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Skagit County Auditor
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RETURN TO:
JOHN W. HICKS
SCHACHT & HICKS
PO BOX 1165
MOUNT VERNON WA 98273

DOCUMENT TITLE: Affidavit Re: Community Property Agreement
GRANTOR: MUNROE, DONALD BRUCE
GRANTEE: MUNROE, PATRICIA ANN/The public
ABBREVIATED LEGAL DESCRIPTION:
Slipper's AC S 50 FT Lot B all C & N 60 FT of D
PTN SW1/4 NW1/4 & W1/2 NW1/4 SW1/4 DAF BAT NW C SW1/4 SD Sec 25

ADDITIONAL LEGAL DESCRIPTION ON EXHIBIT "C" OF DOCUMENT.
ASSESSOR'S TAX PARCEL NUMBER:
4015-000-004-0001
360425-3-003-0808

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

PATRICIA ANN MUNROE, being first duly sworn on oath deposes and says:

1. **NAME OF DECEDENT**. That affiant is the surviving spouse of DONALD BRUCE MUNROE who died at Sedro Woolley, Skagit County, Washington, on the 17th day of April, 2005. That at that time they were residents of Sedro Woolley, 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 30th day of November, 1970, and while husband and wife, the affiant and the said DONALD BRUCE MUNROE and PATRICIA A. MUNROE executed an agreement entitled "Agreement as to Status of Community Property" 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. The Agreement was recorded under Skagit County Auditor's No. 746522, Volume 56, page 84, records of Skagit County. That the said Community Property Agreement is attached hereto, marked Exhibit "B" and by reference made a part hereof.

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

4. **STATUS OF PROPERTY**. 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. **INHERITANCE AND ESTATE TAXES**. 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. **REAL ESTATE**. That all of the real estate listed and described on Exhibit "C" attached hereto and by reference made a part hereof, was the community property of decedent and has now passed to the affiant as his surviving spouse.

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

Patricia Ann Munroe
PATRICIA ANN MUNROE

SIGNED AND SWORN to before me this 27th day of May, 2005, by PATRICIA ANN MUNROE.

KAY L. NEGLEY
NOTARY PUBLIC
COMMISSION EXPIRES 3-15-2008
STATE OF WASHINGTON

Kay L. Negley
Printed name: KAY L. NEGLEY
Notary Public in and for the State of Washington, residing at Mount Vernon.
My appointment expires: 3-15-08

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number 309-05

Washington State Certificate of Death

State File Number

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First	Middle	LAST	Suffix	2. Death Date
DONALD	BRUCE	MUNROE		April 17, 2005

3. Sex (M/F)	4a. Age – Last Birthday	4b. Under 1 Year Months / Days	4c. Under 1 Day Hours / Minutes	5. Social Security Number	6. County of Death
Male	60			535-40-8870	Skagit

7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education
April 26, 1944	Seattle	Washington	High School Graduate

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?
No	Caucasian	No

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)	13b. City or Town
4483 Ida Drive	Sedro-Woolley

13c. Residence: County	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?
Skagit		Washington	98284	☒ Yes ☐ No ☐ Unk

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)
19 years	Married	Patricia Spurlock

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)
Chief Engineer	Marine Transportation

19. Father's Name (First, Middle, Last, Suffix)	20. Mother's Name Before First Marriage (First, Middle, Last)
Alexander Munroe	Beatrice Harrell

21. Informant's Name	22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No.	City or Town	State	Zip
Patricia Munroe	Wife	4483 Ida Drive	Sedro-Woolley	WA	98284

24. Place of Death, if Death Occurred in a Hospital:	Place of Death, if Death Occurred Somewhere Other than a Hospital:
	Decedent's Residence

25. Facility Name (If not a facility, give number & street or location)	26a. City, Town, or Location of Death	26b. State	27. Zip Code
4483 Ida Drive	Sedro-Woolley	WA	98284

28. Method of Disposition	29. Place of Final Disposition (Name of cemetery, crematory, other place)	30. Location-City/Town, and State
Burial	Union Cemetery	Sedro-Woolley, Washington

31. Name and Complete Address of Funeral Facility	32. Date of Disposition
Lemley Chapel, Inc. 1008 Third St., Sedro-Woolley, WA 98284	April 22, 2005

33. Funeral Director Signature X [signature]

Part 2 completed by Certifier

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.

		Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Cardiac arrest	10'
	Due to (or as a consequence of):	
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. Myocardial Infarction	1 hr
	Due to (or as a consequence of):	
	c.	
	Due to (or as a consequence of):	
	d.	

35. Other significant conditions contributing to death but not resulting in the underlying cause given above	36. Autopsy?	37. Were autopsy findings available to complete the Cause of Death?
Type I Dm, hyperlipidemia, Rheumatoid Arthritis	☐ Yes ☒ No	☐ Yes ☐ No

38. Manner of Death	39. If female	40. Did tobacco use contribute to death?
☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending	☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year	☒ Yes ☐ Probably ☐ No ☐ 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?
			☐ Yes ☐ No ☐ Unk

45. Location of Injury: Number & Street: Apt No.

City or Town: County: State: Zip Code+4:

46. Describe how injury occurred	47. If transportation injury, specify:
	☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (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.	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.
X [signature] MD	X

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)	50. Hour of Death (24hrs)
Stevan Luther, M.D. 830 Ball St., Sedro-Woolley, WA 98284	2200 hours
51. Name and Title of Attending Physician if other than Certifier (Type or Print)	52. Date Signed (MM/DD/YYYY) 4-18-05

53. Title of Certifier	54. License Number	55. ME/Coroner File Number	56. Was case referred to ME/Coroner?
Physician		061-05	☒ Yes ☐ No

57. Registrar Signature	58. Date Received (MM/DD/YYYY)
X Dorothy Epps, deputy	APR 19 2005
59. Amendments	

DOH/CHS 003 Rev 2/06/2004

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Washington State Department of Health

Affidavit for Correction

This is a legal Document. Complete in ink and do not alter.

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number

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:

The Record now shows:	The True fact is:
6.	7.
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
- Hospital Records
- Insurance Records
- Marriage/Divorce Records
- Medical Record
- Military Record (DD-214)
- Birth Record
- Passport
- School Record
- Voter's Registration Card (if it bears an effective date)
- Alien Registration Card (front and back)

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

APR 19 2005

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

MM00417961

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Skagit County Auditor

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746522 ✓

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 30 *day of* NOVEMBER, *19* 70, *by and between* DONALD BRUCE MUNROE *and* PATRICIA ANN MUNROE, *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 DONALD B. MUNROE *while said* PATRICIA A. MUNROE *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* PATRICIA A. MUNROE *in fee simple; and in the event of the death of said* PATRICIA A. MUNROE *while the said* DONALD B. MUNROE *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* DONALD B. MUNROE *in fee simple.*

IN WITNESS WHEREOF, the said Patricia A. Munroe *and* Donald B. Munroe *have hereunto set their hands and seals the day and date first above written.*

Signed, Sealed and Delivered in the Presence of

Patricia A. Munroe (SEAL)

Donald B Munroe (SEAL)

STATE OF WASHINGTON,
County of Skagit } *ss.*

Received for record at Dec 8 1970 10:04A M
at request of Patricia Ann Munroe
A. H. JOHNSON, Auditor Skagit Co., Washington

This is to certify that on this 30 *day of* November, *19* 70, *before me* John R Wickstrom *a Notary Public in and for the State of Washington duly commissioned and sworn, personally came* Patricia A. Munroe *and* Donald B Munroe *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.

John R Wickstrom

Notary Public in a Sadie Woolley

EXHIBIT B

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Official Records
VOL 56 PAGE 84

746522 2nd

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A. H. JOHNSON
COUNTY AUDITOR
'70 DEC 8 AM 10:04
FILED
REQUEST OF

Patricia Ann Munroe
Rt 2 Box 207
Iowa Colony.

PARCEL A:

That portion of the Southwest 1/4 of the Northwest 1/4 and of the West 1/2 of the Northwest 1/4 of the Southwest 1/4 of Section 25, Township 36 North, Range 4 East, W.M., described as follows:

Commencing at the Northwest corner of the Southwest 1/4 of said Section 25; thence South 89°49'10" East along the North line of said subdivision for a distance of 695.01 feet to the true point of beginning; thence South 0°03'03" East for a distance of 350.88 feet; thence North 89°18'10" West for a distance of 300.34 feet to the East edge of easement road; thence North 28°32'18" East along the edge of Easement road for a distance of 448.36 feet; thence South 61°27'42" East for a distance of 97.68 feet to the true point of beginning. (Also known as Tract B, Short Plat 2-74).

TOGETHER WITH and subject to that certain non exclusive easement for ingress, egress and utilities over and across a 60 foot strip described in Declaration of Easements recorded August 2, 1973, under Auditor's File No. 788858.

Tax Parcel No. 360425-3-003-0808

PARCEL B:

The South 50 feet of Lot "B", all of Lot "C", and the North 60 feet of Lot "D" in "CORRECTED PLAT OF SLIPPER'S ACRES:, as per plat recorded in Volume 4 of Plats, page 54 records of Skagit County, Washington.

TOGETHER with that certain road right of way and easement as set forth in document recorded May 11, 1953,under Auditor's File No. 488134.

Tax Parcel No. 4015-000-004-0001

EXHIBIT C