



200501030106

Skagit County Auditor

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Return To:

Rosemary Kamb
Attorney at Law
702 Main Street
Mount Vernon, WA 98273

NO PROBATE AFFIDAVIT

STATE OF WASHINGTON }
COUNTY OF SKAGIT } SS.
}

I, Linda May Jagger, being first duly sworn, deposed and says:

FIRST: That this affidavit is for the purpose of supplying information pertaining to the estate of Clifford James Jagger, deceased, and it is intended that the statements set forth herein (and hereto attached, if applicable), shall be considered representations of fact which may be relied upon by all persons dealing with the following described real property:

1. 350434-0-029-0200 P122132
2. 350434-0-029-0010 P38341

SECOND: That said decedent died on or about the 23rd day of December, 2004, in the City of Sedro Woolley, County of Skagit, State of Washington.

THIRD: That said decedent executed no wills, agreements to convey community property agreements, conveyances, mortgages, deeds of trust, lien agreements, or other instruments for the purpose of conveying or encumbering said land, any portion thereof, or any interest therein, other than those instruments which have been duly recorded in the office of the Auditor of said county, except as follows: (enumerate if any, or indicate NONE).

- 1) **Community Property Agreement**

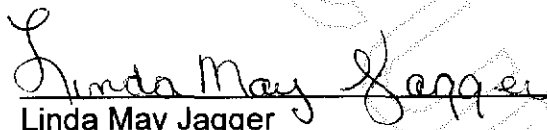
FOURTH: That the said personal property at the date of decedent's death had an approximate value of less than \$700,000.00. That the value of decedent's estate at the date of death was within the exemptions allowed under federal and Washington estate tax regulations, so no estate taxes are owing by decedent's estate.

FIFTH: That all obligations of the Estate owing at the date of death of said decedent have been paid in full, and all expenses of last illness and for funeral services have been paid, except as follows:
(enumerate if any, or indicate NONE).

1) NONE

SIXTH: That the following list comprises all of the heirs at law by whom said decedent was survived: (Show age of each heir opposite name. If any heirs are under 18, this affidavit is not applicable).

Linda May Jagger
11051 Sterling Road
Sedro Woolley, WA 98284

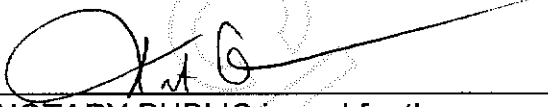

Linda May Jagger
Personal Representative



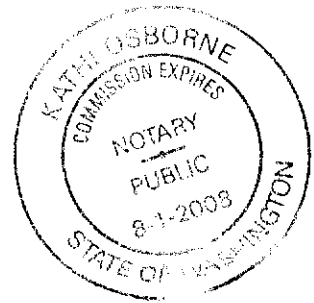
200501030106
Skagit County Auditor

UNOFFICIAL DOCUMENT

SUBSCRIBED AND SWORN to before me this 30th day of December,
2004.



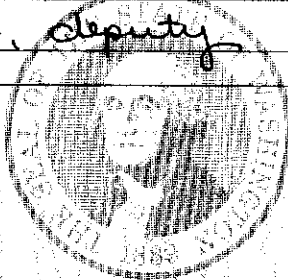
NOTARY PUBLIC in and for the
State of Washington,
Residing at: Mount Vernon
My Commission Expires: 8-1-08



200501030106
Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 936-04		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix CLIFFORD JAMES JAGGER				2. Death Date Dec. 23, 2004	
3. Sex (M/F) Male	4a. Age - Last Birthday 72 Years	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Port Angeles	8b. (State or Foreign Country) Washington	9. Decedent's Education Some College but no Degree		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. NO			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 11051 Sterling Road				13b. City or Town Sedro-Woolley	
13c. Residence: County Skagit	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98284	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. 40 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Linda May Struck	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Carpenter			18. Kind of Business/Industry (Do not use Company Name) Construction		
19. Father's Name (First, Middle, Last, Suffix) Marion Henry Jagger			20. Mother's Name Before First Marriage (First, Middle, Last) Merle Emily [REDACTED]		
21. Informant's Name Linda M. Jagger		22. Relationship to Decedent Wife	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 11051 Sterling Road, Sedro-Woolley, WA 98284		
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence					
25. Place of Death (if not a facility, give number & street or location) 11051 Sterling Road			26a. City, Town, or Location of Death Sedro-Woolley	26b. State WA	27. Zip Code 98284
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Solie Crematorium		30. Location-City/Town, and State Everett, Washington	
31. Name and Complete Address of Funeral Facility Affordable Burial & Cremation Services, LLC 1740 S/R 536 Mount Vernon, WA 98273				32. Date of Disposition Dec. 29, 2004	
33. Funeral Director Signature X <i>[Signature]</i> # 077					
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. BILATERAL BRONCHOGENIC LUNG CARCINOMA		Interval between Onset & Death 2 YEARS	
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	
		c.		Interval between Onset & Death	
		d.		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above COPD				36. Autopsy? <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"/> Not pregnant, but pregnant within 42 days before death <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"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input 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: [REDACTED]				Apt. No. [REDACTED]	
City or Town: [REDACTED]				State: [REDACTED]	
46. Describe how injury occurred [REDACTED]				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, the preceding of the time, date, and place and due to the cause(s) and manner stated. <i>[Signature]</i>				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. [REDACTED]	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Dr. Dale Abbott, M.D. 835 East Fairhaven, Burlington, WA 98233				50. Hour of Death (24hrs) 1227 Hours	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) Dec. 28, 2004	
53. Title of Certifier Physician	54. License Number MD 00025894	55. ME/Coroner File Number NJA- 336		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature <i>Donothy Epps, Deputy</i>				58. Date Received (MM/DD/YYYY) DEC 28 2004	
59. Amendments					



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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)
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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:

- 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

DEC 28 2004



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Skagit County Auditor

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

000122825

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 by and between **Clifford James Jagger and Linda May Jagger**, husband and wife, of Skagit County, Washington, and pursuant to the provisions of RCW 26.16.120, providing for agreements between husband and wife for the fixing of the status of community property to take effect upon the death of either:

WITNESSETH:

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

That all property of whatsoever nature or description, whether real, personal or mixed, and wheresoever situated, now owned or hereafter acquired by them or either of them, shall be considered and is hereby declared to be their community property.

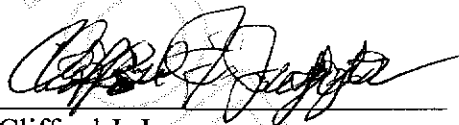
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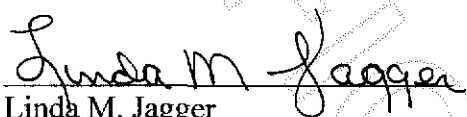
That upon the death of either of the aforementioned parties, title to all community property as herein defined shall immediately vest in fee simple in the survivor of them.


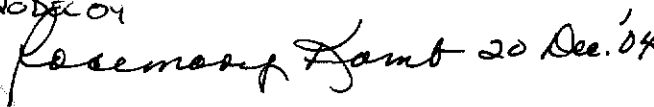
In Witness Whereof, the parties have hereunto set their hands and seals this

Dec 20th, 2004:



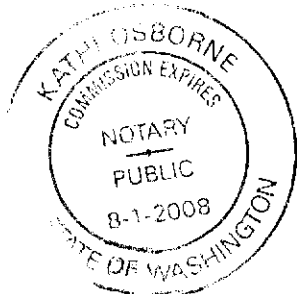

Clifford J. Jagger



Linda M. Jagger

WITNESS:  MICHAEL S. OSBORNE
20 DEC 04
 Rosemary Lamb 20 Dec. '04

STATE OF WASHINGTON)
COUNTY OF SKAGIT) SS.

I certify that I know or have satisfactory evidence that Clifford James Jagger and Linda May Jagger are husband and wife and they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the said document this 20 day of December, 2004:




Notary Public in and for the State of
Washington, residing at Mount Vernon
My Commission Expires: 8-1-08

