse</b>	23. Mailing Address: Number and Street or P.O. No., City or Town, State, Zip Code <b>548 Monroe St. Clarkston, WA 99403</b>	
24. Place of Death, if Death Occurred in a Hospital <b>Home</b>			
25. Facility Name (If not a facility, give number & street or location) <b>548 Monroe St.</b>		26a. City, Town, or Location of Death <b>Clarkston</b>	26b. State <b>WA</b>
26c. Zip Code <b>99403</b>		27. Zip Code <b>99403</b>	
28. Method of Disposition <b>Removal/ Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Lewis Clark Memorial Gardens</b>	
30. Location: City/Town and State <b>Lewiston, Idaho</b>		31. Name and Complete Address of Funeral Facility <b>Mountain View Funeral Home, 3521 7th St. Lewiston, ID 83501</b>	
32. Date of Disposition <b>June 16, 2008</b>		33. Funeral Director Signature <i>[Signature]</i>	

**Cause of Death (See instructions and examples)**

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

a. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>RESPIRATORY FAILURE</b>	b. Due to (or as a consequence of) <b>LUNG CANCER</b>	c. Interval between Onset & Death <b>3 DAYS</b>
d. Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST <b>SMOKING</b>	e. Due to (or as a consequence of) <b>LIFETIME</b>	f. Interval between Onset & Death <b>LIFETIME</b>

35. Other significant conditions contributing to death but not resulting in the underlying cause given above  
**COPD**

36. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Poisoning	37. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	38. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	39. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
40. Did tobacco use contribute to death? <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	41. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk	42. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk	
43. Date of Injury <b>07/09/2008 2:22PM</b>	44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk	45. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk	
46. Location of Injury <b>Inst: 307315 07/09/2008 2:22PM</b>	47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	48. Describe how injury occurs <b>Filed: SHARON DENT Fee Cd: D-02</b>	
49. Certifying Physician <b>Asotin County Auditor</b>	49. Code: <b>131 DEATH CERTIFICATE 43.00</b>	49. Code: <b>131 DEATH CERTIFICATE 43.00</b>	

50. Name and Address of Certifier, Physician, Medical Examiner or Coroner (Type of Facility) <b>Rick Howe 623 S. Main St. Lewiston, ID 83501</b>	51. Name and Title of Attending Physician (if other than Certifier) (Type or Print) <b>[Signature]</b>	52. Hour of Death (24hrs) <b>1928 5:19 29</b>
53. Date Signed (mm/dd/yyyy) <b>6/11/2008</b>	54. License Number <b>M6640</b>	55. Date Registered <b>JUN 13 2008</b>
56. Title of Certifier <b>Medical Examiner</b>	57. Registrar Signature <i>[Signature]</i>	58. Date Registered <b>JUN 13 2008</b>



# Affidavit for Correction

Center for Health Statistics  
P.O. Box 9709  
Olympia, WA 98507-9709  
(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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Use the section below for requesting any changes on the record:

Record Type:  Birth  Death  Marriage  Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as:  Self  Parent  Guardian  Informant  Funeral Director  Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Medical Record	School Record
	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Insurance Records	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Records	Passport	

### Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
  - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
  - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
  - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)

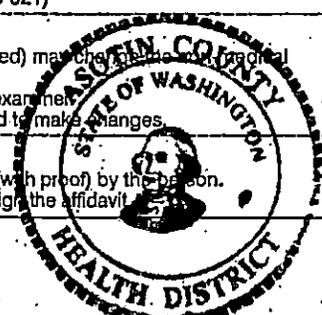
### Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the death certificate information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

### Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)



C. Spitters, M.D.  
Health Officer

JUN 13 2008  
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