



200904070087  
Skagit County Auditor

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RETURN TO:  
JOHN W. HICKS  
SCHACHT & HICKS  
PO BOX 1165  
MOUNT VERNON WA 98273

**ACCOMMODATION RECORDING**  
LAND TITLE OF SKAGIT COUNTY

DOCUMENT TITLE: Affidavit Re: Community Property Agreement #4900

GRANTOR: PECK, LESLIE E.

GRANTEE: PECK, LINDA ANN

ABBREVIATED LEGAL DESCRIPTION:

Ptn NE 1/4 of the NW 1/4 of Sec 29, Twsp 34 N, R 4 E, W.M.  
Tax 76

ADDITIONAL LEGAL DESCRIPTION ON EXHIBIT "A" OF DOCUMENT.

ASSESSOR'S TAX PARCEL NUMBER: P28361

**AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

LINDA ANN PECK a/k/a LINDA A. PECK, being first duly sworn on oath deposes

and says:

1. **NAME OF DECEDENT.** That affiant is the surviving spouse of LESLIE E. PECK who died at Mount Vernon, Skagit County, Washington, on the 5<sup>th</sup> day of January, 2008. That at that time they were residents of Mount Vernon, Skagit County, Washington. The

certified copy of Certificate of Death issued by the Washington State Department of Health is attached hereto, marked Exhibit "A" and by reference made a part hereof.

2. **EXECUTION OF AGREEMENT.** That on the 5th day of May, 1993, and while husband and wife, the affiant and the said LESLIE E. PECK executed an agreement entitled "Community Property Agreement." That since the execution thereof, the said agreement has not been altered, modified, revoked, renounced or abandoned in any way, nor has any instrument inconsistent therewith or contradictory thereto been executed. A copy the Community Property Agreement is attached hereto, marked Exhibit "B" and by reference made a part thereof.

3. **PAYMENT OF DEBTS.** That all expenses of last illness, burial and funeral and costs of administration have been paid.

4. **STATUS OF PROPERTY.** That at the time of execution of said agreement, and at all times subsequent thereto, all property owned by them, or in which they had any interest, was community property.

5. **INHERITANCE AND ESTATE TAXES.** That said estate is not subject to state inheritance taxes or federal estate tax, being below current exemptions, in effect as of the date of death.

6. **REAL ESTATE.** That all of the real estate listed and described on Exhibit "C" attached hereto and by reference made a



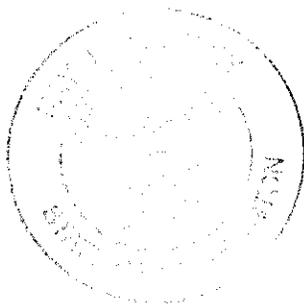
part hereof, was the community property of decedent and has now passed to the affiant as his surviving spouse.

7. **PURPOSES OF AFFIDAVIT.** This affidavit is made to induce all title insurance companies dealing with said real property to issue policies of title insurance upon real estate passing to the surviving spouse, and affiant herein, by virtue of said community property survivorship agreement, and in reliance upon the representations of fact herein above set forth.

*Linda Ann Peck*

LINDA ANN PECK  
a/k/a LINDA A. PECK

SIGNED AND SWORN to before me this 31st day of March, 2009,  
by LINDA ANN PECK.



*Kay L. Negley*

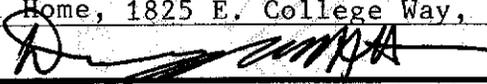
Printed name: KAY L. NEGLEY  
Notary Public in and for the State of  
Washington, residing at Mount Vernon  
My appointment expires: 3/15/2012

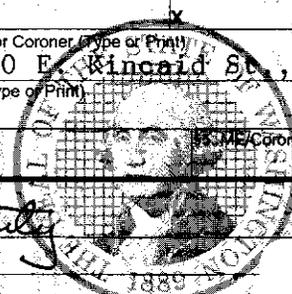


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# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number <b>142008</b>		<b>Washington State Certificate of Death</b>			State File Number <b>8 41713</b>	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix <b>Leslie Edward PECK Sr.</b>				2. Death Date <b>Jan. 5, 2008</b>		
3. Sex (M/F) <b>Male</b>	4a. Age - Last Birthday <b>86 Years</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death <b>Skagit</b>	
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) <b>Manson</b>		8b. (State or Foreign Country) <b>WA</b>	9. Decedent's Education <b>Some college credit, no degree</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 5 <sup>th</sup> St.) (Include Apt. No.) <b>2120 E. Division</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>WA</b>	13f. Zip Code + 4 <b>98274</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>2 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>Linda Ann Clark</b>		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Pilot</b>				18. Kind of Business/Industry (Do not use Company Name) <b>Military US Air Force</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Leslie Marion Peck</b>				20. Mother's Name Before First Marriage (First, Middle, Last) <b>Irene Thelma [REDACTED]</b>		
21. Informant's Name <b>Linda Peck</b>		22. Relationship to Decedent <b>Wife</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>1417 S. 12th St., Mount Vernon, WA 98274</b>		
24. Place of Death, if Death Occurred in a Hospital:				24. Place of Death, if Death Occurred Somewhere Other than a Hospital: <b>Nursing Home</b>		
25. Facility Name (If not a facility, give number & street or location) <b>Life Care Center of Mount Vernon</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>Burial</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Fir-Conway Lutheran Cemetery</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, PO Box 398, Mount Vernon, WA 98273</b>				32. Date of Disposition <b>Jan. 19, 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>Undetermined Natural Cause</b>			Interval between Onset & Death <b>minutes</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. <b>Diabetes mellitus</b>			Interval between Onset & Death <b>Unknown</b>	
		c. <b>Hypertension</b>			Interval between Onset & Death <b>Unknown</b>	
		d.			Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>Prostate Cancer, Dementia,</b>				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		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
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: 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 - On the basis of medical knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		
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.				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>John W. Erbstoesz, MD 1400 E. Winland St., Mount Vernon 98274</b>		
50. Hour of Death (24hrs) <b>0207 Hours</b>				51. Name and Title of Attending Physician if other than Certifier (Type or Print)		
52. Date Signed (mm/dd/yyyy) <b>1/8/08</b>				53. Title of Certifier <b>Physician</b>		
54. License Number				55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
57. Registrar Signature <b>Coussa Anderson, Deputy</b>				58. Date Received (mm/dd/yyyy) <b>JAN - 9 2008</b>		
59. Amendments						



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# 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
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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 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)**

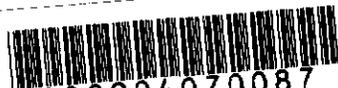
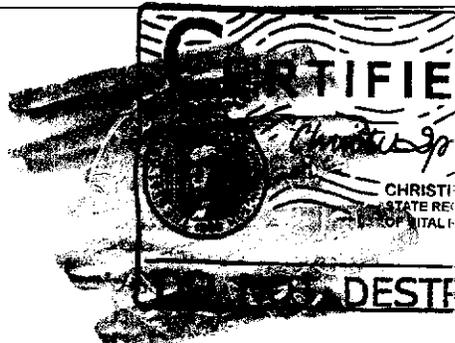
Death Certificates:

- 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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COMMUNITY PROPERTY AGREEMENT

This is an agreement dated this 5TH day of MAY, 1993, between LESLIE E. PECK and LINDA ANN PECK, husband and wife, pursuant to the provisions of RCW 26.16.120, providing for agreements between husband and wife for the fixing of the status and disposition of community property, to take effect upon the death of either.

IT IS AGREED AS FOLLOWS:

1. All property of whatsoever nature or description, whether real, personal, mixed, and wheresoever situate, now owned or hereafter acquired by the parties, or either of them, in any manner, shall be considered and hereby is declared to be community property. For the purpose of constituting all property community property, each party to this agreement transfers, conveys, and quitclaims to the other an undivided one-half interest in and to any and all separate property presently owned or which may be hereafter acquired.
2. Upon the death of either of the parties hereto, absolute ownership and title to all community property, as defined in the preceding paragraph, shall immediately vest in the survivor of them.
3. Property held by the parties in joint tenancy, and any transfer or attempted transfer of community property into joint tenancy form, shall not change its status as community property. Holding of such property in joint tenancy, or any transfer or attempted transfer, shall be deemed to be for the convenience of the parties only and such property shall be community property and the absolute ownership and title of all such property shall vest immediately in the survivor of the parties hereto as provided herein.
4. This agreement shall terminate and become void upon the happening of any of the following events:
  - a. Mutual abandonment of this agreement by the parties;
  - b. Filing of a petition for dissolution of the marriage by either party; or

Community Property Agreement - 1  
cpa01/20,21

EXHIBIT "B" - page 1



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c. Living separate and apart either by conduct or by court decree.

IN WITNESS WHEREOF, the parties hereto have executed this agreement the day and year first above written.

Leslie E. Peck  
LESLIE E. PECK

Linda A. Peck  
LINDA ANN PECK

STATE OF WASHINGTON )  
                                  ) ss  
COUNTY OF SKAGIT )

I certify that I know or have satisfactory evidence that LESLIE E. PECK and LINDA ANN PECK, husband and wife, signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED: May 5, 1993

Harwood Bannister  
NOTARY PUBLIC  
My Appointment Expires: Jan 3, 1994



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The land referred to herein is situated in the county of Skagit, state of Washington, and is described as follows:

That portion of the Northeast 1/4 of the Northwest 1/4 of Section 29, Township 34 North, Range 4 East, W.M., described as follows:

Beginning at a point 450 feet North of the South line of said subdivision and on the East line of the alley between 11<sup>th</sup> and 12<sup>th</sup> Streets; thence East 100 feet to the West line of 12<sup>th</sup> Street as established in the city of Mount Vernon; thence North along the West line of said street, 50 feet; thence West 100 feet to the East line of the alley; thence South 50 feet to the point of beginning.

EXHIBIT "C"



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Skagit County Auditor