

**AFTER FILING RETURN TO:**

Terrance M. Froese  
Attorney at Law  
P.O. Box 999  
Anacortes, Washington 98221



200401270044

Skagit County Auditor

1/27/2004 Page 1 of 4 11:36AM

Document Titles:

1. death cert
2. Community Property Agreement
3. \_\_\_\_\_
4. \_\_\_\_\_

Reference Numbers of Documents:

1. Wash state d
2. Eubert Guy Downing
3. \_\_\_\_\_
4. \_\_\_\_\_

Grantors:

1. Eubert Guy Downing
2. Lola A Downing

Grantees:

1. \_\_\_\_\_
2. \_\_\_\_\_

Legal Descriptions:

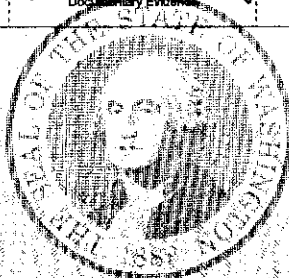
Lot 779, SURVEY OF SHELTER BAY DIV. 4, Tribal and Allotted Lands of Swinomish Indian Reservations,  
as recorded in Volume 48 of Official Records, pages 627 to 631, inclusive, records of Skagit County,  
Washington.

Assessor Parcel No. P84776/5100-004-779-0000

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number <b>15-04</b>		<b>Washington State Certificate of Death</b>				State File Number	
1. Legal Name (Include AKA's if any)		First		Middle		LAST	
<b>Eubert</b>		<b>Guy</b>		<b>Downing</b>		2. Death Date <b>January 2, 2004</b>	
3. Sex (MF)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number		6. County of Death	
<b>M</b>	<b>87</b>	Months	Days	<b>564-05-5477</b>		<b>Skagit</b>	
7. Birthdate	8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)		8. Decedent's Education		
<b>Mar 11, 1916</b>	<b>Bates County</b>		<b>MO</b>		<b>Associate degree</b>		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify, No				11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>	
13a. Residence: Number and Street (e.g., 824 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>1105 37th Street</b>						13b. City or Town <b>Anacortes</b>	
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>		13f. Zip Code + 4 <b>98221-</b>	
14. Estimated length of time at residence, 6m		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Lola Ann Howe</b>			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). <b>Supervisor</b>				18. Kind of Business/Industry (Do not use Company Name) <b>Banking Industry</b>			
19. Father's Name (First, Middle, Last, Suffix) <b>Guy Jesse Downing</b>				20. Mother's Name Before First Marriage (First, Middle, Last) <b>Estelle Gertrude Hixson</b>			
21. Informant's Name <b>Guy Eubert Downing</b>		22. Relationship to Decedent <b>Son</b>		23. Mailing Address: Number & Street or RFD No. City or Town State Zip <b>2301 Diamond Street San Francisco, CA 94131-</b>			
24. Place of Death, if Death Occurred in a Hospital:				24. Place of Death, if Death Occurred Somewhere Other than a Hospital: <b>Nursing home</b>			
25. Facility Name (If not a facility, give number & street) <b>Alliance Living Community of Anacortes</b>				25a. City, Town, or Location of Death <b>Anacortes</b>		26b. State <b>WA</b>	
25. Zip Code <b>98221</b>		26. Method of Disposition <b>Cremation</b>		29. Place of Disposition (Name of cemetery, crematory, other place) <b>Northwest Crematory</b>		30. Location-City/Town, and State <b>Anacortes, Washington</b>	
31. Name and Complete Address of Funeral Facility <b>Evans Funeral Chapel 1105 32nd Street, Anacortes WA 98221-</b>				32. Date of Disposition <b>Jan 6, 2004</b>			
33. Funeral Director Signature X <i>R. L. Evans</i>							
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.							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <i>Dementia</i>		Due to (or as a consequence of):		Interval between Onset & Death <i>5 years</i>	
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.		Due to (or as a consequence of):		Interval between Onset & Death	
c.		Due to (or as a consequence of):		Interval between Onset & Death		Interval between Onset & Death	
d.		Due to (or as a consequence of):		Interval between Onset & Death		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above						36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						38. 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"/> Pending	
39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death		<input type="checkbox"/> Not pregnant, but pregnant within 42 days before 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		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		41. Date of Injury (MM/DD/YYYY)	
42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		45. Location of Injury: Number & Street City or Town: _____ County: _____ State: _____ Zip Code: 4: _____	
46. Describe how injury occurred.							
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)				48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. <i>Nancy H. Jewell</i>			
48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, I hereby certify that the cause(s) and manner of death are as stated. <i>Nancy H. Jewell</i>				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Nancy H. Jewell M.D. 2511 M Avenue, Suite C, Anacortes, WA 98221</b>			
50. Name and Title of Attending Physician if other than Certifier (Type or Print)				51. Hour of Death (24hrs) <b>00:10 AM</b>			
52. Date Certified (MM/DD/YYYY) <b>Jan. 2, 2004</b>				53. Title of Certifier <b>MD</b>			
54. License Number <b>MD00027309</b>		55. ME/Coroner File Number		56. Was case referred to medical examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		57. Registrar Signature X <i>Dorothy Epps, deputy</i>	
58. Date Received (MM/DD/YYYY) <b>1-6-2004</b>		59. Record Amendment		60. Reviewed by		61. Date	

DOH/CHS 003 Rev 3/24/2003



200401270044  
Skagit County Auditor

## Affidavit for Correction

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

Center for Health Statistics  
P.O. Box 9709  
Olympia, WA 98507-9709  
(360) 236-4300

### 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:

<p><b>The Record now shows:</b></p> <p>6. _____</p> <p>8. _____</p> <p>10. _____</p> <p>12. _____</p>	<p><b>The True fact is:</b></p> <p>7. _____</p> <p>9. _____</p> <p>11. _____</p> <p>13. _____</p>
---	---

14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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: _____
----------------------	-----------------	--------------------

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)
--	--	--

#### 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 officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

\*CERTIFIED\*

JAN 07 2004



200401270044  
**Skagit County Auditor**

1/27/2004 Page 3 of 4 11:36AM

Howard Leibrand M.D., Health Officer

LL00288623

# COMMUNITY PROPERTY AGREEMENT

KNOW ALL PERSONS BY THESE PRESENTS:

This agreement, made and entered into this 3rd day of November, 1980,  
by and between Eubert G Downing  
and Lola A Downing, husband and wife,  
of Skagit County, State of Washington, pursuant to the provisions of  
§26.16.120RCW, permitting agreements between husband and wife fixing the status and disposition  
of community property to take effect upon the death of either, Witnesseth: That, in consideration  
of the love and affection that each of us has for each other, and in consideration of the mutual  
benefits to be derived by each of us, it is hereby agreed, covenanted, and promised as follows:

I.

That all property of whatsoever nature or description whether real, personal or mixed and  
wheresoever situated now owned or hereafter acquired by us or either of us, including separate  
property, shall be considered and is hereby declared to be community property, and each of us  
hereby conveys and quit claims to the other his or her interest in any separate property he or she  
now owns or hereafter acquires so as to convert the same to community property.

II.

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

IN WITNESS WHEREOF, we Eubert G Downing  
and Lola A Downing have hereunto set our hands  
this 3rd day of November, 1980.

WITNESS

SPOUSE

WITNESS

SPOUSE

STATE OF WASHINGTON,

County of Skagit } ss.

This is to certify on this 3rd day of November, 1980, before me  
G. D. Runion a Notary Public in and for the State of Washington  
duly commissioned and sworn, personally came Eubert G Downing / Lola A Downing  
and \_\_\_\_\_ husband and wife, to me known to be the  
individual described in and who executed the within instrument, and acknowledged to me that  
they signed the same as their free and voluntary act and deed for the uses and purposes therein  
mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written.

Notary Public in and for the State of Washington, residing at \_\_\_\_\_

Communit  
Washingt  
MATERIA



200401270044

Skagit County Auditor

NY FORM WHATSOEVER.