



201010280131  
Skagit County Auditor

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Recorded by and return to:

Stiles & Stiles, Inc., P.S.  
P.O. Box 228  
Sedro-Woolley, WA 98284

Legal: E  $\frac{1}{2}$  NE  $\frac{1}{4}$  NE  $\frac{1}{4}$  12/35/5 (Tract 38)

Tax Parcel: 350512-1-001-0106 (P38894)

**AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON ) ss.  
COUNTY OF SKAGIT )

Douglas Steineke, being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of Patty Ann Steineke, who died at Sedro-Woolley, County of Skagit, State of Washington, on September 21, 2010, having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated May 6, 1987, which agreement has been recorded simultaneously with this affidavit and a copy of the decedent's death certificate under the records of the Auditor for Skagit County, Washington.

2. That there are no unpaid creditors of said decedent or the former marital community nor unpaid funeral expense or expense of last illness, except for:

NONE

3. That the value of the community estate as of the date of death, including all real and personal property, was over \$100,000.00, and the value of all separate property of said decedent was \$0 as of the date of her death. Among other items of community property was real estate located at 29877 East Elk Run Dr, Sedro-Woolley, WA 98284, and legally described as follows:

The East ½ of the Northeast ¼ of the Northeast ¼ of Section 12, Township 35 North, Range 5 East, W.M.; EXCEPT Mineral Reservations as reserved in instrument recorded under Auditor's File No. 8810110042; and TOGETHER WITH non-exclusive easements for ingress, egress, and utilities as created in instrument recorded under Auditor's File No's. 8902210090 and 8910230016, records of Skagit County, Washington. (Also known as Tract 38.)

Together with all rights and easements appurtenant thereto.

4. This affidavit is made to induce any title company to issue its policies of title insurance on real property passing to the affiant as surviving spouse by virtue of said community property survivorship agreement in reliance upon the representations hereinabove set forth.

DATE: 10-27, 2010

  
Douglas Steineke



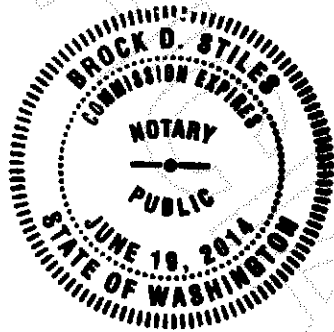
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State of Washington       )  
  )ss.  
County of Skagit            )

On this day personally appeared before me Douglas Steineke, who executed the within and foregoing instrument and acknowledged that he signed the same as his free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal on October, 27, 2010.



Brock D. Stiles  
NOTARY PUBLIC in and for the  
State of Washington, residing at  
Sedro Woolley  
Commission Expires: 6-10-14



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AGREEMENT CONCERNING STATUS AND DISPOSITION  
OF COMMUNITY AND SEPARATE PROPERTY

THE PARTIES HERETO, Douglas Henry Steineke, hereinafter called "husband," and Patty Ann Steineke, hereinafter called "wife," are husband and wife and residents of Snohomish County, Washington, and are owners of certain property, and are desirous that said property, together with all after acquired real and personal property of the parties, shall pass without delay or expense upon the death of either to the survivor; NOW, THEREFORE,

FOR AND IN CONSIDERATION of the mutual covenants hereinafter contained and the love and affection that each of the parties bears for the other; and pursuant to the laws of the State of Washington, it is hereby agreed as follows:

1. All property of the husband, whether real or personal, on the death of the husband, shall at that time be deemed, constituted and regarded as community property.

2. All property of the wife, whether real or personal, on the death of the wife, shall at that time be deemed, constituted and regarded as community property.

3. All community property, on the death of the first spouse, shall at once vest in the surviving spouse, free from any and all claims of any other heirs of the deceased spouse.

4. Either party, without the consent of the other, may revoke this agreement by recording with the Auditor of Snohomish County, an acknowledged written declaration that the agreement is revoked, cancelled and terminated.

5. The commencement of a proceeding to dissolve the marriage or for a legal separation shall be deemed to cancel and terminate the provisions of this agreement.

6. The provisions of this agreement shall not diminish or abridge the right of the surviving spouse to disclaim on the death of the first spouse, in whole or in part, the interest otherwise passing to the surviving spouse by terms of this agreement.

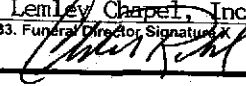
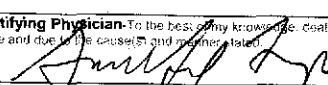
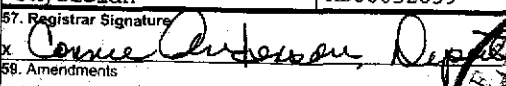


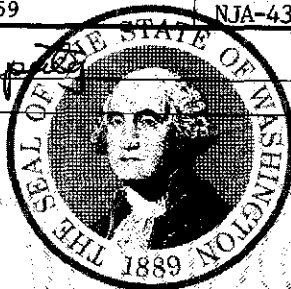
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Skagit County Auditor



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number <b>765-10</b>		<b>Washington State Certificate of Death</b>			State File Number	
1. Legal Name (include AKA if any) First Middle LAST Suffix <b>PATTY ANN STEINEKE</b>				2. Death Date <b>Sep. 21, 2010</b>		
3. Sex (M/F) <b>Female</b>	4a. Age - Last Birthday <b>67</b>	4b. Under 1 Year Months Days <b>67</b>	4c. Under 1 Day Hours Minutes <b>67</b>	5. Social Security Number		6. County of Death <b>Skagit</b>
7. Birthdate <b>Jan. 20, 1943</b>		8a. Birthplace (City, Town, or County) <b>Oshkosh</b>		8b. (State or Foreign Country) <b>Wisconsin</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 5th St.) (Include Apt. No.) <b>29877 East Elk Run Drive</b>				13b. City or Town <b>Sedro-Woolley</b>		
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>		13f. Zip Code + 4 <b>98284</b>
14. Estimated length of time at residence. <b>17 Years</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>Douglas H. Steineke</b>		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Sales Coordinator</b>				18. Kind of Business/Industry (Do not use Company Name) <b>Boat Industry</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>John Bochinski</b>				20. Mother's Name Before First Marriage (First, Middle, Last) <b>Gertrude</b>		
21. Informant's Name <b>Douglas H. Steineke</b>		22. Relationship to Decedent <b>Husband</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>29877 E. Elk Run Dr., Sedro-Woolley, WA 98284</b>		
24. Place of Death, if Death Occurred in a Hospital: <b>Decedent's Residence</b>						
25. Facility Name (If not a facility, give number & street or location) <b>29877 East Elk Run Drive</b>				26a. City, Town, or Location of Death <b>Sedro-Woolley</b>		26b. State <b>WA</b>
27. Zip Code <b>98284</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>Lemley Chapel, Inc., 1008 Third Street, Sedro-Woolley, WA 98284</b>				32. Date of Disposition <b>Sep. 22, 2010</b>		
33. Funeral Director Signature  <b>Charles S. Ruhl 1179</b>						
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>Multiple Myeloma</b>			Interval between Onset & Death <b>Years</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. Due to (or as a consequence of):			Interval between Onset & Death	
		c. Due to (or as a consequence of):			Interval between Onset & Death	
		d. 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 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 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"/> Unknown
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.  <b>Guilford Traylor</b>				48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, at my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <b>X</b>		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Guilford Traylor, MD 2116 E. Section St., Mount Vernon, WA 98273</b>				50. Hour of Death (24hrs) <b>0320 Hours</b>		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) <b>09/22/2010</b>		
53. Title of Certifier <b>Physician</b>		54. License Number <b>MD00032059</b>		55. ME/Coroner File Number <b>NJA-434</b>		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature  <b>Connie Anderson, Deputy</b>				58. Date Received (mm/dd/yyyy) <b>SEP 22 2010</b>		
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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Affidavit Number: \_\_\_\_\_

Check one box below for requesting any changes on the record.

☐ Death ☐ Marriage ☐ Dissolution

1. Name: \_\_\_\_\_ 2. Date of Event: \_\_\_\_\_ 3. Place of Event: (City or County) \_\_\_\_\_

4. Birth Date: \_\_\_\_\_ 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution) \_\_\_\_\_

The Record is incorrect or incomplete as follows:

6. \_\_\_\_\_ 7. The True fact is: \_\_\_\_\_

8. \_\_\_\_\_ 9. \_\_\_\_\_

10. \_\_\_\_\_ 11. \_\_\_\_\_

12. \_\_\_\_\_ 13. \_\_\_\_\_

14. I am \_\_\_\_\_ (Select one) \_\_\_\_\_ Guardian ☐ Informant \_\_\_\_\_ Telephone Number: \_\_\_\_\_

15. I declare under penalty of perjury that the foregoing is true and correct.

16. Signature: \_\_\_\_\_ 17. Address: \_\_\_\_\_

This document is not a replacement for a birth certificate. It may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect information on the record is being corrected. It is not a replacement for a birth certificate. It may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect information on the record is being corrected.

Documents that may be submitted with the affidavit:  
 - Certificate of Naturalization  
 - Military Record (DD-214)  
 - Birth Record  
 - Passport  
 - School Record  
 - Voter's Registration Card (if it bears an effective date)  
 - Alien Registration Card (front and back)

Parental Consent: \_\_\_\_\_

1. Only a parent, guardian, or the child (if 18 or older) may change the birth certificate.
2. The parent, guardian, or the child must assert the true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the child's name is Mary Ann Doe.
3. The child must be 18 years old or have been established within five years of birth.
4. The parent, guardian, or local guardian may change the child's last name with an affidavit for correction, provided:  
 - The child's name is being changed.  
 - The child's name is being changed to the mother's maiden name or father's name (if present on the certificate) or any combination of the two.  
 - The child's name is being changed to a certified copy of a court-ordered name change. Minor spelling changes may be made with an affidavit and proof of the change.
5. The parent, guardian, or local guardian may change the child's name by completing and signing an affidavit for correction (until their child's 18th birthday).
6. The parent, guardian, or local guardian may change the child's birth certificate. (Use the parent affidavit - form DOH/CHS 021)

Death: \_\_\_\_\_

1. A physician, coroner, or medical examiner (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 a physician, coroner, or medical examiner is not available, please contact the county health department where the death occurred to make changes.

Marriage: \_\_\_\_\_

1. Changes to the record (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 record (date of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH 10-00000-0000

**\*CERTIFIED\***

SEP 22 2010

*Howard Leibrand*

TT00278531



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Skagit County Auditor