



200906120100

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. Jacquelyn E. Gwaltney
- 2.

Grantee(s): ☐ additional grantee names on page ____.

1. Public
- 2.

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

Lot 2 "Plat of TJ Townhouses" recorded
November 30, 2000 under And. File No. 200011300053

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

P 117589

**AFFIDAVIT IN SUPPORT
OF
COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

JACQUELYN E. GWALTNEY, 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 24th day of October, 2007, executed by EDWIN J. GWALTNEY and JACQUELYN E. GWALTNEY, 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 two properties listed below:

(a) The house and property commonly known as 3005 Eastwind Street, Mount Vernon, Washington 98273 and more fully described as follows:

TPN: 4769-000-002-0000 (P117589)

Lot 2, "PLAT OF TJ TOWNHOUSES", as recorded November 30, 2000, under Skagit County Auditor's File No. 200011300053, records of Skagit County, Washington.

Situate in the County of Skagit, Washington.

2. EDWIN J. GWALTNEY (the "Decedent") was one of the parties to the Agreement and died on the 15th day of May, 2009 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>
JACQUELYN E. GWALTNEY 3005 Eastwind Street Mount Vernon, WA 98273	Spouse	Legal
ROBERT CLARK GWALTNEY 1002 Pinehurst Court Friendswood, TX 77546	Son	Legal
AUDREY RUTH BATEMAN 1464 NW 95th Street Seattle, WA 98117	Stepdaughter	Legal
RACHEL MARY WEST de MARTINEZ Cerro de la Ascencion 3 Las Carreras, Malinalco, Estado de Mexico 52440, Mexico	Stepdaughter	Legal
REBECCA CLARE WEST 2367 NW 85th Street Seattle, WA 98117	Stepdaughter	Legal



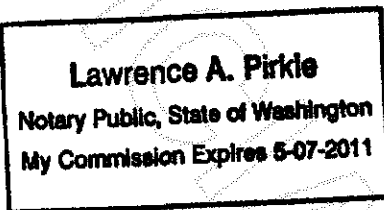
DATED this 9th day of June, 2009.

Jacquie Gwaltney

JACQUELYN E. GWALTNEY

SIGNED AND SWORN to before me this 9th day of June, 2009.

LAWRENCE A. PIRKLE



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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Skagit County Auditor

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COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 24th day of October, 2007, between EDWIN J. GWALTNEY and JACQUELYN E. GWALTNEY, 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

ORIGINAL



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.

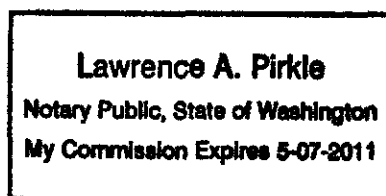

EDWIN J. GWALTNEY


JACQUELYN E. GWALTNEY

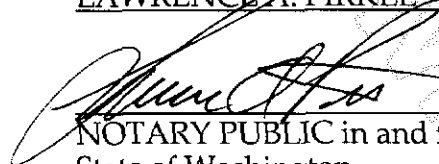
STATE OF WASHINGTON)
)
COUNTY OF SKAGIT) SS

On this day personally appeared before me, EDWIN J. GWALTNEY and JACQUELYN E. GWALTNEY, 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 24th day of October, 2007.



LAWRENCE A. PIRKLE


NOTARY PUBLIC in and for the
State of Washington
Residing at Mount Vernon
My Commission Expires: 5/7/11



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **448-09**

Washington State Certificate of Death

State File Number

1. Legal Name (include AKA's if any) First Middle LAST Suffix Edwin James Gwaltney		2. Death Date 05/15/2009	
3. Sex (M/F) Male	4a. Age - Last Birthday 83	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0
5. Social Security Number [REDACTED]		6. County of Death Skagit	
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Walla Walla	8b. (State or Foreign Country) WA	9. Decedent's Education Master's Degree
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? No			
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 3005 Eastwind St		13b. City or Town Mount Vernon	
13c. Residence: County Skagit	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country WA	13f. Zip Code + 4 98273
13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence. 6 Years		15. Marital Status at Time of Death Married	
16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Jacquelyn E.G. Stilwell			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Social Worker		18. Kind of Business/Industry (Do not use Company Name) Rehabilitation	
19. Father's Name (First, Middle, Last, Suffix) Edwin Gwaltney		20. Mother's Name Before First Marriage (First, Middle, Last) Bessie [REDACTED]	
21. Informant's Name Jacquie Gwaltney		22. Relationship to Decedent Spouse	
23. Mailing Address: Number and Street or RFD No. City or Town State Zip 3005 Eastwind St Mount Vernon, WA 98273			
24. Place of Death, if Death Occurred in a Hospital: Own Residence			
25. Facility Name (If not a facility, give number & street or location) 3005 Eastwind St			
26a. City, Town, or Location of Death Mount Vernon		26b. State WA	27. Zip Code 98273
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Neptune Society Cremation Services	
30. Location-City/Town, and State Kent, WA			
31. Name and Complete Address of Funeral Facility Neptune Society, 19324 40th Ave W, Ste A, Lynnwood, WA 98036		32. Date of Disposition 05/26/2009	
33. Funeral Director Signature X <i>[Signature]</i>			

Part 1 completed by Funeral Director

34. Enter the <u>chain of events</u> - 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. CONGESTIVE HEART FAILURE & CHRONIC RENAL FAILURE Interval between Onset & Death MONTHS			
Due to (or as a consequence of):		Interval between Onset & Death	
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.		Interval between Onset & Death	
Due to (or as a consequence of):		Interval between Onset & Death	
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			
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 type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		41. 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. Location of Injury: Number & Street City or Town: County: State: Zip Code + 4:		45. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
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) [Signature]		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 [Signature]	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Carl M. Benner, M.D. Skagit Valley Medical Center 1400 E. Kincaid St.		50. Hour of Death (24hrs) 1800	
51. Name and Title of Attending Physician if other than Certifier (Type or Print) [Signature]		52. Date Signed (MM/DD/YYYY) 05-21-2009	
53. Title of Certifier M.D.	54. License Number WA 40276	55. ME/Coroner File Number NJA #082-09	56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature [Signature]		58. Date Received (MM/DD/YYYY) MAY 26 2009	
59. Amendments			

Part 2 completed by Certifier



200906120100
Skagit County Auditor

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)
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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

MAY 28 2009



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Skagit County Auditor

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Skagit County Health Department
Heidi Johnson, M.D., Health Officer

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