en e	200412160075 Skagit County Auditor
	12/16/2004 Page 1 of 6 11:34AM
RETURN TO: JOHN W. HICKS SCHACHT & HICKS	LAND TITLE OF SKAGIT COUNTY
PO BOX 1165 MOUNT VERNON WA 98273	
	114255P \$2400
DOCUMENT TITLE: <u>AFFIDAVIT RE:</u>	COMMUNITY PROPERTY AGREEMENT
RELATED DOCUMENT: COMMUNITY PROPI	ERTY AGREEMENT 200406100046
GRANTOR: TJERSLAND, JOHN B.	
GRANTEE: THE PUBLIC	
ABBREVIATED LEGAL DESCRIPTION:	ptn SW 1/4 of SE 1/4 & of SE 1/4 of SW 1/4, 27-34-3 E. W.M.
ADDITIONAL LEGAL DESCRIPTION ON EXI	HIBIT B OF DOCUMENT.
ASSESSOR'S TAX PARCEL NUMBER:	P22850-
1	
AFFIDAVIT RE: COMMUNITY	PROPERTY AGREEMENT

AFFIDAVIT RE:

STATE OF WASHINGTON)

COUNTY OF SKAGIT

ss.

)

JOHN B. TJERSLAND, being first duly sworn on oath deposes and says:

1. <u>NAME OF DECEDENT</u>. That affiant is the surviving spouse of JEAN V. TJERSLAND, who died in Skagit County, Washington, on the <u>Let</u> day of May, 2004. That at that time they were residents of LaConner, Skagit County, Washington. That certified copy of Certificate of Death issued by the Washington State Department of Health is attached hereto, marked Exhibit "A" and by reference made a part hereof.

2. **EXECUTION OF AGREEMENT**. That on the 13th day of August, 1993, and while husband and wife, the affiant and the said JEAN V. TJERSLAND executed an agreement entitled "Community Property Agreement." That since the execution thereof, the said agreement has not been altered, modified, revoked, renounced or abandoned in any way, nor has any instrument inconsistent there with or contradictory thereto been executed. That the said Community Property Agreement was recorded on June 10, 2004, under Auditor's File No. 200406100046.

3. <u>PAYMENT OF DEBTS</u>. That all expenses of last illness, burial and funeral and costs of administration have been paid.

4. <u>STATUS OF PROPERTY</u>. That at the time of execution of said agreement, and at all times subsequent thereto, all property owned by them, or in which they had any interest, was community property.

5. <u>INHERITANCE AND ESTATE TAXES</u>. That said estate is not subject to state inheritance taxes or federal estate tax, being below current exemptions, in effect as of the date of death.

6. <u>REAL ESTATE</u>. That all of the real estate listed and described on Exhibit "B," attached hereto and by reference made a part hereof, was the community property of decedent and has now passed to the affiant, as her surviving spouse.

7. <u>PURPOSES OF AFFIDAVIT</u>. This affidavit is made to induce all title insurance companies dealing with said real property to issue policies of title insurance upon real estate passing to the



12/16/2004 Page 2 of 611:34AM

surviving spouse, and affiant herein, by virtue of said community property survivorship agreement, and in reliance upon the representations of fact hereinabove set forth.

B. TJERS LAND

SIGNED AND SWORN to before me this <u>722</u> day of December, 2004,



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State File Number	Fee Number	TATE OFFICE	USE ONL Initials	Y Date	 Maria Maria Maria Maria Maria Maria Maria Maria Maria	Affidavit Number
	Use the section below	w for requesti	ng any ch	anges on the	record.	· · · · · · · · · · · · · · · · · · ·
Record Type: Birth	🗍 De	ath		Marriage		Dissolution
1. Name on record:			2. Date	of Event:	3. Place	e of Event: (City or County)
4. Father's Full Name (For Birth); (Husband for Marriage c	or Dissolution) 5	Mother's	Full Name (Fo	r Birth): (Wife	for Marriage or Dissolution)
	The Record i	is Incorrect or	Incomplet	e as follows:		
The Reco 6.	rd now shows:	7			The True fact	is:
8.		9				
10.		1	1.			
12.		1:	3.			
14. I represent the person as:	Self Parent	Guardian Other (Spa		ormant	Telephor	ne Number:
I declare under penalty of per 15. Signature:			ashington	that the forgo	ing is true a	ind correct.
All vital records are registered as rec certificate must be returned within on	eived. An item may be char	nged by affidavit o	only once. Su	bsequent chang	es must be m	ade by court order. The incorrec
Ir M Birth Certificates: 1. Only a parent, legal guardian 2. The proof(s) must match exa	ertificate of Naturalization lospital Records isurance Records larriage/Divorce Records (if the child is under 18), or ictly the asserted true fact(s).	Medica Military Birth R Passpo the adult themsel For example, if the	al Record Record (DD ecord ort ves (if 18 or one affidavit se	older) may chang	effective d Alien Regi le the birth cer	gistration Card (if it bears an late) stration Card (front and back)
documentary proof. 5. Parent(s) may change their c	years old or have been estat or legal guardian may chang rge. Subsequent changes w the mother's maiden name of langes require a certified cop child's first or middle name by	olished within five ge the child's last ill require a certific or father's name (i by of a court orde y completing and	years of birth name with ar ed copy of a d f present on t red name ch signing an al	n. n affidavit for corr court ordered nar the certificate) or ange. Minor spel fidavit for correct	me change. any combinat ling changes r ion (until their	ion of the two. nay be made with an affidavit ar child's 18th birthday).
 This affidavit cannot be use Death Certificates: 	ed to add a father to a birth	certificate. (Use	the paternit	y affidavit - form	DOH/CHS 02	21)
 Only the informant, the funeral information. 					ويستنبع المستسحين للمسجين	may change the non-medical
 The medical information (cau If it is less than sixty days from 	m date of death please conta	act the county hea	lith departme	ant where the dea	ath occurred to	make changes.
Marriage/Dissolution (Divorce) Certifi Personal fact(s) (minor spelli To change the date or place	ng changes in name, date or					
DOH/CHS 023 (Rev. 9/2002)						
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Skagit Cou 12/16/2004 Page	Inty Auditor 5 of 611:34AI	M I	Skagit Co Ioward Lei	unty Health D brand M.D., H	epartment	_L00423642

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THE WEST HALF OF:

The East 1/2 of the West 2/3 of the following tract:

The East 20 rods of the Southwest 1/4 and the West 1/2 of the Southeast 1/4 of Section 27, Township 34 North, Range 3 East, W.M., EXCEPT ditch and road rights of way.

EXHIBIT B

