



200901200124
Skagit County Auditor

1/20/2009 Page 1 of 8 1:02PM

Document Title: Affidavit in Support of
Community Property Agreement

Reference Number :

Grantor(s): additional grantor names on page ____

1. Kathryn R. Parker
- 2.

Grantee(s): additional grantee names on page ____

1. Public
- 2.

Abbreviated legal description: full legal on page(s) ____

South 46 feet of Lots 8, 9 and 10 B1K 8
City of Anacortes

Assessor Parcel / Tax ID Number: additional tax parcel number(s) on page ____

P54950

**AFFIDAVIT IN SUPPORT
OF
COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

KATHRYN D. PARKER, 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 9th day of February, 2004, executed by CLARENCE R. PARKER and KATHRYN D. PARKER, husband and wife, (the "Agreement") attached as Exhibit "A" incorporated herein by this reference. The statements set forth in this Affidavit are representations of fact which may be relied upon by all parties dealing with the property commonly known as 709 Q Avenue, Anacortes, Washington 98221 and more fully described as set forth below:

Assessor's Parcel No: 3772-008-010-0100 (P54950)

The South 46 feet of Lots 8, 9 and 10, Block 8, "City of Anacortes". Situate in the State of Washington, County of Skagit.

2. CLARENCE R. PARKER (the "Decedent") was one of the parties to the Agreement and died on December 13, 2008 in Skagit County, Washington. The Decedent's Death Certificate is attached as Exhibit "B" incorporated herein by this reference.

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>
KATHRYN D. PARKER 709 Q Avenue Anacortes, WA 98221	Spouse	Legal
KAREN ANN PARKER 709 Q Avenue Anacortes, WA 98221	Daughter	Legal
REED STANTON PARKER 626 Templeton Drive Brownsville, OR 97327	Son	Legal

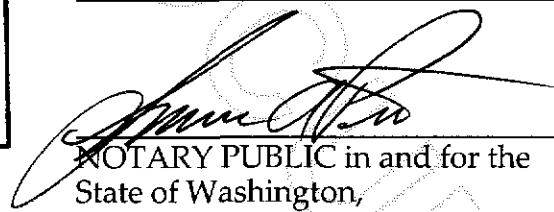
DATED this 5th day of January, 2009.


KATHRYN D. PARKER

SIGNED AND SWORN to before me this 5th day of January, 2009.

Lawrence A. Pirkle
Notary Public, State of Washington
My Commission Expires 5-07-2011

LAWRENCE A. PIRKLE


NOTARY PUBLIC in and for the
State of Washington,
Residing at Mount Vernon
My appointment expires: 5/7/11



COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 26th day of April, 2001, between CLARNECE R. PARKER ("Husband") and KATHRYN D. PARKER ("Wife"), husband and wife, both of whom are domiciled in the State of Washington. In consideration of their mutual promises set forth below, the parties agree as follows:

A. *Revocation of Prior Agreements.* If before this date the parties have executed a community property agreement, or any other agreement other than a Will or trust which is signed by both of them and which specifically provides for the disposition of their community property at the time either or both of them die, then any such agreement is terminated by this Agreement.

B. *Property Covered.* This Agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife. Any separate property of either, [now owned or hereafter acquired,] shall become and be considered community property upon the death of the party owning said separate property. All such community property is referred to in this Agreement as the "subject property."

C. *Vesting at Death.* On the death of either Husband or Wife, all of the subject property shall vest in the survivor of them.

D. *Disclaimer.* Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, and the interest disclaimed shall pass under the terms and conditions of any validly executed Will which the decedent may have executed, and in default thereof according to the laws of intestacy as governed by the statutes of the State of Washington then in effect.

E. *Automatic Revocation.* In the absence of other evidence indicating the party's intent to terminate this Agreement, it shall, nevertheless, be deemed mutually terminated and of no further force or effect upon either party's filing a petition, complaint or other pleading for dissolution of their marriage or divorce, or upon a court of competent jurisdiction dissolving the marriage or granting a decree of divorce or separate maintenance to either of them.



F. *Optional Revocation by One Party.*

This Agreement may be terminated by either party acting alone by delivery of a written notice of revocation to the other party or the other party's legal representative, and by recording such revocation with the **Skagit** County, Washington, Recorder's Office where real property transactions in **Skagit** County, Washington are recorded.

If either party becomes disabled, the other party shall have the power to terminate this Agreement, and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. Such termination shall be effective upon the delivery of written notice thereof to the disabled spouse, and to the guardian, if any, of the person and of the estate of the disabled person. For the purpose of this paragraph, a spouse shall be deemed disabled if such spouse's regularly attending physician signs a statement declaring that such spouse is unable to manage his or her own affairs; or if such spouse has no regularly attending physician, if such a statement is signed by two qualified physicians who have adequately examined the disabled spouse. An adjudication of incompetence by a court of competent jurisdiction shall also be proof of a spouse's disability for purposes of this paragraph.

G. *Powers of Appointment.* This Agreement shall not affect any power of appointment now held by or hereafter given to either party, nor shall it obligate either of them to exercise any such power of appointment in any way.

H. *Survivorship.* As used herein, the term "survivor survive," or "survivorship" shall mean living for a period of thirty (30) days following the death of the first of the aforementioned parties to die.


CLARNECE R. PARKER

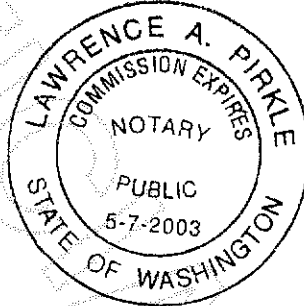

KATHRYN D. PARKER



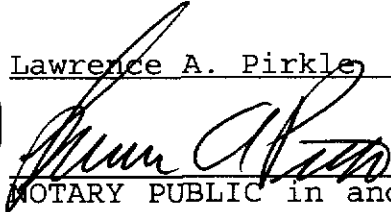
STATE OF WASHINGTON)) ss
County of Skagit)

On this day personally appeared before me, CLARNECE R. PARKER and KATHRYN D. PARKER, to me known to be the individuals described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 26th day of April, 2001.



Lawrence A. Pirkle


NOTARY PUBLIC in and for the
State of Washington
Residing at Mount Vernon
My Commission Expires: 5/7/03



200901200124

Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 1482		Washington State Certificate of Death			State File Number	
1. Legal Name (include AKA's if any): First Middle LAST Clarence Roy PARKER				2. Death Date Dec 13, 2008		
3. Sex (M/F) M	4a. Age - Last Birthday 76	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	6. County of Death Whatcom	
7. Birthdate		8a. Birthplace (City, Town, or County) Rhonnerville	8b. (State or Foreign Country) California	8. Decedent's Education Bachelor of Arts		
10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify. No			11. Decedent's Race(s) Caucasian		12. Was Decedent ever in U.S. Armed Forces? Yes	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 709 - Q Avenue				13b. City or Town Anacortes		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 98221
14. Estimated length of time at residence. 10 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Kathryn Dolores Whipkey		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Consultant				18. Kind of Business/Industry (Do not use Company Name) Economic Development		
19. Father's Name (First, Middle, Last) Orvia Francis Parker				20. Mother's Name Before First Marriage (First, Middle, Last) Hazel Gladys		
21. Informant's Name		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 709 - Q Avenue Anacortes WA 98221		
24. Place of Death, if Death Occurred in a Hospital:				25. Place of Death, if Death Occurred Somewhere Other than a Hospital: Alzheimer's Facility		
25. Facility Name (If not a facility, give number & street or location) High Gate Cottage				26a. City, Town, or Location of Death Bellingham		26b. State WA
27. Zip Code 98226-		28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Northwest Crematory		30. Location-City/Town, and State Anacortes, Washington
31. Name and Complete Address of Funeral Facility Evans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, WA 98221-				32. Date of Disposition December 19, 2008		
33. Funeral Director Signature X <i>Jennie Sheehan</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. ATHEROSCLEROTIC CARDIOVASCULAR DISEASE				Interval between Onset & Death Years
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):				Interval between Onset & Death
		c. _____ Due to (or as a consequence of):				Interval between Onset & Death
		d. _____ Due to (or as a consequence of):				Interval between Onset & Death
35. Other significant conditions contributing to death but not resulting in the underlying cause given above dementia, dysphagia, possible aspiration pneumonia				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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
41. Date of Injury (MMDDYYYY)		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: Certificate To Be Used For Veterans' Administration Claims Only				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 - To the best of my knowledge, death occurred at the time, date, and place and due to the causes and manner stated. M. Kuypers M.D.				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 causes and manner stated.		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Marcus Kuypers, M.D. PO Box 850, La Conner, WA 98257				50. Hour of Death (24hrs) 18:30 PM		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MMDDYYYY) 12-15-2008		
53. Title of Certifier MD		54. License Number MD00019561		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
57. Registrar Signature <i>Greg Stein MD</i>				58. Date Received (MMDDYYYY) DEC 19 2008		
59. Amendments						




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Skagit County Auditor

Affidavit for Correction

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																			
Use the section below for requesting any changes on the record.																			
Record Type: <input checked="" type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution																			
1. Name on record:		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:																			
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:																
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:																	
<p>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 <u>one year</u> of the date it was issued to receive a replacement copy free of charge.</p> <p>All changes must be established by documentary proof submitted with the affidavit</p> <table style="width:100%; border: none;"> <tr> <td style="width: 25%;">Examples of documentary proof:</td> <td style="width: 25%;">Certificate of Naturalization</td> <td style="width: 25%;">Medical Record</td> <td style="width: 25%;">School Record</td> </tr> <tr> <td></td> <td>Hospital Records</td> <td>Military Record (DD-214)</td> <td>Voter's Registration Card (if it bears an effective date)</td> </tr> <tr> <td></td> <td>Insurance Records</td> <td>Birth Record</td> <td>Alien Registration Card (front and back)</td> </tr> <tr> <td></td> <td>Marriage/Divorce Records</td> <td>Passport</td> <td></td> </tr> </table>				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	
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	Marriage/Divorce Records	Passport																	
Birth Certificates:																			
<ol style="list-style-type: none"> 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: <ul style="list-style-type: none"> - 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:																			
<ol style="list-style-type: none"> 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:																			
<ol style="list-style-type: none"> 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
 WHATCOM COUNTY
 HEALTH DEPARTMENT
 DO NOT DESTROY
 JAN -2 2009

 RUSSELL STERN, M.D.
 HEALTH OFFICER



200901200124
Skagit County Auditor