



200901280157

Skagit County Auditor

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Document Title: Affidavit in support of  
Community Property Agreement

Reference Number:

Grantor(s):

☐ additional grantor names on page \_\_\_\_

1. Muriel L. Higgins

2.

Grantee(s):

☐ additional grantee names on page \_\_\_\_

1. Public

2.

Abbreviated legal description:

☐ full legal on page(s) \_\_\_\_

Lot 28, "Plat of Cedar Ridge Estates  
DN. No 1" plat recorded Vol. 15, pages 147-152  
inclusive.

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page \_\_\_\_

TPN 105727

**AFFIDAVIT IN SUPPORT  
OF  
COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON       )  
  ) ss.  
COUNTY OF SKAGIT       )

MURIEL L. HIGGINS, 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 CHARLES E. HIGGINS and MURIEL L. HIGGINS, 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 21200 Estate Drive, Mount Vernon, Washington 98274 and more fully described as set forth below:

**TPN: 4622-000-028-0007 (P105727)**

Lot 28, "PLAT OF CEDAR RIDGE ESTATES DIV. NO. 1", as per plat recorded in Volume 15 of Plats, pages 147 through 152, inclusive, records of Skagit County, Washington.

2. CHARLES E. HIGGINS (the "Decedent") was one of the parties to the Agreement and died on May 21, 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.

Affidavit in Support of  
Community Property Agreement  
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rence A. Pirkle  
orney at Law  
(360) 336-6587

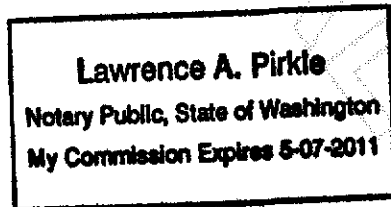
7. The Decedent was survived by the following person:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
MURIEL L. HIGGINS 21200 Estate Drive Mount Vernon, WA 98274	Spouse	Legal

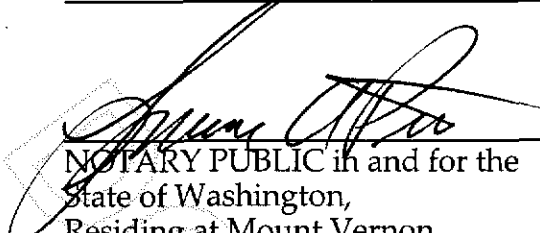
DATED this 22nd day of January, 2009.

  
MURIEL L. HIGGINS

SIGNED AND SWORN to before me this 22nd day of January, 2009.



LAWRENCE A. PIRKLE

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



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*Exhibit A*  
**COMMUNITY PROPERTY AGREEMENT**

AGREEMENT made this 9th day of February, 2004, between CHARLES E. HIGGINS ("Husband") and MURIEL S. HIGGINS ("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

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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.

  
CHARLES E. HIGGINS

  
MURIEL S. HIGGINS



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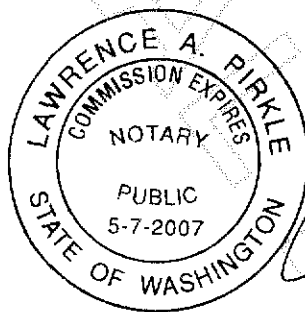
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STATE OF WASHINGTON       )  
  )  
COUNTY OF SKAGIT        )

SS

On this day personally appeared before me, CHARLES E. HIGGINS and MURIEL S. HIGGINS, 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 9th day of February, 2004.



LAWRENCE A. PIRKLE

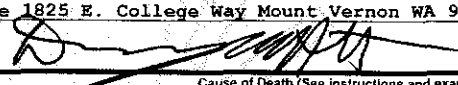
*[Signature]*  
NOTARY PUBLIC in and for the  
State of Washington,  
Residing at Mount Vernon  
My Commission Expires: 5/7/07



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# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number <b>451 08</b>		<b>Washington State Certificate of Death</b>		State File Number	
1. Legal Name (Include AKA's Last, First, Middle, LAST, Suffix) <b>Charles Edward Higgins</b>			2. Death Date <b>May 21, 2008</b>		
3. Sex (M/F) <b>M</b>	4a. Age - Last Birthday <b>67</b>	4b. Under 1 Year Months <b>0</b>	4c. Under 1 Day Hours <b>0</b> Minutes <b>0</b>	5. Social Security Number <b>98274</b>	6. County of Death <b>Skagit</b>
7. Birthdate <b>11/11/1940</b>		8a. Birthplace (City, Town, or County) <b>Mankato</b>		8b. (State or Foreign Country) <b>Minnesota</b>	
9. 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>Caucasian</b>		12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>			
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) <b>21200 Estate Dr.</b>			13b. City or Town <b>Mount Vernon</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>98274</b>
14. Estimated length of time at residence. <b>8 1/2 Years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Muriel Shirley</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Production</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Brewery</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Herbert A. Higgins</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Kathleen O'Reilly</b>		
21. Informant's Name <b>Shirley Higgins</b>		22. Relationship to Decedent <b>Wife</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>21200 Estate Dr. Mount Vernon WA 98274</b>	
24. Place of Death, if Death Occurred in a Hospital: <b>Decedent's Residence</b>					
25. Facility Name (If not a facility, give number & street or location) <b>21200 Estate Dr.</b>			26a. City, Town, or Location of Death <b>Mount Vernon</b>		26b. State <b>WA</b>
27. Zip Code <b>98274</b>		28. Method of Disposition <b>Cremation</b>			
29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Hawthorne Memorial Park</b>			30. Location-City/Town, and State <b>Mount Vernon, WA</b>		
31. Name and Complete Address of Funeral Facility <b>Hawthorne Funeral Home 1825 E. College Way Mount Vernon WA 98273-0398</b>			32. Date of Disposition <b>May 27, 2008</b>		
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.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <b>Idiopathic pulmonary fibrosis</b>		Interval between Onset & Death <b>2 years</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 checked="" 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 (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 type="checkbox"/> No <input type="checkbox"/> Unk		45. Location of Injury: Number & Street: Apt. No. <b>City or Town: County: State: Zip Code + 4:</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 <b>Eric Stark</b> <b>5/22/08</b>		48b. Medical Examiner/Coroner <b>Eric Stark</b>			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Eric Stark, M.D., Dr. 835 E. Fairhaven Burlington, WA 98233</b>				50. Hour of Death (24hrs) <b>2150</b>	
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)				52. Date Signed (mm/dd/yyyy) <b>05/22/2008</b>	
53. Title of Certifier <b>Dr.</b>		54. License Number		55. ME/Coroner File Number <b>NJA# 230</b>	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				57. Registrar Signature <b>Connie Anderson, Deputy</b>	
58. Date Received (mm/dd/yyyy) <b>MAY 27 2008</b>				59. Amendments	



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# 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
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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)
--------------------	-------------------	-------------------------------------

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: ☐ 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:
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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.

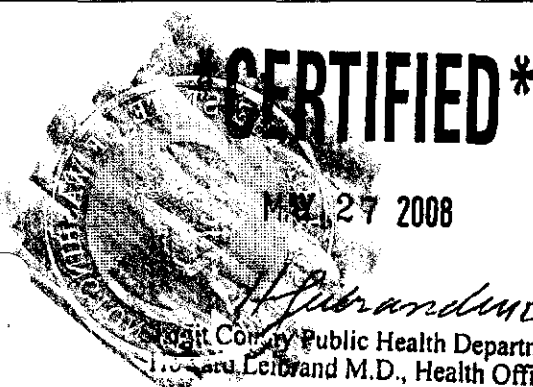
### Marriage/Dissolution (Divorce) Certificates:

- 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 Public Health Department  
Heather Lund M.D., Health Officer

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