



200804280170

Skagit County Auditor

4/28/2008 Page

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**COMMUNITY PROPERTY AFFIDAVIT  
for RECORDATION**

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

Lowell C. Lien, being first duly sworn, upon oath, declares as follows:

1. Status. I am the surviving spouse of Carolee J. Lien, who died on February 17, 2008, at Anacortes, Skagit County, Washington. A certified copy of his/her Certificate of Death is attached to this Affidavit.
2. Community Property Agreement. On October 10, 1968, Decedent and I, as husband and wife, validly executed a written Community Property Agreement (the "Agreement"), which has remained valid and in full force since its execution.
3. Purpose of Affidavit. I am making this Affidavit for recordation regarding the Agreement. The statements I make in this Affidavit are representations of fact that all parties dealing with the real property located in Skagit County, Washington, and more fully described in the attachment to this Affidavit may rely upon.
4. Community Property Subject to the Agreement. Decedent's and my Community Property is listed in an attachment to this Affidavit. All of the Community Property is subject to the Agreement, all of its disposition is controlled by the Agreement, and all of it passed to me upon Decedent's death. Decedent owned no separate property at death.

5. Decedent's Will & Probate. No proceedings have begun or are anticipated:

- To have a Will of Decedent admitted to probate,
- To have a Personal Representative for Decedent appointed, or
- To set aside, cancel, or revoke the Agreement.

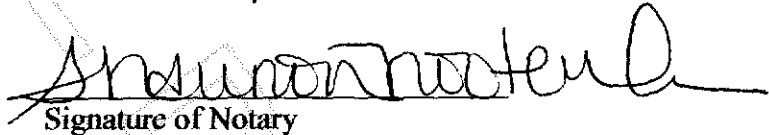
6. Decedent's Debts & Expenses. All of the debts and expenses (including expenses of last illness, funeral, and burial) of Decedent and the liabilities and other obligations of the marital community have been paid in full.

Dated: 4/28/2008



Lowell C. Lien  
55 Sauk Place  
La Conner, WA. 98257

Lowell C. Lien appeared before me  
SUBSCRIBED & SWORN TO before me on: April 28, 2008



Signature of Notary

Shannon Nootenboom  
Printed Name of Notary

NOTARY PUBLIC in and for the State of  
Washington, residing at: Sedro Woolley  
My appointment expires on: 08/20/2010



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Attachment to  
COMMUNITY PROPERTY AFFIDAVIT

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Community Property Subject to the  
Community Property Agreement

List of Community Property

1-Prop ID: P84052 (Bldg on Leased Land)  
Xref ID: 5100-002-055-0000  
Legal : SHELTER BAY, BLOCK 2, LOT 55



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Skagit County Auditor

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number <b>154-08</b>		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix <b>Carolee J Lien</b>				2. Death Date <b>02/17/2008</b>	
3. Sex (M/F) <b>Female</b>	4a. Age - Last Birthday <b>66 Yrs.</b>	4b. Under 1 Year Months	4c. Under 1 Day Hours	5. Social Security Number [REDACTED]	6. County of Death <b>Skagit</b>
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) <b>Everett</b>	8b. (State or Foreign Country) <b>Washington</b>	8. Decedent's Education <b>High School Graduate</b>		
10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify. <b>No</b>			11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>
13a. Residence: Number and Street (e.g., 824 SE 5th St.) (Include Apt. No.) <b>55 Sauk Place</b>				13b. City or Town <b>LA Conner</b>	
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable) <b>N/A</b>	13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>98257</b>	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. <b>17 Years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Lowell Lien</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (Do not use narrow).) <b>Foreclosure Specialist</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Mortgage Company</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Bernard Kvand</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Lillian</b>		
21. Informant's Name <b>Lowell Lien</b>		22. Relationship to Decedent <b>Husband</b>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>55 Sauk Place La Conner, WA 98257</b>		
24. Place of Death, if Death Occurred in a Hospital: <b>In Patient</b>			25a. City, Town, or Location of Death <b>Anacortes</b>		
25b. Facility Name (If not a facility, give number & street or location) <b>Island Hospital</b>			25c. State <b>WA</b>	25d. Zip Code <b>98257</b>	
26. Method of Disposition <b>Burial</b>		27. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Cedar Home Cemetery</b>		28. Location-City/Town, and State <b>Stanwood, WA 98292</b>	
29. Name and Complete Address of Funeral Facility <b>Gilbertson Funeral Home 27001 88th Ave NW Stanwood, Washington 98292</b>				30. Date of Disposition <b>02/22/2008</b>	
31. Funeral Director Signature <i>[Signature]</i>					
Cause of Death (See instructions and examples)					
32. 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>Lung cancer</b>		Interval between Onset & Death <b>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	
33. Other significant conditions contributing to death but not resulting in the underlying cause given above				34. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
35. 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				36. 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	
37. Date of Injury (MM/DD/YYYY) <b>2/20/2008</b>				38. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
39. Hour of Injury (24hrs) <b>1132</b>				39. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
40. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)				41. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
42. Location of Injury: Number & Street: <b>55 Sauk Place</b>				43. City or Town <b>LA Conner</b>	
44. County: <b>Skagit</b>				45. State: <b>WA</b>	
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: (I am the best of my knowledge, death occurred at the time, date, and place, and due to the cause stated, 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 stated, manner stated.) <i>[Signature]</i>	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Charles Fein, 2511 M Ave Anacortes, WA</b>				50. Hour of Death (24hrs) <b>1132</b>	
51. Name and Title of Attending Physician (if other than Certifier (Type or Print))				52. Date Signed (MM/DD/YYYY) <b>2/20/2008</b>	
53. Title of Certifier <b>Physician</b>		54. License Number <b>34393</b>		55. ME/Coroner File Number <b>NJA 074</b>	
56. Registrar Signature <i>[Signature]</i>				57. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
58. Amendments				59. Date Received (MM/DD/YYYY) <b>FEB 21 2008</b>	



# 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: ☐ 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 \***

FEB 21 2008



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Howard Leibrand M.D., Health Officer

PP00199289

# 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 10th day of October, 1968,  
by and between Lowell C. Lien  
and Carolee J. Lien, husband and wife,  
residing in San Juan 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 Lowell C. Lien while said Carolee J. Lien 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 Carolee J. Lien in fee simple; and in the event of the death of said Carolee J. Lien while the said Lowell C. Lien 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 Lowell C. Lien in fee simple.

IN WITNESS WHEREOF, the said Carolee J. Lien and Lowell C. Lien have hereunto set their hands and seals the day and date first above written.

Signed, Sealed and Delivered in the Presence of

Bernadine E. Ineson } Lowell C. Lien (SEAL)  
Chad J. McKinnon } Carolee J. Lien (SEAL)

STATE OF WASHINGTON,

County of San Juan

SS.

This is to certify that on this 10th day of October, 1968, before me  
William E. Ross a Notary Public in and for the State of Washington  
duly commissioned and sworn, personally came Lowell C. Lien

and Carolee J. Lien 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 Eastsound



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Skagit County Auditor