

9 3:24PM

2. **EXECUTION OF AGREEMENT.** That on the 13th day of October, 1971, and while husband and wife, the affiant and the said DALE G. GUNERIUS 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 there with or contradictory thereto been executed. That the said Community Property Agreement is attached hereto, marked Exhibit "B" and by reference made a part hereof.

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

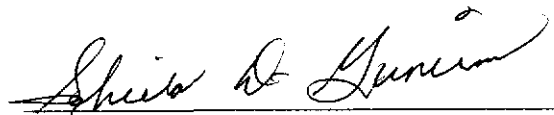
4. **STATUS OF PROPERTY.** That at the time of execution of said agreement, and at all times subsequent thereto, all property owned by them, or in which they had any interest, was community property.

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.

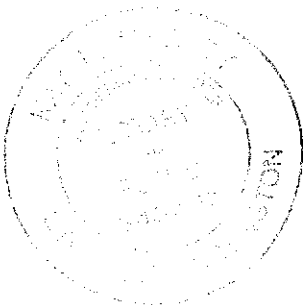


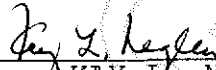
7. **PURPOSES OF AFFIDAVIT.** This affidavit is made to induce all title insurance companies dealing with said real property to issue policies of title insurance upon real estate passing to the surviving spouse, and affiant herein, by virtue of said community property survivorship agreement, and in reliance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



SHEILA D. GUNERIUS

SIGNED AND SWORN to before me April 30, 2009, by SHEILA D. GUNERIUS.





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



# STATE OF WASHINGTON DEPARTMENT OF HEALTH CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number <b>2755</b>		<b>Washington State Certificate of Death</b>				State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST <b>Dale G. Gunerius</b>					2. Death Date <b>Mar 17, 2009</b>		
3. Sex (M/F) <b>Male</b>	4a. Age - Last Birthday <b>71</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death <b>King</b>		
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) <b>Ketchikan</b>		8b. (State or Foreign Country) <b>Alaska</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>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>	
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) <b>4920 New Woods Place</b>					13b. City or Town <b>Mount Vernon</b>		
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable) <b>--</b>		13e. State or Foreign Country <b>Washington</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>14 Years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Sheila Davidson</b>			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Self Employed Contractor</b>				18. Kind of Business/Industry (Do not use Company Name) <b>General Contracting</b>			
19. Father's Name (First, Middle, Last, Suffix) <b>Clarence Gunerius</b>				20. Mother's Name Before First Marriage (First, Middle, Last) <b>Vera [REDACTED]</b>			
21. Informant's Name <b>Sheila Gunerius</b>		22. Relationship to Decedent <b>Wife</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>4920 New Woods Place, Mount Vernon, WA 98274</b>			
24. Place of Death, if Death Occurred in a Hospital: <b>Inpatient</b>				Place of Death, if Death Occurred Somewhere Other than a Hospital:			
25. Facility Name (If not a facility, give number & street or location) <b>Virginia Mason Hospital</b>				26a. City, Town, or Location of Death <b>Seattle</b>		26b. State <b>WA</b>	27. Zip Code <b>98101</b>
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Mount Vernon Cemetery Crematory</b>			30. Location-City/Town, and State <b>Mount Vernon, WA</b>		
31. Name and Complete Address of Funeral Facility <b>Kern Funeral Home 1122 South Third St, Mount Vernon, WA 98273</b>				32. Date of Disposition <b>Mar 20, 2009</b>			
33. Funeral Director Signature X <i>Per E. Watt</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. <b>Aspiration pneumonia/pneumonitis</b> Interval between Onset & Death <b>1 month</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>Multiple system Atrophy</b> Due to (or as a consequence of): Interval between Onset & Death <b>4 years</b>							
c. <b>Cerebellar degeneration</b> Due to (or as a consequence of): Interval between Onset & Death <b>4 years</b>							
d.							
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 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"/> Pregnant at time of death		<input type="checkbox"/> Not pregnant, but pregnant within 42 days before 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: 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 cause(s) 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(s) and manner stated.			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner <b>ALVIN S. CAUDRON, MD 925 Second Ave Seattle WA 98101</b>						50. Hour of Death (24hrs) <b>0545</b>	
51. Name and Title of Attending Physician if other than Certifier (Type & Title) <b>[REDACTED]</b>						52. Date Signed (mm/dd/yyyy) <b>3/17/2009</b>	
53. Title of Certifier <b>Physician</b>		54. License Number <b>WA 02544</b>		55. Medical Examiner/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>						58. Date Received (mm/dd/yyyy) <b>MAR 19 2009</b>	
59. Amendments							



200905040152  
Skagit County Auditor

# 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: <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:
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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)**

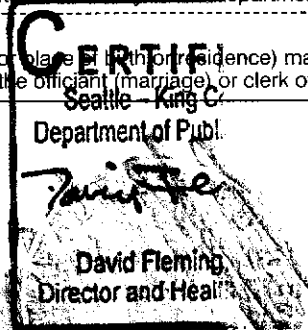
### Death Certificates:

- 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 of 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)



200905040152

Skagit County Auditor

MAR 24 2009

RR00620312

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 13<sup>th</sup> day of October, 1971, by and between DALE G. GUNERIUS and SHEILA D. GUNERIUS, husband and wife, of Skagit County, Washington, pursuant to the provisions of section 26.16.020, Revised Code of Washington, 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, WITNESSETH:

That in consideration of the love and affection that each of said parties have for the other and in consideration of the agreed covenants and promises as follows:

FIRST: That all property of whatsoever nature of description whether real, personal, or mixed and wheresoever situated now owned or hereinafter acquired by them or by either of them, shall be considered and is hereby declared to be community property.

SECOND: That upon the death of either of the parties hereto, title to all community property as defined in the preceeding paragraph shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said DALE G. GUNERIUS and SHEILA D. GUNERIUS, have hereunto set their hands and seals this 13<sup>th</sup> day of October, 1971.

Melfela Englund  
WITNESS

Dale G. Gunerius  
DALE G. GUNERIUS

Rosaline Bjorn  
WITNESS

Sheila D. Gunerius  
SHEILA D. GUNERIUS



STATE OF WASHINGTON )  
COUNTY OF SKAGIT ) SS

THIS IS TO CERTIFY, that on this 13<sup>th</sup> day of October, 1971, personally appeared before me, DALE G. GUNERIUS and SHEILA D. GUNERIUS, husband and wife, to me known to be the individuals 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 the day and year in this  
certificate first written above.

G. Bjorn  
Notary Public in and for the State of  
Washington, resident at Mount Vernon.

EXHIBIT "B"  
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200905040152  
Skagit County Auditor

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1. Seller's Assignment of Contract and Deed recorded under  
Auditor's No. 200710030068  
Tax Parcel P52023

Legal Description see Exhibit "C-1"

2. 4920 New Woods Place, Mount Vernon WA 98273  
P104303

Lot 36, PLAT OF EAGLEMONT PHASE 1A, as per  
plat recorded in Volume 15 of Plats, pages  
130 through 146, inclusive records of Skagit  
county, Washington.

EXHIBIT "C"



200905040152

Skagit County Auditor



The Northeasterly 42 feet of Lot 2, Block 5, "MAP OF MOUNT VERNON, GATES 1ST AND 2ND ADDITIONS TO MOUNT VERNON," as per plat recorded in Volume 2 of Plats, page 98, records of Skagit County, Washington.

EXCEPT the Southeasterly 3 feet thereof for alley.

Situate in the City of Mount Vernon, County of Skagit, State of Washington.

Exhibit "C-1"



200905040152

Skagit County Auditor

5/4/2009 Page

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