

COVER SHEET

Return To:

Fairhaven Legal Associates, P.S.  
P.O. Box 526  
Burlington, Washington 98233



200511020019  
Skagit County Auditor

11/2/2005 Page 1 of 6 9:31AM

**DOCUMENT TITLE(S)** (or transactions contained herein):

Community Property Agreement, Affidavit Re: Community Property Agreement

**REFERENCE NUMBER(S)** of Documents Assigned or Released:

**GRANTOR(S)** (Last name, first name and initials):

- 1)
- 2)

Additional Names on Page \_\_\_\_\_ of Document

**GRANTEE(S)** (last name, first name and initials):

- 1) Sheila R. Bailey
- 2)

Additional Names on Page \_\_\_\_\_ of Document

**LEGAL DESCRIPTION** (abbreviated: i.e., lot, block, plat or quarter, section, township, and range):

Lot 3, "Prairie Acres III", according to the plat thereof recorded in volume 12 of plats, page 74, records of Skagit County, Washington.

Additional Legal(s) on Page \_\_\_\_\_ of Document

**ASSESSORS PARCEL / TAX ID NUMBER:**

4407-000-003-0008

Tax Parcel Number(s) for additional Legal(s) on Page \_\_\_\_\_ of Document

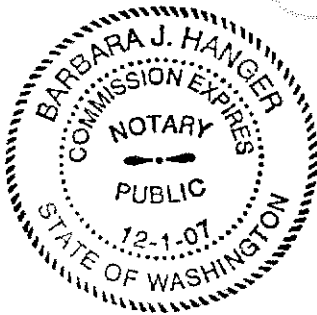


That the approximate value of the aforesaid real estate as of the date of death of said decedent was approximately \$179,800.00.

This affidavit is made to induce a title insurance company to issue its policy of title insurance on the aforesaid real estate passing to the surviving spouse by virtue of said Community Property Agreement in reliance upon the representations herein set forth.

Sheila R. Bailey  
SHEILA R. BAILEY

Subscribed and sworn to before me this 1st day of <sup>November</sup>~~October~~, 2005.



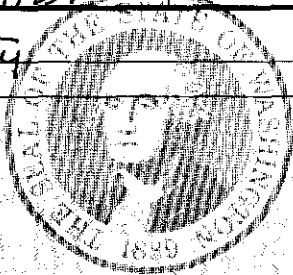
Barbara J. Hanger  
Notary Public in and for Washington,  
Residing at Mount Vernon



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 543-05 Washington State Certificate of Death State File Number

1. Legal Name (Include AKA's if any) First Middle LAST Suffix <b>ARTHUR LENARD BAILEY JR.</b>				2. Death Date <b>Jul 13, 2005</b>	
3. Sex (M/F) <b>Male</b>	4a. Age - Last Birthday <b>65</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number <b>98284</b>	6. County of Death <b>Skagit</b>
7a. Birthplace (City, Town, or County) <b>Polson</b>		7b. (State or Foreign Country) <b>Montana</b>		9. Decedent's Education <b>High School Grad</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>			11. Decedent's Race(s) <b>Caucasian</b>		12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>4786 Ivan Lane</b>				13b. City or Town <b>Sedro-Woolley</b>	
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>98284</b>
14. Estimated length of time at residence <b>19 Years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Sheila Dupuis</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). <b>Iron Worker</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Construction</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Arthur Lenard Bailey SR.</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Blanche Elizabeth</b>		
21. Informant's Name <b>Sheila Bailey</b>		22. Relationship to Decedent <b>Wife</b>		23. Mailing Address: Number and Street or RFD No. City or Town. State Zip <b>4786 Ivan Lane Sedro-Woolley, WA 98284</b>	
24. Place of Death, if Death Occurred in a Hospital: <b>Inpatient</b>			Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (If not a facility, give number & street or location) <b>United General Hospital</b>			26a. City, Town, or Location of Death <b>Sedro-Woolley</b>		26b. State <b>WA</b>
27. Zip Code <b>98284</b>		28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Northwest Crematory</b>	
30. Location-City/Town, and State <b>Anacortes, Washington</b>			31. Name and Complete Address of Funeral Facility <b>Lemley Chapel Inc 1008 Third St Sedro-Woolley, WA 98284</b>		
32. Date of Disposition <b>July 16, 2005</b>			33. Funeral Director Signature <i>Brian Halverson</i>		
<b>Cause of Death (See instructions and examples)</b>					
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. <b>aspiration pneumonia &amp; recurrent</b>		Interval between Onset & Death <b>3 months</b>	
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. <b>Gastric outlet obstruction</b>		Interval between Onset & Death <b>3 months</b>	
		c. <b>Gastric adenocarcinoma</b>		Interval between Onset & Death <b>4 months</b>	
		d.			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				37. Were autopsy findings available to complete the Cause of Death? <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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unk		45. Location of Injury: Number & Street. City or Town. County. State. Zip Code + 4.			
46. Describe how injury occurred				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, death occurred at the time, date, and place and due to the cause(s) and manner stated. <i>Houshang Shetabi</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.	
49. Name and Address of Certifying Physician, Medical Examiner or Coroner (Type or Print) <b>Houshang Shetabi MD 2000 Hospital Dr Sedro-Woolley, WA 98284</b>				50. Hour of Death (24hrs) <b>1520</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) <b>07/14/05</b>	
53. Title of Certifier <b>Physician</b>		54. License Number <b>MD 000017837</b>		55. ME/Coroner File Number	
57. Registrar Signature <i>Corinne Anderson, Deputy</i>				56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
58. Amendments				59. Date Received (MM/DD/YYYY) <b>JUL 15 2005</b>	



**200511020019**  
**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. <b>The Record now shows:</b>	7. <b>The True fact is:</b>
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 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 \***

JUL 15 2005

91 21 11 5 - 985 502



200511020019  
Skagit County Auditor

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

MM00419529

COMMUNITY PROPERTY AGREEMENT

KNOW ALL PERSONS BY THESE PRESENTS:

This agreement, made and entered into this 16th day of October, 1984, by and between Arthur L. Bailey and Sheila R. Bailey, husband and wife, of Skagit County, State of Washington, pursuant to the provisions of §26.16.120RCW, permitting agreements between husband and wife fixing the status and disposition of community property to take effect upon the death of either, Witnesseth: That, in consideration of the love and affection that each of us has for the other, and in consideration of the mutual benefits to be derived by each of us, it is hereby agreed, covenanted, and promised as follows:

I.

That all property of whatsoever nature or description whether real, personal or mixed and wheresoever situated now owned or hereafter acquired by us or either or us, including separate property, shall be considered and is hereby declared to be community property, and each of us hereby conveys and quit claims to the other his or her interest in any separate property he or she now owns or hereafter acquires so as to convert the same to community property. The real estate now owned and which is declared to be community property is particularly described as:

II.

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

IN WITNESS WHEREOF, we Arthur L. Bailey and Sheila R. Bailey have hereunto set our hands and seals this 16th day of October 1984.

Gaye Prince
WITNESS

Karla Sukerman
WITNESS

x Arthur L. Bailey
SPOUSE

x Sheila Bailey
SPOUSE

STATE OF WASHINGTON,
County of SKAGIT } ss.

This is to certify on this 16th day of October, 1984, before me Lyla E. Poole a Notary Public in and for the State of Washington duly commissioned and sworn, personally came Arthur L. Bailey and Sheila Bailey 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 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.

Lyla E. Poole

Notary Public in and for the State of Washington residing at Burlington

