

Certificate of Dissolution Declaration of Invalidity of Marriage or Legal Separation

Please Type or Print in Permanent Black Ink

1. Court File Number		State File Number		
15. Spouse A Social Security Number	Decree – I certify the marriage of the persons named below was ordered as a			
	2. <input type="checkbox"/> Legal Separation <input type="checkbox"/> Dissolution of Marriage <input type="checkbox"/> Declaration of Invalidity		3. Date of Decree <div style="text-align: center;">MM / DD / YYYY</div>	
	4. County of Decree			
	5. Signature of Superior Court Clerk			
	X			
To be Completed by Petitioner's Attorney or PRO SE				
16. Spouse B Social Security Number	Spouse A			
	6a. Name		6b. Birth Last Name if Different	6c. Date of Birth
	<div style="text-align: center;">Shane-Michael T. Renecker</div> <div style="display: flex; justify-content: space-around; font-size: small;"> First Middle Last </div>			<div style="text-align: center;">07/12/1972</div> <div style="text-align: center; font-size: x-small;">(MM/DD/YYYY)</div>
	6d. Birth State		6e. Birth State	
	Washington		(If not USA give Country)	
	6e. Current Residence (Number and Street)		6f. City	6g. County
	PMB 5280 PO Box 257		Olympia	Thurston
	6h. State		6i. State	
Washington		Washington		
16. Spouse B Social Security Number	Spouse B			
	7a. Name		7b. Birth Last Name if Different	7c. Date of Birth
	<div style="text-align: center;">Amielia Elizabeth Renecker</div> <div style="display: flex; justify-content: space-around; font-size: small;"> First Middle Last </div>			<div style="text-align: center;">03/31/1982</div> <div style="text-align: center; font-size: x-small;">(MM/DD/YYYY)</div>
	7d. Birth State		7e. Birth State	
	Washington		(If not USA give Country)	
	7e. Current Residence (Number and Street)		7f. City	7g. County
	1619 Scammell Ave NW		Olympia	Thurston
	7h. State		7i. State	
Washington		Washington		
8. Place of this Marriage - County		9. State	10. Date of this Marriage	11. Number of Children
King		Washington <small>(If not USA give Country)</small>	July 4, 2010 <small>(MM/DD/YYYY)</small>	0 <small>(Born alive of this Marriage)</small>
12. Petitioner		13 Name of Petitioner's Attorney or PRO SE		
<input checked="" type="checkbox"/> Spouse A <input type="checkbox"/> Spouse B <input type="checkbox"/> Both <input type="checkbox"/> Other (Specify)		PRO SE		
14. Petitioner's Attorney's Address				