200706140109
Skagit County Auditor
6/14/2007 Page 1 of 6 2:40PM

Filed for Record at request of
and return to:
STILES & STILES INC. P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284

Legal : TROWBRIDGE ADD TO SEDRO LESS HWY LOT 21

Tax Parcel # 4175-000-021-0006
P77364

==========

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

State of Washington)ss.
County of Skagit)

Patsy Hinds, being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of Ernest D. Hinds Sr., who died at Mount Vernon, County of Skagit, State of Washington, on June 1, 2007 having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated September 26, 2006, which agreement shall be 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. That 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. That the value of the community estate as of the date of death, including all real and personal property, was approximately $ 175,000.00 and the value of all separate property of said decedent was $-0- as on the date of death. Among other items of community property was the following described real estate.

Tract 21 of TROWBRIDGE ADDITION TO THE TOWN OF SEDRO WOOLLEY, as per plat recorded in Volume 3 of Plats, page 33, records of Skagit County, EXCEPT that portion conveyed to the State of Washington for highway purposes by deed dated September 30, 1957, filed as File No 557407,

SUBJECT TO easements over the North 10 feet thereof as contained in documents recorded under Skagit Auditor's File No. 405615 and 415067, respectively, easement for transmission line as contained in document recorded under Auditor's File No. 426542 and road grade rights of State of Washington as contained in document recorded under Auditor's File No 581061.

4. This affidavit is made to induce any title company to issue its policies of title insurance on real property passing to the affiant as surviving spouse by virtue of said community property survivorship agreement, and in reliance upon the representations hereinabove set forth.

DATED this 12 day of June, 2007.

Patsy Hinds

Patsy Hinds

State of Washington)
County of Skagit) ss.

On this day personally appeared before me Patsy Hinds, 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 June 12, 2007

KATHY M. METCALF NOTARY PUBLIC COMMISSION EXPIRES APRIL 11, 2010 STATE OF WASHINGTON

Kathy M. Metcalf

NOTARY PUBLIC in and for the State of Washington, residing at Sedro Woolley
Commission Expires: 4-12-2010

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ORIGINAL

RECORDED AT THE REQUEST OF:

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

COMMUNITY PROPERTY SURVIVORSHIP AGREEMENT

THIS AGREEMENT made and entered into by and between **Ernest D. Hinds Sr. and Patsy Hinds**, husband and wife, pursuant to the provisions of Section 26.16.120, 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.

W I T N E S S E T H:

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, except for the real property located at 1000 Curtis Street, Sedro-Woolley, Washington, which shall remain the separate property of Patsy Hinds.

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, Ernest D. Hinds Sr. and Patsy Hinds, husband and wife, have hereunto set their hands and seals this 26 of September, 2006.

Ernest D. Hinds Sr.

Patsy Hinds

STATE OF WASHINGTON) ss.
COUNTY OF SKAGIT)

This certifies that Ernest D. Hinds Sr. and Patsy Hinds, husband and wife, personally appeared before me and known to me 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 this 26 of September, 2006.

BROCK D STILES
NOTARY PUBLIC
COMMISSION EXPIRES JUNE 19, 2010
STATE OF WASHINGTON

NOTARYPUBLIC in and for the State of Washington, residing at Sedro Woolley
Commission expires: 6-20-2010

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number 424-07

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	
ERNEST	DELBERT	HINDS		Jun 1, 2007	
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	75			[redacted]	Skagit
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)		9. Education	
Jun 10, 1931	Arlington	Washington		8th Grade	
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		Yes	
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)				13b. City or Town	
1000 Curtis St				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)			
14 years	Married	Patsy Metcalf			
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)			
Welder		Steel Manufacturing			
19. Father's Name (First, Middle, Last, Suffix)		20. Mother's Name Before First Marriage (First, Middle, Last)			
Bert Hinds		Mabel Bales			
21. Informant's Name	22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No.	City or Town	State	Zip
Patsy Hinds	Wife	1000 Curtis St.	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:			
Inpatient					
25. Facility Name (If not a facility, give number & street or location)		26a. City, Town, or Location of Death	26b. State	27. Zip Code	
United General Hospital		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			
Cremation	Mount Vernon Crematory	Mount Vernon, Washington			
31. Name and Complete Address of Funeral Facility				32. Date of Disposition	
Lemley Chapel Inc 1008 Third St Sedro-Woolley, WA 98284				Jun 5, 2007	
33. Funeral Director Signature X					

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.	sepsis	days.
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. Due to (or as a consequence of):	aspiration pneumonia	days.
	c. Due to (or as a consequence of):	delirium	days.
	d. Due to (or as a consequence of):		

Part 2 completed by Certifier

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?	
Alzheimer's dementia, COPD	☐ 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.

X

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

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)		50. Hour of Death (24hrs)
Vandy Smith MD 1990 Hospital Dr #100 Sedro-Woolley, WA 98284		0731
51. Name and Title of Attending Physician if other than Certifier (Type or Print)		52. Date Signed (MM/DD/YYYY)
JONATHAN FISH, MD		06/01/2007
53. Title of Certifier	54. License Number	55. ME/Coroner File Number
Physician	MD0039820	
56. Was case referred to ME/Coroner? ☐ Yes ☒ No		
57. Registrar Signature		58. Date Received (MM/DD/YYYY)
X Connie Anderson, Deputy		JUN - 5 2007
59. Amendments		

THE SEAL OF THE STATE OF WASHINGTON 1889

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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: [redacted]	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

JUN 05 2007

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

0000472617

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Skagit County Auditor

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