



200407060178

Skagit County Auditor

7/6/2004 Page

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6 1:11PM

COMMUNITY PROPERTY AFFIDAVIT

STATE OF WASHINGTON )  
 : ss  
COUNTY OF SKAGIT )

JOAN G. NELSON, being first duly sworn, on oath deposes and says:

That she is a resident of Anacortes, Skagit County, Washington. That E, RAY NELSON was her husband. That E. RAY NELSON died a resident of Anacortes, Skagit County, Washington on December 5, 2003. A copy of the death certificate is attached hereto. E. RAY NELSON died leaving property in Skagit County all of which was the community proper of affiant and decedent,

That at the time of the death of E. RAY NELSON, there was in full force and effect a Community Property Agreement executed by affiant and decedent on 13<sup>th</sup> day of February, 1963 , which Agreement is attached to this affidavit.

That there are no unpaid creditors of said decedent or of the former marital community nor unpaid funeral expenses, or last illness except as follows: None

That the decedent left a Will, a copy of which is attached hereto.

That the decedent's estate is not being probated.

That the property owned by affiant and E. RAY NELSON consisted of the following:

REAL ESTATE

- STREET:  
TAX ID: P69542 & P69543  
LEGAL: Lots 35 & 36 Skagit Steelhead Tracts

2. STREET: 1602 - 11<sup>th</sup> Street, Anacortes, Washington  
TAX ID: P55948/3772-144-020-0002  
LEGAL: ANACORTES LOT 20 BLK 144 18 O 20

PERSONAL PROPERTY

1. Household furniture valued at \$ 200.00
2. Motor vehicles valued at \$ 200.00
3. Bank accounts and cash valued at \$ 200.00

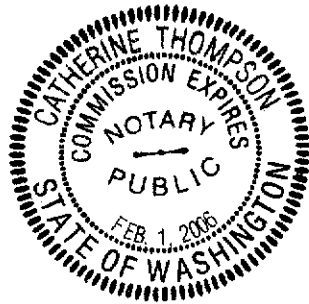
That the total value of all of the property owned by decedent and affiant, in which decedent owned a community one-half interest, was less than \$500,000.00, and considerably less than that which would necessitate estate tax reporting to the federal government, and that there is no estate tax owing on account of decedent's death.

This affidavit is made to induce any and all title insurance companies to issue a policy of title insurance on real property passing to the surviving spouse because it was community property of the deceased which was converted to community property by said community property survivorship agreement or deed identified herein, all in reliance upon the representations set forth herein.

Dated this 29<sup>th</sup> th day of June, 2004.

Joan G. Nelson  
JOAN G. NELSON

SUBSCRIBED and SWORN TO before me this 29 th day of June 2004.



Catherine Thompson  
Notary Public in and for the  
State of Washington, residing  
at Anacortes  
My appointment expires: 2-1-06



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Skagit County Auditor

LAST WILL AND TESTAMENT  
OF  
E. RAY NELSON

Original at the office of  
DRIFTMAYER & DEWINTER  
1010-8th St.  
Anacortes, Washington

IN THE NAME OF GOD, AMEN!

I, E. RAY NELSON, of the age of \_\_\_\_\_ years, being, as I believe, of sound and disposing mind and memory, but mindful of the uncertainty of life, do make, publish, and declare this my Last Will and Testament, as follows, to-wit:

1. I give, devise and bequeath all of my estate, of whatsoever kind and character and wheresoever located, absolutely and forever to my wife, JOAN NELSON, if she survives me and if she does not survive me, then to my children or the survivors of them as follows, to-wit: ROBERT, DAVID, SUSAN, and JOLINE.

2. I nominate and appoint my wife, JOAN NELSON, if she survives me and be willing to act, and if not, then ROSE CROUCH, as sole Executrix of this Last Will and Testament, and direct that either of them act as such without bond and without the intervention of any Court, except only insofar as may be required under the Statutes relating to the probation of non-intervention Wills, hereby giving either of them full power and authority to pay and settle all claims; to buy, sell, mortgage or in any manner hypothecate any real or personal property and execute the necessary instruments therefor, and without any obligation on the part of the purchaser to see to the application of the purchase money, and that neither of them shall in no way be held responsible for any error in judgment.

3. In the event that my children or any of them shall inherit under the terms of this Will, and would be minors at the time of such inheritance and both parents being deceased, I request that any of their care and of their guardianship be designated by ROSE CROUCH.

4. I hereby revoke all former Wills heretofore by me made.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 1965.

We, the undersigned, hereby certify that the foregoing Will was duly signed by E. RAY NELSON, known to us to be the testator named therein, in our presence, and in the presence of each other, and the said testator in our presence and hearing and in the presence and hearing of each other, declared the same to be his Last Will and Testament, and that we duly signed and sealed the same in his presence and in the presence of each other, at his request, this day.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 1965.

Address: Anacortes, Washington      Address: Anacortes, Washington



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# Agreement as to Status of Community Property

## After Death of One of the Spouses

### Know All Men by These Presents:

That this agreement, made and entered into this 13th day of February, 1963,  
 by and between E. Ray Nelson  
 and Jean G. Nelson, husband and wife,  
 residing in Skagit County, State of Washington.

WITNESSETH, That whereas the said parties hereto are owners of certain community property, and are desirous that said property, together with all other community property, either real or personal, that may hereafter be acquired, shall pass, without delay or expense, upon the death of either, to the survivor.

NOW, THEREFORE, for and in consideration of the sum of One (\$1.00) Dollar, the receipt of which is hereby acknowledged by each party hereto, and, also, in consideration of the love and affection that each of said parties bears for the other, it is hereby agreed that in the event of the death of said E. Ray Nelson while said Jean G. Nelson survives then the whole of said community property now owned together with all other community property, real or personal, that may hereafter be acquired, shall at once vest in said

Jean G. Nelson in fee simple; and in the event of the death of said Jean G. Nelson while the said E. Ray Nelson survives then the whole of said community property now owned together with all other community property, real and personal, that may hereafter be acquired, shall at once vest in said E. Ray Nelson in fee simple.

IN WITNESS WHEREOF, the said E. Ray Nelson and Jean G. Nelson have hereunto set their hands and seals the day and date first above written.

Signed, Sealed and Delivered in the Presence of

George W. Pangster  
Sarah M. Kingston

E. Ray Nelson (SEAL)  
Jean G. Nelson (SEAL)

STATE OF WASHINGTON,

County of Skagit

SS.

Record for record at Feb 15 63 10 47 AM  
E. R. Nelson  
 A. M. JENNISON, Notary Public, State of WA

This is to certify that on this 13th day of February, 1963, before me Lee A. Schmandt a Notary Public in and for the State of Washington duly commissioned and sworn, personally came E. Ray Nelson

and Jean G. Nelson husband and wife, to me known to be the individuals described in and who executed the within instrument, and acknowledged to me that they signed and sealed 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.

Lee A. Schmandt

Notary Public in

at ANACORTES



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 Skagit County Auditor

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FEB 15 10 47 AM 1903

RECEIVED  
FEB 15 1903

*[Handwritten signature]*

E. Roy Nelson  
1602 11th St.  
Anacostia, Wm.

UNOFFICIAL COPY DOCUMENT

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# STATE OF WASHINGTON DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH

1002-03  
LOCAL FILE NUMBER

146

STATE FILE NUMBER

1. NAME First: <b>Everett</b> Middle: <b>Ray</b> Last: <b>Nelson</b>				2. SEX (M/F) <b>M</b>	3. DEATH DATE (Mo., Day, Yr) <b>Dec 5, 2003</b>	
4. AGE LAST BIRTH-DAY (Yrs) <b>75</b>	5. UNDER 1 YEAR MOS. DAYS	6. UNDER 1 DAY HOURS MINS	7. BIRTHDATE (Mo., Day, Yr)	8. BIRTH-PLACE (City, State or Foreign Country) <b>Olympia, WA</b>	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) <b>No</b>	10. COUNTY OF DEATH <b>Skagit</b>
11. CITY, TOWN OR LOCATION OF DEATH <b>Anacortes</b>		12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG RM/OUT PTN 4. HOSP. 5. NUR HOME 6. OTHER PLACE <b>Island Hospital</b>			13. SMOKING IN LAST 15 YEARS? (Yes/No) <b>No</b>	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) <b>Married</b>	15. SURVIVING SPOUSE (If wife, give maiden name) <b>Joan Grace Eaton</b>		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>10</b> College (1-4 or 5+)	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Supervisor</b>	19. KIND OF BUSINESS OR INDUSTRY <b>Plywood Mill</b>		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: <b>No</b>		21. RACE (Specify) <b>White</b>	
22. RESIDENCE — NUMBER AND STREET <b>1602 - 11th Street</b>	23. CITY/TOWN, OR LOCATION <b>Anacortes</b>	24. INSIDE CITY LIMITS? (Yes/No) <b>Yes</b>	25A. COUNTY <b>Skagit</b>	25B. LENGTH OF RES. IN CO. <b>56y</b>	26. STATE <b>WA</b>	27. ZIP CODE <b>98221</b>
28. FATHER'S NAME — FIRST, MIDDLE, LAST <b>Sven Harry Nelson</b>			29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME <b>Phyllis June [REDACTED]</b>			
30. INFORMANT — NAME <b>Joan Grace Nelson</b>		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP <b>1602 - 11th Street, Anacortes, WA 98221</b>				
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) <b>Cremation</b>	33. DATE (Mo., Day, Yr) <b>Dec 9, 2003</b>	34. CEMETERY/CREMATORY — NAME <b>Northwest Crematory</b>		35. LOCATION — CITY/TOWN, STATE <b>Anacortes, WA</b>		
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY <b>Evans Funeral Chapel</b>		38. ADDRESS OF FACILITY <b>1105 32nd Street Anacortes, WA 98221-</b>		
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> <b>X</b>			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> <b>X</b>			
40. DATE SIGNED (Mo., Day, Yr) <b>December 8, 2003</b>		41. HOUR OF DEATH (24 Hrs.) <b>13:19 PM</b>		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)			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) <b>C. Les Conway M.D. 1213 24th Street, Suite 100, Anacortes, WA 98221</b>					49. ME/CORONER FILE NUMBER	
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. <i>Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Days</i>			
	B. <i>Organic brain syndrome</i>		INTERVAL BETWEEN ONSET AND DEATH <i>months</i>			
	C.		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:				52. AUTOPSY? (Yes/No) <b>No</b>	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) <b>No</b>	
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 <i>x Dorothy Epps, deputy</i>		63. DATE RECEIVED (Mo., Day, Yr) <b>12/9/2003</b>		

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

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

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\*

DEC 10 2003



200407060178  
Skagit County Auditor

*Handwritten Signature*      KK00399713  
 Skagit County Health Department  
 Howard Leibrand M.D., Health Officer