



200908120064  
Skagit County Auditor

Document Title: Affidavit in Support of  
Community Property Agreement

Reference Number:

Grantor(s):  additional grantor names on page \_\_\_

1. Roberta E. Liechty

2.

Grantee(s):  additional grantee names on page \_\_\_

1. Public

2.

Abbreviated legal description:  full legal on page(s) \_\_\_

Lot 8 "Hilltop Haven" as per plat recorded  
in Vol. 12 of Plats pgs. 47, 48 & 49, Skagit County

Assessor Parcel / Tax ID Number:  additional tax parcel number(s) on page \_\_\_

P81284



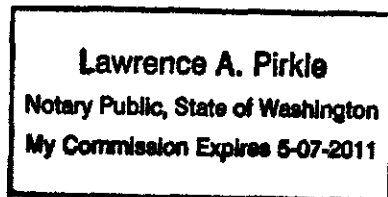
6. The Decedent left no separate property.
7. All obligations of the community composed of the Decedent and the affiant owing at the date of the Decedent's death have been paid in full, and all expenses of last illness and for funeral and burial services of the Decedent have been paid.
8. The Decedent was survived by the following persons:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
THOMAS MASTON SHAW 233 N. Waugh Road Mount Vernon, WA 98273	Spouse	Legal
ROBERTA E. LIECHTY PO Box 1668 Granite Falls, WA 98252	Daughter	Legal
GEORGIA G. SHAW 7130 Clairemont Circle Anchorage, AK 99507	Daughter	Legal
CURTIS A. SHAW 1759 Holland Circle Walnut Creek, CA 94596	Son	Legal

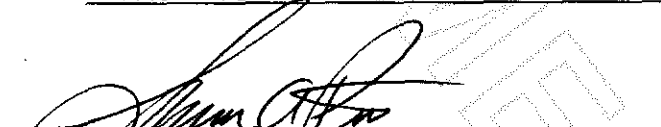
DATED this 10<sup>th</sup> day of <sup>August</sup>~~July~~, 2009.

  
ROBERTA E. LIECHTY

SIGNED AND SWORN to before me this 10<sup>th</sup> day of <sup>August</sup>~~July~~, 2009.



LAWRENCE A. PIRKLE

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



## COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 13 day of May, 1992, between THOMAS MASTON SHAW and EVA LEE SHAW, husband and wife, both of whom are domiciled in the State of Washington. In consideration of their mutual agreements set forth below, the parties agree as follows:

1. Property Covered: This Agreement shall apply to all property now owned by Husband and Wife and all community property hereafter acquired by Husband and Wife (which shall be considered and is declared to be the community property of the parties, except for assets for which a separate beneficiary designation has been or is hereafter made by Husband or Wife and approved by the other spouse) even though some items may have been or may be purchased or acquired by one or the other or both. All such property is referred to in the Agreement as the "described community property".

2. Vesting at Death of a Spouse: If Husband dies and Wife survives him, all of the described community property shall vest in Wife as of the moment of Husband's death. If Wife dies and Husband survives her, all of the described community property shall vest in Husband as of the moment of Wife's death.

3. Disclaimer: Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, or with reference to specific parts, shares or assets thereof, in which event the interest disclaimed shall pass as if the provisions of paragraph 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.

4. Automatic Revocation: The provisions of paragraph 2 shall be automatically revoked:

- a) Upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce; or
- b) Upon the establishment of a domicile out of the State of Washington by either party; or
- c) Immediately prior to death, if the order of death cannot be ascertained.



5. Optional Revocation by One Party: If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 2 and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardians, if any, of the person and of the estate of the disabled person. For the purposes of this paragraph, a spouse shall be deemed disabled if a person duly licensed to practice medicine in the State of Washington signs a statement declaring that the person is unable to manage his or her own affairs.

6. Powers of Appointment: This Agreement shall not affect any power of appointment now held by or hereafter given to Husband or Wife or both of them, nor shall it obligate Husband or Wife or both of them to exercise any such power of appointment in any way.

7. Revocation of Inconsistent Agreements: To the extent this Agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

Thomas M. Shaw  
THOMAS MASTON SHAW, Husband

Eva Lee Shaw  
EVA LEE SHAW, Wife

Pamela R. Johnson  
Witness

Mount Vernon, WA  
City and State

[Signature]  
Witness

Mount Vernon, WA  
City and State



STATE OF WASHINGTON) ) ss  
COUNTY OF SKAGIT )

On this day personally appeared before me THOMAS MASTON SHAW and EVA LEE SHAW, to me known to be the individuals described in and who executed the within and foregoing Community Property Agreement, 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 on this 13<sup>th</sup> day of May, 1992.

Thomas Maston Shaw  
Notary Public

My Commission Expires: 12/1/94



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# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number <b>490-09</b>		<b>Washington State Certificate of Death</b>			State File Number	
1. Legal Name (Include AKA's if any): First Middle LAST Suffix <b>Eva Lee Shaw</b>				2. Death Date <b>06/02/2009</b>		
3. Sex (M/F) <b>Female</b>		4a. Age - Last Birthday <b>82</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. Birthplace (City, Town, or County) <b>Blackwell</b>		8. (State or Foreign Country) <b>OK</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>No</b>	
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>3807 E College Way</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>98275</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>1 Year</b>		15. Marital Status at Time of Death <b>Married</b>	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Thomas Maston Shaw</b>			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Homemaker</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Own Home</b>			
19. Father's Name (First, Middle, Last, Suffix) <b>Charles Merrit Stewart</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Pansy Mae [REDACTED]</b>			
21. Informant's Name <b>Robbie Liechty</b>		22. Relationship to Decedent <b>Daughter</b>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>PO Box 1668 Granite Falls, WA 98252</b>			
24. Place of Death, if Death Occurred in a Hospital:						Place of Death, if Death Occurred Somewhere Other than a Hospital: <b>Adult Family Home</b>
25. Facility Name (if not a facility, give number & street or location) <b>Ashley Gardens</b>				26a. City, Town, or Location of Death <b>Mount Vernon</b>	26b. State <b>WA</b>	27. Zip Code <b>98275</b>
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Neptune Society Cremation Services</b>		30. Location-City/Town, and State <b>Kent, WA</b>		32. Date of Disposition <b>06/10/2009</b>
31. Name and Complete Address of Funeral Facility <b>Neptune Society, 19324 40th Ave W Ste A, Lynnwood, WA 98036</b>						
33. Funeral Director Signature X <i>[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. <b>Metastatic Breast Cancer</b>			Interval between Onset & Death <b>Years</b>	
Due to (or as a consequence of):		b.			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		c.			Interval between Onset & Death	
Due to (or as a consequence of):		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. 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 (Type or Print) <b>HENNING PFORTE - 1400E Kincaid St., Mt. Vernon, WA 98274</b>				50. Hour of Death (24hrs) <b>1851</b>		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) <b>6/5/2009</b>		
53. Title of Certifier <b>MD</b>		54. License Number <b>MD 00041816</b>		55. ME/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>JUN 10 2009</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:

The Record now shows:	The True fact is:
6.	7.
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
	Hospital Records	Military Record (DD-214)
	Insurance Records	Birth Record
	Marriage/Divorce Records	Passport
		School Record
		Voter's Registration Card (if it bears an effective date)
		Alien Registration Card (front and back)

**Birth Certificates:**

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. 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.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. 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.
5. 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).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

**Death Certificates:**

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. 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:**

1. 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.
2. 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\***  
JUN 15 2009  
*Hubenduro*



200908120064  
Skagit County Auditor