

WHEN RECORDED RETURN TO:

**Lina Richards
1111 3rd Street
Anacortes, WA 98221-1505**



**201002220150
Skagit County Auditor**

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ACCOMMODATION RECORDING

LAND TITLE OF SKAGIT COUNTY

**DOCUMENT TITLE(S):
Community Property Agreement**

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

**GRANTOR:
Colquitt Richards and Lina Richards**

**GRANTEE:
Lina Richards**

ABBREVIATED LEGAL DESCRIPTION:

**TAX PARCEL NUMBER(S):
P55345**

Agreement as to Status of Community Property

After Death of One of the Spouses

Know All Men by These Presents:

That this agreement, made and entered into this 23rd day of March, 1964,
by and between Colquitt Richards
and Lina Richards, husband and wife,
residing in Skagit County, State of Washington.

WITNESSETH, That whereas the said parties hereto are owners of certain community property, and are desirous that said property, together with all other community property, either real or personal, that may hereafter be acquired, shall pass, without delay or expense, upon the death of either, to the survivor.

NOW, THEREFORE, for and in consideration of the sum of One (\$1.00) Dollar, the receipt of which is hereby acknowledged by each party hereto, and, also, in consideration of the love and affection that each of said parties bears for the other, it is hereby agreed that in the event of the death of said Colquitt Richards while said Lina Richards survives then the whole of said community property now owned together with all other community property, real or personal, that may hereafter be acquired, shall at once vest in said Lina Richards in fee simple; and in the event of the death of said Lina Richards while the said Colquitt Richards survives then the whole of said community property now owned together with all other community property, real and personal, that may hereafter be acquired, shall at once vest in said Colquitt Richards in fee simple.

IN WITNESS WHEREOF, the said Colquitt Richards
and Lina Richards have hereunto set their hands and seals the day and date first above written.

Signed, Sealed and Delivered in the Presence of

Norothy L. Cook } x Colquitt Richards (SEAL)
Rene D. Miner } x Lina Richards (SEAL)

STATE OF WASHINGTON,

County of Skagit } SS.

This is to certify that on this 23rd day of March, 1964, before me
Leo A. Schmandt a Notary Public in and for the State of Washington
duly commissioned and sworn, personally came Colquitt Richards

and Lina Richards husband and wife, to me known to be the individuals described in and who executed the within instrument, and acknowledged to me that they signed and sealed 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 above written.

Notary Public in and for the State of Washington residing at Anacortes



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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 760-08		Washington State Certificate of Death		State File Number	
1. Legal Name (include first, middle, last, suffix) Colquitt (nmi) RICHARDS			2. Death Date Aug 28, 2008		
3. Sex (M/F) M	4a. Age - Last Birthday 98	4b. Under 1 Year Months 0 Days 0	4c. Under 1 Day Hours 0 Minutes 0	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Race [REDACTED]	8a. Birthplace (City, Town, or County) Timpson	8b. (State or Foreign Country) Texas	8. Decedent's Education High School Graduate		
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? Yes
13a. Residence: Number and Street (e.g., 524 SE 5 th St.) (Include Apt. No.) 1111 3rd Street			13b. City or Town Anacortes		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98221	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 48y		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Lina (nmi) Beidin	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Master Sergeant			18. Kind of Business/Industry (Do not use Company Name) U. S. Air Force		
19. Father's Name (First, Middle, Last, Suffix) James Calvert Richards			20. Mother's Name Before First Marriage (First, Middle, Last) Nancy Ada [REDACTED]		
21. Informant's Name Lina (nmi) Richards		22. Relationship to Decedent Wife	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1111 3rd Street Anacortes WA 98221		
24. Place of Death: if Death Occurred in a Hospital: Nursing Home					
25. Facility Name (if not a facility, give number & street or location) Pidalgo Care Center			26a. City, Town, or Location of Death Anacortes		26b. State WA
26c. Zip Code 98221		27. Zip Code 98221			
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Fernhill Cemetery		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 9/2/2008				33. Funeral Director Signature <i>Robert W. Evans</i>	
34. Cause of Death (See instructions and examples). 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. Ischemic Cardiomyopathy Interval between Onset & Death 5yrs					
Due to (or as a consequence of): b. Coronary Artery Disease Interval between Onset & Death 15yrs					
Due to (or as a consequence of): c. Underlying Cause (disease or injury that initiated the events resulting in death) LAST Interval between Onset & Death					
Due to (or as a consequence of): d. Other significant conditions contributing to death but not resulting in the underlying cause given above Interval between Onset & Death					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above prolonged disease, Renal insufficiency, Atrial Fibrillation			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"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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) At Work	
44. Location of Injury: Number & Street		45. City or Town		46. Describe how injury occurred	
47. Certifying Physician (Type or Print) Bryan H. Murray, M.D.		48. Medical Examiner/Coroner (Type or Print) Bryan H. Murray, M.D.		49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Bryan H. Murray, M.D. 2511 M Avenue, Suite C, Anacortes, WA 98221	
50. Title of Certifier M.D.		51. License Number MD00043410		52. ME/Coroner File Number	
53. Register Signature <i>Betty J. Anguilla</i>		54. Date Received SEP 29 2008		55. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
56. Date Received SEP 29 2008					



DOHCHS 003 Rev 2/05/2004

DOH 01-003 (5/99)



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