



200511230149
Skagit County Auditor

11/23/2005 Page 1 of 8 3:36PM

Document Title:

*Affidavit of Community
Property Agreement*

Reference Number :

Grantor(s):

☐ additional grantor names on page ____

1. *Donald B. Pierce*

2.

Grantee(s):

☐ additional grantee names on page ____

1. *Public*

2.

Abbreviated legal description:

☐ full legal on page(s) ____

Estate of Margaret E. Pierce

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____

P6 7549

**AFFIDAVIT IN SUPPORT
OF
COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

DONALD B. PIERCE, being first duly sworn, on oath, deposes and says:

1. This Affidavit provides information for the record regarding that certain Community Property Agreement dated the 30th day of November, 1962, executed by DONALD B. PIERCE and MARGARET E. PIERCE, husband and wife, (the "Agreement"). The Agreement was recorded in the Office of the County Auditor in Skagit County, Washington on November 23, 2005, under File No. 5 AME. The statements set forth in this Affidavit are representations of fact which may be relied upon by all parties dealing with the real estate located in Skagit County, Washington and more fully described as set forth below.

Tax Parcel No: P67549 3958-000-014-0018

(DK1) (Title Elimination) Including manufactured home 1990 Skyline Oaksprings 66X28 Serial Number 32910504Z.

Parcel A:

Lots 13 and 14, "MOORE'S GARDEN PLAT" according to the Plat recorded in Volume 7 of Plats, page 10, records of Skagit County, Washington.

Parcel B:

That portion of the following described tract of land lying Northwesterly of the Plat of "MOORE'S GARDEN PLAT", according to the Plat recorded in Volume 7 of Plats, page 10, records of Skagit County, Washington, and Southwesterly of the Northeasterly line of Lots 13 and 14 of said Plat, extended Northwesterly: That portion of Lot 1 and the Northeast Quarter of the Northwest Quarter of Section 19 and all of Lots 4 and 5 of Section 18, all in Township 34 North, Range 4 East, W.M., described as follows:

Beginning at a point 828.3 feet South of the Northwest corner of Section 19; running thence South along the Westerly line of said Section 19, 289.7 feet; thence North 54 degrees 08' East 2190 feet, more or less, to the Skagit River; thence Westerly along the said Skagit River 418.2 feet, more or less, to the most Easterly corner of a tract known as the Peter McKinnon Tract; thence Southwesterly along the Southeasterly line of said McKinnon Tract to the point of beginning.

2. MARGARET E. PIERCE (the "Decedent") was one of the parties to the Agreement and died on April 28, 2004 in Skagit County, Washington.

3. The parties to the Agreement were legally competent at the time of the Agreement and executed no subsequent Wills or agreement which would have the effect of abrogating or nullifying the Agreement.

4. The real property owned by the Decedent and the affiant is legally described above.

5. The Decedent left no separate property.

6. All obligations of the community composed of the Decedent and the affiant owing at the date of the Decedent's death have been paid in full, and all expenses of last illness and for funeral and burial services of the Decedent have been paid.

7. The Decedent was survived by the following persons:

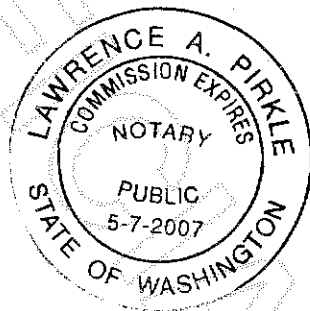
<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
DONALD B. PIERCE 18039 Moore's Garden Road Mount Vernon, WA 98273	Spouse	Legal
MICHAEL B. PIERCE 5123 Parkridge Pl. Sedro Woolley, WA 98284	Son	Legal
NANCY E. STAPELTON 18039 Moore's Garden Road Mount Vernon, WA 98273	Daughter	Legal
REAS E. PIERCE 14752 Caminito Via Campestre Del Mar, CA 92014	Son	Legal
CHERYL E. MATSON 592 Hideaway Road Yakima, WA 98908	Daughter	Legal



DATED this 17th day of November, 2005

Donald B. Pierce
DONALD B. PIERCE

SIGNED AND SWORN to before me this 17th day of November, 2005.



LAWRENCE A. PIRKLE

[Signature]
NOTARY PUBLIC in and for the
State of Washington,
Residing at Mount Vernon
My appointment expires: 5/7/07



STATE OF WASHINGTON DEPARTMENT OF HEALTH CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number 4153		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) First: MARGARET Middle: E Last: PIERCE Suffix:			2. Death Date APRIL 28, 2004		
3. Sex (M/F) FEMALE	4a. Age - Last Birthday 77	4b. Under 1 Year Months: Days:	4c. Under 1 Day Hours: Minutes:	5. Social Security Number 483-20-8672	6. County of Death KING
7. Birthdate JAN. 18, 1927	8a. Birthplace (City, Town, or County) LAKE CITY	8b. (State or Foreign Country) IOWA	9. Decedent's Education 9th - 12th GRADE, NO DIPLOMA		
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? NO
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 18039 MOORES GARDEN ROAD				13b. City or Town MOUNT VERNON	
13c. Residence: County SKAGIT	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country WASHINGTON	13f. Zip Code + 4 98273	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence: 58 YEARS	15. Marital Status at Time of Death MARRIED	16. Surviving Spouse's Name (Give name prior to first marriage) DONALD B. PIERCE			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). BOOKKEEPER			18. Kind of Business/Industry (Do not use Company Name) BOOKKEEPING		
19. Father's Name (First, Middle, Last, Suffix) EDWARD L. MASTIN			20. Mother's Name Before First Marriage (First, Middle, Last) ELLEN MERTZ		
21. Informant's Name DONALD B. PIERCE	22. Relationship to Decedent HUSBAND	23. Mailing Address: Number & Street or RFD No. City or Town State Zip 18039 MOORES GARDEN RD., MOUNT VERNON, WA 98273			
24. Place of Death, if Death Occurred in a Hospital: INPATIENT			Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (If not a facility, give number & street) UNIVERSITY OF WASHINGTON MEDICAL CENTER			26a. City, Town, or Location of Death SEATTLE	26b. State WA	27. Zip Code 98195
28. Method of Disposition CREMATION	29. Place of Disposition (Name of cemetery, crematory, other place) MOUNT VERNON CREMATORY		30. Location-City/Town, and State MOUNT VERNON, WASHINGTON		
31. Name and Complete Address of Funeral Facility KERN FUNERAL HOME, 1122 SO. 3rd. ST., MOUNT VERNON, WASHINGTON 98273				32. Date of Disposition APRIL 30, 2004	
33. Funeral Director Signature <i>Edward E. Bragg</i>					
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. MESENTERIC ISCHEMIA		Interval between Onset & Death
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. BOWEL INFARCTION		Interval between Onset & Death
			c. ESCHERICHIA COLI		Interval between Onset & Death 14 DAYS
			d.		Interval between Onset & Death
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 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 checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days before 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 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) as indicated.			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 Certifier - Physician, Medical Examiner or Coroner (Type or Print) RICHARD J WALL, MD 1959 NE PACIFIC ST SEATTLE WA 98195			50. Hour of Death (24hrs) 1050		
51. Name and Title of Attending Physician if other than Certifier (Type or Print) CHRISTOPHER H GOSS, MD			52. Date Certified (MM/DD/YYYY) APRIL 28, 2004		
53. Title of Certifier PHYSICIAN	54. License Number 00042456	55. ME/Coroner File Number		56. Was case referred to medical examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature X			58. Date Received (MM/DD/YYYY) APR 28 2004		
59. Record Amendment Item					



200511230149
Skagit County Auditor



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
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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:

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:
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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)

Seattle -- King County
Department of Public Health

Alonzo L. Plouffe
Alonzo L. Plouffe, Ph.D., MPH
Director and Health Officer



200511230149
Skagit County Auditor

629245✓

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 30th day of November, 1962, by and between DONALD B. PIERCE and MARGARET E. PIERCE, 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. PIERCE while MARGARET E. PIERCE 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 MARGARET E. PIERCE in fee simple; and in the event of the death of said MARGARET E. PIERCE while the said DONALD B. PIERCE 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. PIERCE in fee simple.

IN WITNESS WHEREOF, the said DONALD B. PIERCE and MARGARET E. PIERCE have hereunto set their hands and seals the day and date first above written.

Signed, sealed and delivered
in the presence of:

Norm Maxwell
Edna M. Plummer

Donald B. Pierce
Margaret E. Pierce




200511230149
Skagit County Auditor

STATE OF WASHINGTON)
) ss:
COUNTY OF SKAGIT)

THIS IS TO CERTIFY that on this 30th day of November, 1962, before me, Warren W. Russell, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally came DONALD B. PIERCE and MARGARET E. PIERCE, 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.



Notary Public in and for the State of
Washington, residing at Mount Vernon.

