

When Recorded Return to:

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



200406090099

Skagit County Auditor

6/9/2004 Page

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7 2:52PM

## Affidavit Re: Community Property Agreement

**Grantor(s):**

Mary K. Bishop

**Grantee(s):**

The Public

**Legal Description (abbreviated):**

Ptn W1/2 SW S10 T35N R4EWM &  
Ptn SE NW & NE SW S10 T35N R4EWM

[X] See also Exhibit A

**Assessor's Tax Parcel Number:**

350410-3-004-0003 P36127  
350410-3-002-0005 P36125

**Reference:**

In the Matter of the Estate of  
  
Goron Edward Bishop,  
  
Deceased.

Affidavit Re:  
Community Property  
Agreement

State of Washington )

) ss.

County of Skagit )

**Mary K. Bishop**, being first duly sworn, deposes and says:

Affidavit re:

Community Property Agreement

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H:\EW\Bishop, Mary\406 Affidavit re CPA.wpd

Elliott W. Johnson Inc. P.S.

711 South First Street

Mount Vernon, WA 98273

(360) 336-6502 Fax 336-5616

Email Info@EWJLaw.com

1. I am the surviving spouse of **Goron Edward Bishop** who died at a resident of Skagit County, Washington at Sedro Woolley on May 7, 2004, having provided for the disposition of all community property between myself and my deceased spouse under Community Property Agreement dated April 13, 1978. A true and correct copy of this Community Property Agreement is attached hereto and incorporated herein. Attached also is a true and correct copy of the death certificate that was issued herein. This Community Property Agreement was validly executed and in full force and effect at the death of the decedent.

2. There are no unpaid creditors of said decedent or of the former marital community nor unpaid funeral expenses or expenses of last illness.

3. The decedent left surviving him the following children: Edward G. Bishop & Barbara L. Bishop.

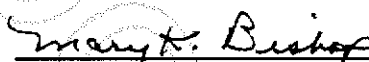
4. The estate is fully solvent.

5. There was no separate property.

6. Among other items of community property was the following described real estate:

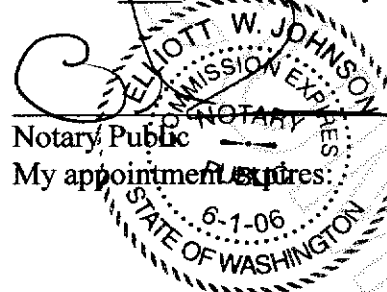
Attached as Exhibit A

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.



Mary K. Bishop

SUBSCRIBED AND SWORN to before me on June 7, 2004 by Mary K. Bishop.



Affidavit re:

Community Property Agreement

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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

Gordon E. Bishop Legal Description

PARCEL "A":

That portion of the West  $\frac{1}{2}$  of the Southwest  $\frac{1}{4}$  of Section 10, Township 35 North, Range 4 East, W.M. described as follows:

Beginning at a point 600 feet east of the West quarter corner of said Section 10;  
thence East 620 feet;  
thence South 1363 feet to the North line of the county road;  
thence Northwesterly along said road to a point due South of the point of beginning;  
thence North to the point of beginning.

EXCEPT that portion thereof, described as follows:

Beginning at the Southeast corner of the Northwest  $\frac{1}{4}$  of the Southwest  $\frac{1}{4}$  of said Section 10;  
thence North  $03^{\circ}39'47''$  East along the East line of said subdivision, a distance of 547.43 feet;  
thence South  $79^{\circ}42'58''$  West, a distance of 309.11 feet;  
thence South  $03^{\circ}39'47''$  West, a distance of 436.34 feet to the North line of the county road right-of-way (formerly the Fairhaven and Southern Railway right-of-way);  
thence South  $50^{\circ}44'55''$  East along said right-of-way line, a distance of 368.90 feet to the East line of the West  $\frac{1}{2}$  of the Southwest  $\frac{1}{4}$  of said Section 10;  
thence North  $03^{\circ}39'47''$  East along said subdivision line, a distance of 178.10 feet to the point of beginning.

Situate of the County of Skagit, State of Washington.

PARCEL "B":

That portion of the Southeast  $\frac{1}{4}$  of the Northwest  $\frac{1}{4}$  and of the Northeast  $\frac{1}{4}$  of the Southwest  $\frac{1}{4}$  Section 10, Township 35 North, Range 4 East W.M. described as follows:

Beginning at the Southwest corner of the Northeast  $\frac{1}{4}$  of the Southwest  $\frac{1}{4}$  of said Section 10;  
thence North  $03^{\circ}39'47''$  East along the West line thereof, a distance of 547.43 feet to the point of beginning of this description;  
thence North  $79^{\circ}42'58''$  East, a distance of 150.05 feet;  
thence North  $03^{\circ}39'47''$  East, a distance of 180.00 feet;  
thence North  $31^{\circ}33'22''$  East, a distance of 244.54 feet;  
thence North  $03^{\circ}39'47''$  East, a distance of 329.95 feet to the North line of the Northeast  $\frac{1}{4}$  of the Southwest  $\frac{1}{4}$  of said subdivision;  
thence North  $62^{\circ}43'42''$  West, a distance of 300.98 feet to the West line of the Southeast  $\frac{1}{4}$  of the Northwest  $\frac{1}{4}$  of said Section 10;  
thence South  $02^{\circ}53'33''$  East along said West line, a distance of 138.00 feet to the Northwest corner of the Northeast  $\frac{1}{4}$  of the Southwest  $\frac{1}{4}$ ;  
thence South  $03^{\circ}39'47''$  West along the West line thereof, a distance of 745.68 feet to the point of beginning.

Situate in the County of Skagit, State of Washington.

EXHIBIT A



200406090099

Skagit County Auditor


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**5/C** P36134

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P3613B

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**S/C P36108**

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**Skagit County Auditor**

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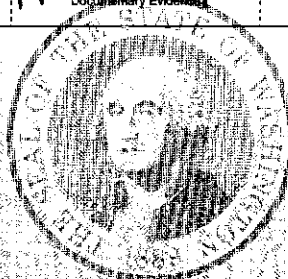
KELLEHER - - - ROAD

~~DEL~~Y

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number <b>365-04</b>		<b>Washington State Certificate of Death</b>		State File Number	
1. Legal Name (Include AKA's if any)		First	Middle	LAST	Suffix
<b>GORDON</b>		<b>EDWARD</b>	<b>BISHOP</b>		
2. Death Date		<b>May 7, 2004</b>			
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	
<b>Male</b>	<b>86</b>	Months	Days	<b>564-34-1200</b>	
6. County of Death		7. Birthdate			
<b>Skagit</b>		<b>Dec 6, 1917</b>			
8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)		9. Decedent's Education	
<b>Bonnors Ferry</b>		<b>Idaho</b>		<b>B.A.</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify:			11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces? Yes
<b>No</b>			<b>Caucasian</b>		<b>Yes</b>
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.)				13b. City or Town	
<b>7765 F &amp; S Grade Road</b>				<b>Sedro-Woolley</b>	
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country	13f. Zip Code + 4
<b>Skagit</b>				<b>Washington</b>	<b>98284</b>
14. Estimated length of time at residence:		15. Marital Status at Time of Death		16. Surviving Spouse's Name (Give name prior to first marriage)	
<b>36 years</b>		<b>Married</b>		<b>Mary Thomas</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).)			18. Kind of Business/Industry (Do not use Company Name)		
<b>Teacher</b>			<b>Public Schools</b>		
19. Father's Name (First, Middle, Last, Suffix)			20. Mother's Name Before First Marriage (First, Middle, Last)		
<b>Edward Glass Bishop</b>			<b>Etta Louise Plummer</b>		
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number & Street or RFD No. City or Town State Zip	
<b>Mary Bishop</b>		<b>Spouse</b>		<b>7765 F&amp;S Grade Rd. Sedro-Woolley, WA 98284</b>	
24. Place of Death, if Death Occurred in a Hospital:				24. Place of Death, if Death Occurred Somewhere Other than a Hospital:	
				<b>Decedent's Home</b>	
25. Facility Name (if not a facility, give number & street)		25a. City, Town, or Location of Death		26b. State	27. Zip Code
<b>7765 F &amp; S Grade Road</b>		<b>Sedro-Woolley</b>		<b>WA</b>	<b>98284</b>
28. Method of Disposition		29. Place of Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State	
<b>Cremation</b>		<b>Mount Vernon Crematory</b>		<b>Mount Vernon, WA</b>	
31. Name and Complete Address of Funeral Facility				32. Date of Disposition	
<b>Lemley Chapel 1008 Third St. Sedro-Woolley, WA 98284</b>				<b>May 10, 2004</b>	
33. Funeral Director Signature X <i>Rich Lemley</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.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <u>Unspecified Natural Causes</u>		Interval between Onset & Death	
		Due to (or as a consequence of):		Interval between Onset & Death	
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.		Interval between Onset & Death	
		Due to (or as a consequence of):		Interval between Onset & Death	
		c.		Interval between Onset & Death	
		Due to (or as a consequence of):		Interval between Onset & Death	
		d.		Interval between Onset & Death	
		Due to (or as a consequence of):		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy?	
<b>Hypertension, COPD</b>				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably	
<input type="checkbox"/> Accident <input type="checkbox"/> Undetermined		<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"/> No <input type="checkbox"/> Unknown	
<input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Unknown if pregnant within the past year			
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)	
45. Location of Injury: Number & Street				46. Describe how injury occurred	
47. If transportation injury, 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.	
<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian				<input checked="" type="checkbox"/> Driver/Operator	
<input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					
48b. Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner stated.				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)	
				<b>Bruce Bacon, Coroner P.O. Box 1306 Mount Vernon, WA 98273</b>	
50. Hour of Death (24hrs)				51. Name and Title of Attending Physician if other than Certifier (Type or Print)	
<b>Early Am ha</b>				<b>Steven Luther, MD</b>	
52. Date Certified (MM/DD/YYYY)				53. Title of Certifier	
<b>5/7/2004</b>				<b>CORONER</b>	
54. License Number				55. ME/Coroner File Number	
				<b>048-04</b>	
56. Was case referred to medical examiner?				57. Registrar Signature X	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<b>Dorothy Epps deputy</b>	
58. Date Received (MM/DD/YYYY)				59. Record Amendment	
<b>MAY 10 2004</b>					

DOH/CHS 003 Rev 3/24/2003



200406090099  
Skagit County Auditor

# 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: <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 foregoing 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 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)

**\*CERTIFIED\***

MAY 11 2004



200406090099  
Skagit County Auditor

LL00423347



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# COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 13<sup>th</sup> day of April, 1978, by and between GORDON E. BISHOP and MARY K. BISHOP, husband and wife, of Skagit County, State of Washington,

W I T N E S S E T H:

That in consideration of the love and affection that each of said parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and promised:

I.

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

## II.

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

IN WITNESS WHEREOF, the said GORDON E. BISHOP and MARY K. BISHOP  
have hereunto set their hands and seals this 10th day of April,  
1978.

Witnesses:

Witnesses:  
Orlando M. Reed

Linda Tripp Newton

GORDON E. BISHOP

MARY K. BISHOP

STATE OF WASHINGTON) )  
COUNTY OF SKAGIT ) SS.

On this 13th day of April, 1978, before me personally appeared GORDON E. BISHOP and MARY K. BISHOP, husband and wife, to me known to be the individuals described in and who executed the foregoing Community Property Agreement and acknowledged to me that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

Notary Public in and for the State of  
Washington, residing at Mount Vernon