

Return Address:

Pamela B. Malmberg
304 Snohomish Dr.
La Conner, WA 98257



200907230133

Skagit County Auditor

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Please print or type information **WASHINGTON STATE RECORDER'S Cover Sheet** (RCW 65.04)

Document Title(s) (or transactions contained therein): (all areas applicable to your document must be filled in)

1. Affidavit for Transfer of Assets
2. on Basis of Community Property Agreement 3. Real Esate Excise Tax Affidavit
4. _____

Reference Number(s) of Documents assigned or released:

Additional reference #'s on page _____ of document

Grantor(s) (Last name, first name, initials)

1. Malmberg, Karl A. 2. _____ 2201

Additional names on page _____ of document.

Grantee(s) (Last name first, then first name and initials)

1. Malmberg, Pamela B 2. _____ 0

Additional names on page _____ of document.

Legal description (abbreviated: i.e. lot, block, plat or section, township, range)

Shelter Bay, Block 2, Lot 364

Additional legal is on page _____ of document.

Assessor's Property Tax Parcel/Account Number

P105043

☐ Assessor Tax # not yet assigned

The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

Signature of Requesting Party

Filed for record at request of
and after recording mail to:

Pamela R. Malmberg
304 Snohomish Drive
La Conner, WA 98257

**AFFIDAVIT FOR TRANSFER OF ASSETS
ON BASIS OF COMMUNITY PROPERTY AGREEMENT**

Grantor: Karl A. Malmberg
Grantee: Pamela R. Malmberg
Abbreviated Legal Description: Shelter Bay, Block 2, Lot 304
Tax Parcel No.: P105043

2201
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

STATE OF WASHINGTON)

COUNTY OF KING)

) ss

Pamela R. Malmberg, being duly sworn, on oath states:

1. I am the surviving spouse of Karl A. Malmberg, who died at Anacortes, Washington, on July 4, 2009, while a resident of Skagit County, Washington. A certified copy of his death certificate is attached as Exhibit A and by this reference incorporated herein. I reside at 304 Snohomish Drive, La Conner, WA 98257.

2. On July 15, 2002, while residents of the State of Washington, my husband and I executed an "Agreement as to Status of Community Property" (the "Agreement"), which was validly executed and existing in conformance with the provisions of RCW 26.16.120. At the time of the execution of the Agreement, both parties were of legal age and fully competent to enter into said Agreement, and the Agreement has not been altered, amended or canceled. The original Agreement is attached as Exhibit B and by this reference incorporated herein. The Agreement was recorded on July 16, 2002, in the records of Skagit County, Washington, under Auditor's File No. 200207160101.

3. At the time of his death, my husband and I were owners of certain real property located in Skagit County, Washington, and legally described below, which properties were the community property of my husband and me at the date of his death:

999999.3000/1735009.1



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Lot 304, "Revised Map of Survey of Shelter Bay Div. 2, Tribal and allotted lands of Swinomish Indian Reservation" as recorded in Volume 43 of Official Records, page 833, records of Skagit County, Washington

Commonly known as: 304 Snohomish Drive, La Conner, WA 98257.

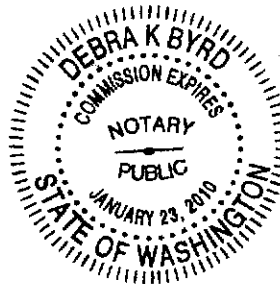
4. All of the assets owned by my husband and me at the time of his death were owned as community property, and the Agreement states that all community property immediately vests in the surviving spouse upon the death of one spouse.

5. The estimated value of the estate at the date of my husband's death was less than the federal and Washington estate tax filing thresholds. The estimated value of the real property described in paragraph 3 above was \$313,000.00.

6. No proceedings have been instituted or are contemplated to have admitted to probate a will of the decedent or for Letters of Administration upon the decedent's estate; no proceedings have been instituted to contest, set aside or cancel the Agreement; and the claims of creditors have been paid or provided for.

Pamela R Malmberg
Pamela R. Malmberg

Subscribed and sworn to before me on July 21, 2009.



Debra K Byrd
Print Name: Debra K. Byrd
NOTARY PUBLIC for the State of
Washington, residing at
La Conner

My appointment expires:
01-23-2010



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 593 09		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix Karl-Axel (nun) MALMBERG			2. Death Date Jul 4, 2009		
3. Sex (M/F) M	4a. Age - Last Birthday 75	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) Uppsala	8b. (State or Foreign Country) Sweden	9. Decedent's Education Master of Science	
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 5 th St.) (Include Apt. No.) 304 Snohomish Drive			13b. City or Town La Conner		
13c. Residence, County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98257	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
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) Pamela Rae Clark	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Mechanical Engineer			18. Kind of Business/Industry (Do not use Company Name) Mining Machinery		
19. Father's Name (First, Middle, Last) Karl Erik Malmberg			20. Mother's Name Before First Marriage (First, Middle, Last) Ester Maria [REDACTED]		
21. Informant's Name Pamela Rae Malmberg		22. Relationship to Decedent Wife	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 304 Snohomish Drive La Conner WA 98257		
24. Place of Death, if Death Occurred in a Hospital: Nursing Home					
25. Facility Name (If not a facility, give number & street or location) Fidalgo Care Center			26a. City, Town, or Location of Death Anacortes		26b. State WA
27. Zip Code 98221		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 7-10-2009
33. Funeral Director Signature X <i>Lennie J. [Signature]</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. Bronchopneumonia and ascites		Interval between Onset & Death unknown	
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. cirrhosis of the liver		Interval between Onset & Death years	
		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input checked="" 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"/> 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: <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 your knowledge and belief, occurred at the time, date, and place, and cause of death as stated.			48b. Medical Examiner/Coroner - On the basis of examination, autopsy investigation, or 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) Sigmund Menchel, M.D. PO Box 5656, Bellevue, WA 98006			50. Hour of Death (24hrs) 14:30 PM		
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)			52. Date Signed (mm/dd/yyyy) 7-9-2009		
53. Title of Certifier M.D.	54. License Number MD00036084	55. ME/Coroner File Number 112-09		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature <i>Corrine Anderson</i>			58. Date Received (mm/dd/yyyy) JUL - 9 - 2009		
59. Amendments					



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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 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 Auditor

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CERTIFIED

JUL 14 2009

Skagit County Health Department
Howard Leibrand M.D., Health Officer

RR00599342