



200610230050  
Skagit County Auditor

10/23/2006 Page 1 of 6 10:10AM

Recorded at request  
of, and return to:

Stiles & Stiles, Inc., P.S.  
P.O. Box 228  
Sedro-Woolley, WA 98284

**AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON )ss.  
COUNTY OF SKAGIT )

Linda Gaye Parker, being first duly sworn, deposes and says:

1. I am the surviving spouse of James Monroe Parker, who died at Mount Vernon, County of Skagit, State of Washington, on September 17, 2006. We provided for the disposition of all our community property by a Community Property Agreement dated September 2, 1977. The agreement has been recorded simultaneously with this affidavit and a copy of the decedent's death certificate under the records of the Auditor for Skagit County, Washington.

2. There are no unpaid creditors of the decedent or the former marital community, nor unpaid funeral expense or expense of last illness, except for:

NONE

P 38961<sup>NE</sup> 13-35-5

3. The value of the community estate as of the date of death, including all real and personal property, was over \$ 250,000.00. The value of all separate property of said decedent was \$ 00.00 as of the date of death. Among other items of community property was the following described real estate:

See attached legal descriptions of real property owned by affiant and said decedent on the date of death.

4. This affidavit is made to induce any title company to issue its policies of title insurance on real property passing to me as surviving spouse by virtue of the community property survivorship agreement and in reliance upon the representations made in this Affidavit.

DATED: Oct 17, 06

Linda G. Parker  
Linda Gaye Parker

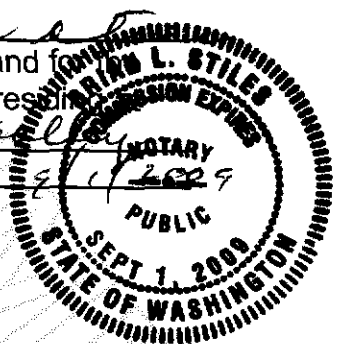
STATE OF WASHINGTON)  
COUNTY OF SKAGIT ) ss.

On this day personally appeared before me Linda Gaye Parker, who executed the within and foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal on Oct 17, 2006

Brian L. Stiles  
NOTARY PUBLIC in and for  
State of Washington, residing at \_\_\_\_\_

Brian L. Stiles  
Commission Expires: Sept 1, 2009



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**Tax Parcel # 350513-0-007-0309 - P38961**

That portion of the North Half of the Northeast Quarter of Section 13, Township 35 North, Range 5 East of the Willamette Meridian, described as follows:

Beginning at a point on the North line of the Minkler paved road which is North 2° 20' West a distance of 1526.3 feet and North 89° 54' West a distance of 1034.9 feet from the East Quarter corner of said Section 13;  
Thence North 89° 54' West along said North line a distance of 117 feet to the Southwest corner of that certain tract of land conveyed to James Parker and Linda Parker, husband and wife, by that certain deed recorded September 21, 1971 under Auditor's File No. 758307, records of Skagit County, Washington, which point is the true point of beginning;  
Thence North 89° 54' West along said line a distance of 250 feet; thence North parallel with the West line of said Parker Tract a distance of 148 feet;  
Thence running Northeasterly to the Southwest corner of tract conveyed to Walt Parker, et ux, by deed recorded September 13, 1971 under Auditor's File No. 757983, records of Skagit County, Washington;  
Which point is also on the Westerly extension of the North line of the above referenced James Parker Tract;  
Thence Easterly along said Westerly extension to the Northwest corner of said James Parker Tract;  
Thence South a distance of 186 feet along the West line of said James Parker Tract to the point of beginning.

Situated in Skagit County, Washington.

**Tax Parcel # 350513-0-007-0101 - P38959**

The East 117 feet (measured parallel to the Minkler paved Road) of the South 186 feet of the following described tract:

That portion of the following described property lying Southerly of Secondary State Highway 17A as condemned by the State of Washington in the Superior Court of the State of Washington for Skagit County as Cause No. 25060:

That portion of the North ½ of the Northeast ¼ of Section 13, Township 35 North, Range 5 East W.M., described as follows:

Beginning at a point on the North line of Minkler paved road said point being North 2° 20' West 1526.3 feet and North 89° 54' West 1034.9 feet from the East ¼ corner of said Section 13; thence North 2° 20' West 1187.8 feet parallel with the East line of said section; thence North 89° 54' West 215 feet; thence South 13° 16' West 1232.4 feet to the North line of Minkler paved Road; thence South 89° 54' East 535.9 feet to the point of beginning.

EXCEPT right of way of Puget Sound and Baker River Railroad Company.

Situate in the County of Skagit, State of Washington.

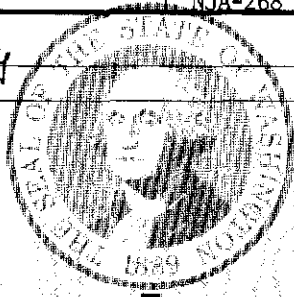


200610230050

Skagit County Auditor

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number <b>755-06</b>		<b>Washington State Certificate of Death</b>		State File Number	
1. Legal Name (Include AKA's if any): First <b>JAMES</b> Middle <b>M</b> LAST <b>PARKER</b> Suffix			2. Death Date <b>Sept 17, 2006</b>		
3. Sex (M/F) <b>Male</b>	4a. Age - Last Birthday <b>61</b>	4b. Under 1 Year Months <b>0</b> Days <b>0</b>	4c. Under 1 Day Hours <b>0</b> Minutes <b>0</b>	5. Social Security Number	6. County of Death <b>Skagit</b>
7. Birthdate <b>Nov 24, 1944</b>	8a. Birthplace (City, Town, or County) <b>Sylva</b>	8b. (State or Foreign Country) <b>North Carolina</b>		9. Decedent's Education <b>8th Grade</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>No</b>
13a. Residence: Number and Street (e.g., 824 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>29789 Lyman-Hamilton Hwy.</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>	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence <b>34 yrs</b>	15. Marital Status at Time of Death <b>Married</b>	16. Surviving Spouse's Name (Give name prior to first marriage) <b>Linda G. Hodgins</b>			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Foreman</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Oil Refinery</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Robert Z. Parker</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Elizabeth Moore</b>		
21. Informant's Name <b>Linda Parker</b>		22. Relationship to Decedent <b>Wife</b>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>29789 Lyman-Hamilton Hwy Sedro-Woolley, WA 98284</b>		
24. Place of Death, if Death Occurred in a Hospital: <b>In-Patient</b>			24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (If not a facility, give number & street or location) <b>Skagit Valley Hospital</b>			26a. City, Town, or Location of Death <b>Mount Vernon</b>	26b. State <b>WA</b>	27. Zip Code <b>98273</b>
28. Method of Disposition <b>Burial</b>	29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Hamilton Cemetery</b>		30. Location-City/Town, and State <b>Hamilton, WA</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>Sep 22, 2006</b>		
33. Funeral Director Signature <i>[Signature]</i>					
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. <b>Amyotrophic Lateral Sclerosis</b>		Interval between Onset & Death <b>13 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.		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			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 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"/> No <input type="checkbox"/> Probably <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: Apt. No. 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 - On the basis of my examination, death occurred at 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. <b>X</b>		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Roger P. Estep MD 2116 E. Kincaid Mount Vernon, WA 98273</b>			50. Hour of Death (24hrs) <b>2035 hrs.</b>		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Signed (MM/DD/YYYY) <b>9/19/06</b>		
53. Title of Certifier <b>Physician</b>	54. License Number	55. ME/Coroner File Number <b>NJA-268</b>		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>			58. Date Received (MM/DD/YYYY) <b>SEP 20 2006</b>		
59. Amendments					



DOH/CHS 003 Rev 2/06/2004

200610230050  
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: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)	Telephone Number:
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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)



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Skagit County Auditor



NN00948882

COMMUNITY PROPERTY AGREEMENT

~~Oct 10~~ <sup>Sept</sup> THIS AGREEMENT made and entered into this <sup>2nd</sup> day of ~~October~~, 1977, by and between James Monroe Parker and Linda Gaye Parker, husband and wife, of Lyman, Skagit County, Washington,

W I T N E S S E T H:

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 or 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 community property.

II.

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 said James Monroe Parker and Linda Gaye Parker, hereunto have set their hands and seals this <sup>2nd</sup> day of ~~August~~ <sup>Sept</sup>, 1977.

James M. Parker  
JAMES MONROE PARKER

Linda Gaye Parker  
LINDA GAYE PARKER

STATE OF WASHINGTON )  
COUNTY OF SKAGIT ) ss

This is to certify that upon this <sup>2nd</sup> day of ~~August~~ <sup>Sept</sup>, 1977, personally appeared before me James Monroe Parker and Linda Gaye Parker, husband and wife, known to me to be the indetical persons named in and who executed the foregoing instrument, and did acknowledge to me that they signed the same as the voluntary act and deed for the uses and purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year in this certificate first above written.

Beverly A. Martin  
NOTARY PUBLIC in and for the state of Washington, residing in Sedro Woolley.



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