

When Recorded Return to:

Elliott W Johnson Inc PS  
711 S. First St  
Mount Vernon, WA 98273



200403110136  
Skagit County Auditor

3/11/2004 Page

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9 3:59PM

## Affidavit Re: Community Property Agreement

**Grantor(s):**

Margaret Johnson

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

**Grantee(s):**

The Public

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

**Legal Description (abbreviated):**

Ptn SW NW S25 T33N R4EWM  
Ptn Gov L4 S25 T33N R4EWM

Additional legal  
description on page 2 of  
document

**Assessor's Tax Parcel Number:**

330425-0-020-0004 P17254  
330425-0-024-0018 P17257  
330425-0-024-0208

**Reference (Auditor File Numbers  
of Documents assigned, released or  
amended:**

Additional references on page \_\_\_  
of document

**Affidavit re:**

Community Property Agreement

NonPro07  
3/10/4 9:46

H:\EW\Johnson, Oscar\401 Johnson CP Aff.wpd

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Elliott W. Johnson Inc. P.S.  
711 South First Street  
Mount Vernon, WA 98273  
(360) 336-6502 Fax 336-5616  
Email Info@EWJLaw.com



subdivision; thence North 50 feet, thence South 45 degrees West to the South line of said subdivision; thence East 50 feet to the pont of beginning.

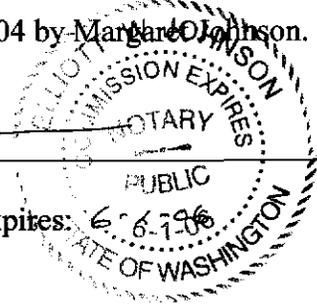
**2. Lake property**

An undivided interest in and to that certain real property as is decribed in Real Estate Contract dated October 7, 1968 and recorded October 28, 1968 as Skagit County Auditor's File No. 719796 TOGETHER WITH that portion of the Burlington Northern Railroad Company right of way lying westerly of and between the most northerly and most southerly lines extended of said described real property.

7. This affidavit is made to induce Title Companies to issue their policies of title insurance on real property passing to the surviving spouse by virtue of said community property survivorship agreement in reliance upon the representations herein set forth.

*Margaret C. Johnson*  
Margaret Johnson

SUBSCRIBED AND SWORN to before me on March 10, 2004 by Margaret Johnson.

*[Signature]*  
Notary Public  
My appointment expires: 6-6-06  


  
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Affidavit re:  
Community Property Agreement

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# STATE OF WASHINGTON DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH

953-03  
LOCAL FILE NUMBER

146

STATE FILE NUMBER

1. NAME Oscar Conrad Johnson				2. SEX (M / F) M		3. DEATH DATE (Mo., Day, Yr) November 22, 2003	
4. AGE LAST BIRTHDAY (Yrs) 80		5. UNDER 1 YEAR MOS DAYS HOURS MINS		7. BIRTHDATE (Mo., Day, Yr)		8. BIRTHPLACE (City, State or Foreign Country) McMurray, WA	
11. CITY, TOWN OR LOCATION OF DEATH Mount Vernon				12. PLACE OF DEATH — (a) BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. RM/OUTPTM 4. HOSP. 5. NUR HOME 6. OTHER PLACE 23248 Hwy 534			13. SMOKING IN LAST 15 YEARS? (Yes / No) No
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Margaret Bishop		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 11 College (1-4 or 5+)	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Carpenter		19. KIND OF BUSINESS OR INDUSTRY Construction		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: _____		21. RACE (Specify) White	
22. RESIDENCE — NUMBER AND STREET 23248 Hwy 534		23. CITY/TOWN, OR LOCATION Mount Vernon		24. INSIDE CITY LIMITS? (Yes / No) No		25. COUNTY Skagit	
26. LENGTH OF RES. IN CO. 80 Yrs		27. STATE WA		27. ZIP CODE 98274-			
28. FATHER'S NAME — FIRST, MIDDLE, LAST Nels Johnson				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Anna Olivia [REDACTED]			
30. INFORMANT — NAME Margaret Johnson		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 23248 Hwy 534 Mount Vernon, WA 98274-					
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Burial		33. DATE (Mo., Day, Yr) 11-29-2003		34. CEMETERY/CREMATORY — NAME Hawthorne Memorial Park		35. LOCATION — CITY/TOWN, STATE Mount Vernon Washington	
36. FUNERAL DIRECTOR SIGNATURE X [Signature]		37. NAME OF FACILITY Hawthorne Funeral Home		38. ADDRESS OF FACILITY 1823 N. College Way Mount Vernon, WA 98273-0398			
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 X [Signature] 40. DATE SIGNED (Mo., Day, Yr) 11/25/03				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 X [Signature] 44. DATE SIGNED (Mo., Day, Yr)			
41. HOUR OF DEATH (24 Hrs.) 2045				45. HOUR OF DEATH (24 Hrs.)		47. HOUR PRONOUNCED DEAD (24 Hrs.)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				46. PRONOUNCED DEAD (Mo., Day, Yr)		49. ME/CORONER FILE NUMBER NJA-304	
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Steven Johnson M.D. 2116 East Section, Mount Vernon, WA 98274							
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A. Pneumonia				INTERVAL BETWEEN ONSET AND DEATH do.	
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.		B. CHF				INTERVAL BETWEEN ONSET AND DEATH	
		C. CAD				INTERVAL BETWEEN ONSET AND DEATH	
		D.				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE. Renal Insufficiency, Colon Ca, MRSA Infection				52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes	
54. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo., Day, Yr)		56. HOUR OF INJURY (24 Hrs.)		57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)		60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE			
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE				62. REGISTRAR SIGNATURE X Dorothy Epps, deputy		63. DATE RECEIVED (Mo., Day, Yr) NOV 25 2003	

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)



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DOH.01-003 (5/99)



# 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) \_\_\_\_\_

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: \_\_\_\_\_

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 non-medical 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)



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# \*CERTIFIED\*

NOV 25 2003

*Howard Leibrand*  
Skagit County Health Department  
Howard Leibrand M.D., Health Officer

KK00400198

When Recorded Return to:

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## Community Property Agreement

**Grantor(s):**

Oscar C. Johnson

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

**Grantee(s):**

Margaret C. Johnson

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

**Legal Description (abbreviated):**

N/A

Additional legal descrip-  
tion on page \_\_\_ of document

**Assessor's Tax Parcel Number:**

N/A

**Reference (Auditor File Numbers  
of Documents assigned, released or  
amended:**

N/A

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Community Property  
Agreement

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*O.C.J.*  
*M.C.J.*

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6/26/2 9:47



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Email info@EWJLaw.com

# Community Property Agreement

THIS AGREEMENT, made and entered into on June 26, 2002, by and between **Oscar C.**

**Johnson and Margaret C. Johnson**, husband and wife, who reside in Mount Vernon, Skagit County, Washington. In consideration of their mutual agreements set forth below, the parties agree as follows:

- Property covered:** This agreement shall apply to all community property now owned or hereafter acquired by husband and wife (except for assets for which a separate beneficiary designation has been or is hereafter made by husband or wife and approved by the other spouse) even though some items may have been or may be purchased or acquired by one or the other or both or may have been or may be registered in the name of one or the other or both. If husband dies and wife survives, any separate property of husband which is owned by husband at the time of his death (except for assets for which husband has made a separate beneficiary designation other than by will) shall become and be considered community property vested as of the moment of his death, and if wife dies and husband survives her, any separate property of wife which is owned by wife at the time of her death (except for assets for which wife has made a separate beneficiary designation other than by will) shall become and be considered community property vested as of the moment of her death. All such property is regarded to in this agreement as the "described community property."
- Vesting at death of a spouse:** If husband dies and wife survives him, all of the described community property shall vest in wife as of the moment of husband's death. If wife dies and husband survives her, all of the described community property shall vest in husband as of the moment of wife's death.
- Disclaimer:** Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this agreement in whole or in part, or with reference to specific parts, shares or assets thereof, in which event the interest disclaimed shall pass as if the provisions of paragraph 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.
- Automatic revocation:** The provisions of paragraph 2 shall be automatically revoked.

Community Property  
Agreement

Page 2

*O. C. J.*  
\_\_\_\_\_  
*M. C. J.*  
\_\_\_\_\_

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6/26/2 9:47



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a. Upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce; or

b. Upon the establishment of a domicile out of the State of Washington by either party; or

c. Immediately prior to death, if the order of death cannot be ascertained.

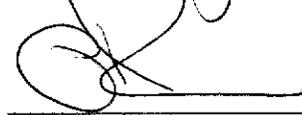
5. Optional revocation by one party: If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 2 and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardian(s), if any, of the person and of the estate of the disabled person. For the purposes of this paragraph, spouse shall be deemed disabled if a person duly licensed to practice medicine in the state of Washington signs a statement declaring that the person is unable to manage his or her own affairs.

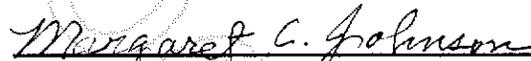
6. Powers of appointment: This agreement shall not affect any power of appointment now held by or hereafter given to husband or wife or both of them, nor shall it obligate husband or wife or both of them to exercise any such power of appointment in any way.

7. Revocation of inconsistent agreements: To the extent this agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community property, the terms of this agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

Dated: June 26, 2002.

  
\_\_\_\_\_  
Oscar C. Johnson

  
\_\_\_\_\_  
Witness

  
\_\_\_\_\_  
Margaret C. Johnson

  
\_\_\_\_\_  
Witness



