



200704160030

Skagit County Auditor

4/16/2007 Page

1 of

6 9:55AM

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 )

Richard Livingston Mulholland, being first duly sworn, deposes and says:

1. I am the surviving spouse of Carol Claudine Mulholland, who died at Sedro-Woolley, County of Skagit, State of Washington, on July 26, 2006. We provided for the disposition of our community property by a Community Property Survivorship Agreement dated June 28, 1976. The original Community Property Survivorship 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 said decedent or the former marital community nor unpaid funeral expense or expense of last illness, except for:

NONE

3. The value of the community estate on the date of death, including all real and personal property, was approximately \$500,000.00. The value of decedent's separate property was approximately \$00.00 on the date of death. Among other items of community property was the following described real estate:

Tax ID: 4351-000-006-0001  
P79728

Unit 6 of "Cedarcrest Condominium No. 1," a condominium as shown on survey map and floor plans recorded February 2, 1977 under Auditor's File No. 850332, in Volume 11 of Plats, pages 57 and 58, and as identified in declaration recorded February 2, 1977 under Auditor's File No. 850333, in Volume 252 of Official Records, pages 1 through 39, inclusive, records of Skagit County, Washington. Together with an undivided 14.875 percentage interest in common areas and facilities described in Article 5 of said declaration.

Tax ID: 4166-011-012-0005  
P76637

Tax ID: 4151-080-009-0101  
P76170

Lot 9, Block 80, "SECOND ADDITION TO SEDRO", as per plat recorded in Volume 3 of Plats, page 54, records of Skagit County, Washington.

ALSO, Lot 12, Block 11, "REPLAT OF THE JUNCTION ADDITION TO SEDRO", as per plat recorded in Volume 3 of Plats, page 48, records of Skagit County, Washington.

TOGETHER WITH the vacated alley adjacent to Lot 9, Block 80 of said "SECOND ADDITION TO SEDRO".

Situate in the city of Sedro Woolley, county of Skagit, State of Washington.

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 said community property survivorship agreement and in reliance upon the representations made in this Affidavit.

DATED: 4-5-2007

*Richard L. Mulholland*  
Richard Livingston Mulholland



200704160030

Skagit County Auditor

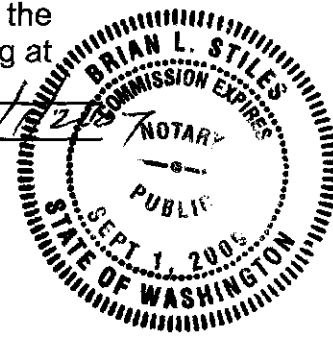
4/16/2007 Page 2 of 6 9:55AM

STATE OF WASHINGTON)  
COUNTY OF SKAGIT ) ss.

On this day personally appeared before me Richard Livingston Mulholland, who executed the within and foregoing instrument and acknowledged that he signed the same as his free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal on April 5, 2007

Brian L. Stiles  
NOTARY PUBLIC in and for the  
State of Washington, residing at  
Bedou-Woolley  
Commission Expires: 12/1/2008



200704160030  
Skagit County Auditor

COMMUNITY PROPERTY SURVIVORSHIP AGREEMENT

THIS AGREEMENT, made and entered into this 28th day of June, 1976, by and between RICHARD LIVINGSTON MULHOLLAND and CAROL CLAUDINE MULHOLLAND, husband and wife, pursuant to the provisions of Section 26.16.020, Revised Code of Washington, providing for agreements between husband and wife for fixing of 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 the 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 as follows:

FIRST: That all property of whatsoever nature and 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 community property.

SECOND: That upon the death of either of the parties hereto, title to all community property as defined in the preceding paragraph shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said RICHARD LIVINGSTON MULHOLLAND and CAROL CLAUDINE MULHOLLAND, husband and wife, have hereunto set their hands and seals this 28th day of June, 1976.

B. Wagoner
H. Emdal
(Witnesses)

Richard Livingston Mulholland
Carol Claudine Mulholland

STATE OF WASHINGTON )
) SS.
COUNTY OF SKAGIT )

This certifies that on the 28th day of June, 1976, personally appeared before me RICHARD LIVINGSTON MULHOLLAND and CAROL CLAUDINE MULHOLLAND, husband and wife, to me known to be the individuals described in and who executed the foregoing instrument and acknowledged 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.

William A. Stebbins
Notary Public in and for the State of Washington, residing at Sedro Woolley



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **7423** Washington State Certificate of Death State File Number

1. Legal Name (Include AKA's if any) First Middle LAST <b>Carol C. MULHOLLAND</b>			2. Death Date <b>07/26/06</b>		
3. Sex (M/F) <b>Female</b>	4a. Age - Last Birthday <b>82</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number <b>[REDACTED]</b>	6. County of Death <b>King</b>
7. Birthdate <b>Apr 6, 1924</b>	8a. Birthplace (City, Town, or County) <b>Mascot</b>	8b. (State or Foreign Country) <b>Nebraska</b>		9. Decedent's Education <b>2 yrs College</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>12462 Gwen Drive #6</b>			13b. City or Town <b>Burlington</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>98233</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>27 yrs</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Richard Mulholland</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). <b>Homemaker</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Own Home</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Claude Menagh</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Isabel Tanner</b>		
21. Informant's Name <b>Richard Mulholland</b>		22. Relationship to Decedent <b>Husband</b>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>12462 Gwen Drive #6 Burlington, WA 98233</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>Harborview Medical Center</b>			26a. City, Town, or Location of Death <b>Seattle</b>	26b. State <b>WA</b>	27. Zip Code <b>98104</b>
28. Method of Disposition <b>Burial</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Union Cemetery</b>		30. Location-City/Town, and State <b>Sedro-Woolley, 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>Aug 1, 2006</b>		
33. Funeral Director Signature <i>[Signature]</i>					

Part 1 completed by Funeral Director

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>a. Multiple rib and cervical vertebral fractures, pulmonary contusions;</b>	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	Interval between Onset & Death
<b>b. Blunt force trauma to neck and chest</b>	Interval between Onset & Death
<b>c.</b>	Interval between Onset & Death
<b>d.</b>	Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above  
**Myocardial infarct due to coronary atherosclerosis**

36. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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"/> 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
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41. Date of Injury (MM/DD/YYYY) <b>07/26/06</b>	42. Hour of Injury (24hrs) <b>1127 h</b>	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) <b>Roadway</b>	44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
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45. Location of Injury: Number & Street: <b>Highway 20 &amp; District Line Road</b> Apt No.			City or Town: <b>Sedro Woolley</b> County: <b>Skagit</b> State: <b>WA</b> Zip Code + 4: <b>98284</b>
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46. Describe how injury occurred  
**Driver/motor vehicle/car/struck fixed object**

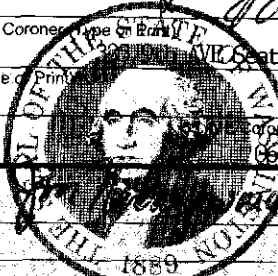
47. If transportation injury, specify: <input checked="" type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	48a. Certifying Physician - To the best of my knowledge, death occurred at the time, place, and place and date of the cause(s) and manner stated. <b>X</b>	48b. Medical Examiner/Coroner - On the basis of examination, laboratory investigation, and other information, I certify that the date, time, place, and cause of death are as stated above. <i>[Signature]</i>
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49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type & Print) <b>Patrick Cho, M.D.</b>	50. Hour of Death (24hrs) <b>2250 h</b>
51. Name and Title of Attending Physician if other than Certifier (Type & Print)	52. Date Signed (MM/DD/YYYY) <b>07/27/06</b>

53. Title of Certifier <b>Assistant Medical Examiner</b>	54. License Number	55. Coroner File Number <b>06-1211</b>	56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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57. Registrar Signature  
**X**

58. Date Received (MM/DD/YYYY) **Aug 31 2006**



200704160030  
**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 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:**

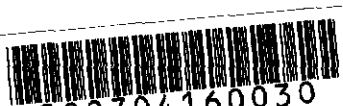
- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less 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**  
 Skagit County  
 Department of Public Health  
 Nancy D. Jensen  
 Director of Public Health  
 Skagit Director and Health Officer



200704160030  
 Skagit County Auditor

AUG 04 2006

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