

RETURN ADDRESS:

Lexie Lamborn  
c/o Crossroads Guardianship  
1004 Commercial Avenue, PMB 349  
Anacortes, WA 98221



200309240056

Skagit County Auditor

9/24/2003 Page

1 of

5 10:04AM

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COVERSHEET

COMMUNITY PROPERTY AGREEMENT BETWEEN  
DONALD L. BROWN and FRANCES M. BROWN  
and  
CERTIFICATE OF DEATH  
for  
DONALD LIONEL BROWN

REFERENCE NUMBER OF RELATED DOCUMENT: 8401270112

ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER: P25720

BRIEF LEGAL DESCRIPTION:

TRACT 2 OF short plat 9-84 RECORDED UNDER AF#8407200010;  
BEING A PORTION OF THE SE 1/4 OF SECTION 17, TWP  
34, RNG 4

GRANTOR:

1. DONALD LIONEL BROWN

GRANTEE:

2. FRANCES M. BROWN

Recorded at Request of,  
and Return to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMMUNITY PROPERTY SURVIVORSHIP AGREEMENT**

THIS AGREEMENT made and entered into this 7<sup>th</sup> day of February, 1994, by and between DONALD L. BROWN and FRANCES M. BROWN, husband and wife, pursuant to the provisions of Section 26.16.120, Revised Code of Washington, providing for agreements between husband and wife for fixing of the status and disposition of community property to take effect upon the death of either.

W I T N E S S E T H :

That, in consideration of the love and affection that each of the parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, WE HEREBY REVOKE ANY COMMUNITY PROPERTY SURVIVORSHIP AGREEMENTS PREVIOUSLY MADE BY US and it is hereby agreed, covenanted and promised as follows:

FIRST: That all property of whatsoever nature and description whether real, personal or mixed, and wheresoever situated now owned or hereafter acquired by them or either of them, shall be considered and is hereby declared to be community property; EXCEPT THAT any inheritance previously received or received after execution of this agreement by the wife from anyone other than the husband, and any proceeds therefrom or earnings thereon, shall remain the wife's separate property.

SECOND: That upon the death of either of the parties hereto, title to all community property as defined in the preceding paragraph shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said DONALD L. BROWN and FRANCES M. BROWN, husband and wife, have hereunto set their hands and seals this 7<sup>th</sup> day of February, 1994.

Donald L. Brown  
DONALD L. BROWN

Frances M. Brown  
FRANCES M. BROWN



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# STATE OF WASHINGTON DEPARTMENT OF HEALTH



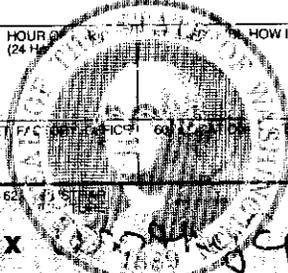
## CERTIFICATE OF DEATH

146 2 36347  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

704-02  
LOCAL FILE NUMBER

1. NAME First: Donald Middle: Lionel Last: Brown			2. SEX (M / F) M		3. DEATH DATE (Mo, Day, Yr) October 30, 2002		
4. AGE LAST BIRTH-DAY (Yrs) 88		5. UNDER 1 YEAR MOS:    DAYS:    HOURS:    MINS:		7. BIRTHDATE (Mo, Day, Yr) Mar 4, 1914		8. BIRTHPLACE (City, State or Foreign Country) Sheridan, OR	
11. CITY, TOWN OR LOCATION OF DEATH Mount Vernon			12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. RM/CUT PTN 4. HOSP. 5. NUR HOME 6. OTHER PLACE 1613 Florence Ave.			10. COUNTY OF DEATH Skagit	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Frances Polkowski		16. SOCIAL SECURITY NO. 568-09-5121		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+):	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Electrician			19. KIND OF BUSINESS OR INDUSTRY General Contracting		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: White		21. RACE (Specify) White
22. RESIDENCE — NUMBER AND STREET 1613 Florence		23. CITY/TOWN, OR LOCATION Mount Vernon		24. INSIDE CITY LIMITS? (Yes / No) Yes	25A. COUNTY Skagit	25B. LENGTH OF RES. IN CO. 15y	26. STATE WA
27. ZIP CODE 98273		28. FATHER'S NAME — FIRST, MIDDLE, LAST Stephen Thomas Oleson			29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Adeline Ethel (Unknown)		
30. INFORMANT — NAME Frances Brown			31. MAILING ADDRESS 1613 Florence, Mount Vernon, WA 98273				
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) 10-31-2002		34. CEMETERY/CREMATORY — NAME Hawthorne Memorial Park		35. LOCATION — CITY/TOWN, STATE Mount Vernon Washington	
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY Hawthorne Funeral Home & Memorial		38. ADDRESS OF FACILITY 1825 E. College Way Mount Vernon, WA 98273-0398			
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i> T.W. MD				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i>			
40. DATE SIGNED (Mo., Day, Yr) 10-30-2002		41. HOUR OF DEATH (24 Hrs.) Early AM		44. DATE SIGNED (Mo., Day, Yr)		45. HOUR OF DEATH (24 Hrs.)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) T. W. Martin M.D. 2061 Hospital Drive, Sedro Woolley, WA 98284				46. PRONOUNCED DEAD (Mo., Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs.)	
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)				49. ME/CORONER FILE NUMBER NJ-264			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. Lung cancer - T4 undifferentiated small cell				INTERVAL BETWEEN ONSET AND DEATH months	
		B. chronic obstructive lung disease				INTERVAL BETWEEN ONSET AND DEATH years	
		C. atherosclerotic heart disease				INTERVAL BETWEEN ONSET AND DEATH years	
		D.				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE:				52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes	
54. ACC. SUICIDE, HOMICIDE, UNDETERMINED OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF DEATH (24 Hrs.)			
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY — AT HOME, FARM, STREET, BLDG, ETC. (Specify)					
61. RECORD AMENDMENT (Specify use only)		62. DATE RECEIVED (Mo., Day, Yr)				63. DATE RECEIVED (Mo., Day, Yr)	



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OCT 31 2002  
DATE RECEIVED

DOH-110-009 (Rev. 7/91) (formerly GSHS 9-150)  
DOH-01-003 (5/99)

# Affidavit for Correction

**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

**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)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)	

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

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. 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.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. 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.
5. 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).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

**Death Certificates:**

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. 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:**

1. 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.
2. To change the date or place of marriage or dissolution, the official (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)



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