



201010280132
Skagit County Auditor

10/28/2010 Page 1 of 6 3:58PM

Recorded by and return to:

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

Legal: Cascade Palms, Unit 727, Building 2, Lot 3

Tax Parcel # 8042-000-003-0100
P119766

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON) ss.
COUNTY OF SKAGIT)

Robert Erickson, being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of Shirley Jean Erickson, who died at Sedro-Woolley, County of Skagit, State of Washington, on September 14, 2010, having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated August 5, 1999, 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 his death. Among other items of community property was the following described real estate:

727 Cascade Palms Ct, Sedro-Woolley, WA 98284
Parcel ID: P119766
Xref ID: 8042-000-003-0100

Unit 727, Building #2, "CASCADE PALMS CONDOMINIUM, PHASE 1",
recorded November 3, 2003, under Auditor's File No. 200311030250,
records of Skagit County, Washington, said Phase #1 being Multi-Family
Sub Lots 1, 2, 3, and 4, Phase #1, Cascade Palms Binding Site Plan No.
02-973, recorded November 12, 2002, under Auditor's File No.
200211120149, records of said County and State.

TOGETHER WITH those portions of the Common Areas and Limited
Common Areas as described in the Declaration of Covenants for the
Cascade Palms Condominium, Phase #1, recorded November 3, 2003,
under Auditor's File No. 200311030251, records of said County and State.

Situate in the City of Sedro-Woolley, County of Skagit, State of
Washington.

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.

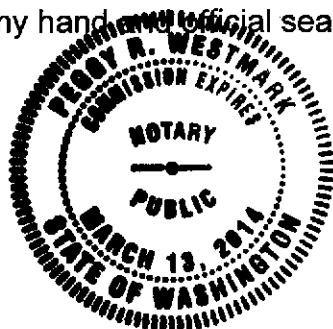
DATE: 10-28, 2010



Robert Erickson

State of Washington)
) ss.
County of Skagit)

On this day personally appeared before me Robert Erickson, 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 28, 2010.



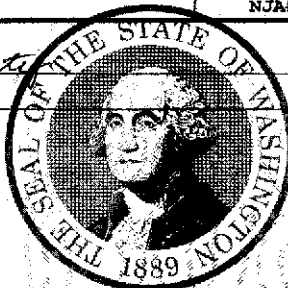

NOTARY PUBLIC in and for the
State of Washington, residing at
Sedro Woolley
Commission Expires: 3-13-14



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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 746-10		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Shirley Jean Erickson			2. Death Date 09/14/2010		
3. Sex (M/F) F	4a. Age - Last Birthday 80	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number	6. County of Death Skagit
7. Birthdate 04/19/1930	8a. Birthplace (City, Town, or County) Mount Vernon	8b. (State or Foreign Country) Washington	9. 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? No
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 727 Cascade Palms Ct.				13b. City or Town Sedro Woolley	
13c. Residence: County Skagit	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98284	13g. Inside City Limits? <input 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) Robert Erickson			
17. Usual Occupation (Indicate type of work done during most of working life. (Do not use RETIRED).) Bookkeeper			18. Kind of Business/Industry (Do not use Company Name) Bookkeeping		
19. Father's Name (First, Middle, Last, Suffix) Antone Wognild			20. Mother's Name Before First Marriage (First, Middle, Last) Ethel		
21. Informant's Name Robert Erickson	22. Relationship to Decedent Husband	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 727 Cascade Palms Ct. Sedro Woolley WA 98284			
24. Place of Death, if Death Occurred in a Hospital: Residence					
25. Facility Name (If not a facility, give number & street or location) 727 Cascade Palms Ct.			26a. City, Town, or Location of Death Sedro Woolley	26b. State WA	27. Zip Code 98284
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Hawthorne Memorial Park		30. Location-City/Town, and State Mount Vernon, WA	
31. Name and Complete Address of Funeral Facility Hawthorne Funeral Home 1825 E. College Way Mount Vernon WA 98273-0398				32. Date of Disposition September 17, 2010	
33. Funeral Director Signature X <i>[Signature]</i>					
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. Lung cancer, metastatic Interval between Onset & Death (6 months) Due to (or as a consequence of): b. _____ Interval between Onset & Death _____ Due to (or as a consequence of): 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 Colon cancer, diabetes, HTN					
36. 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Probably <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: _____			47. 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			48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) listed on this certificate. I am a physician, medical examiner, or coroner. <i>[Signature]</i>		
48b. Medical Examiner/Coroner - On the basis of my examination and knowledge, I am satisfied that death occurred at the time, date, and place and due to the cause(s) and manner stated on this certificate. <i>[Signature]</i>			49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Stevan W. Luther, 830 Ball Sedro Woolley, WA 98284		
50. Hour of Death (24hrs) 2031			51. Name and Title of Attending Physician if other than Certifier (Type or Print)		
52. Date Signed (mm/dd/yyyy) 9/15/10		53. Title of Certifier		54. License Number NJA# 425	
55. ME/Coroner File Number NJA# 425		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input type="checkbox"/> No		57. Registrar Signature <i>[Signature]</i>	
58. Date Received (mm/dd/yyyy) SEP 16 2010		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: _____ Sex: _____ Age: _____ Initials: _____ Date: _____ Affidavit Number: _____

Section below for requesting any changes on the record.

Reason for change: ☐ Death ☐ Marriage ☐ Dissolution

1. Date of Event: _____ 2. Date of Event: _____ 3. Place of Event: (City or County) _____

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

The Record is incorrect or incomplete as follows: _____ The True fact is: _____

6. _____ 7. _____

8. _____ 9. _____

10. _____ 11. _____

12. _____ 13. _____

14. Relationship of declarant: ☐ Parent ☐ Guardian ☐ Informant ☐ Telephone Number: _____
☐ Funeral Director ☐ Other (Specify) _____

I declare under penalty of law that I have stated the facts of the State of Washington that the foregoing is true and correct.

15. Signature: _____ 16. Date: _____ 17. Address: _____

20. This record is registered and recorded. The term may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate is destroyed within one year of the date it was issued to receive a replacement copy free of charge.

21. What type of proof is submitted with the affidavit?
 (Check all that apply) ☐ Declaration of Naturalization ☐ Medical Record ☐ School Record
☐ Social Security ☐ Military Record (DD 214) ☐ Voter's Registration Card (if it bears an effective date)
☐ Birth Record ☐ Passport ☐ Alien Registration Card (front and back)
☐ Other: _____

22. Birth Certificate:
 1. Only a parent, grandparent, or the child (if under 18), or the adult themselves (if 18 or older) may change the birth certificate.
 2. The proof (a) must show the fact(s) 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. (b) Mary Ann Doe or M.A. Doe does not prove the name is Mary Ann Doe.
 3. Proof must be established within five years of birth.
 4. Only a parent, grandparent, or the child (if under 18), or the adult themselves (if 18 or older) may change the child's last name with an affidavit for correction, provided:
 a. This is a first name change. Subsequent changes will require a certified copy of a court ordered name change.
 b. The affidavit must show the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 c. The affidavit must show a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and proof of the name.
 5. Parents may change a 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)

23. Death Certificate:
 1. Only the declarant, the physician, or the executor/administrator (if evidence confirming such position is presented) may change the non-medical information.
 2. The date, time, and cause of death may be changed only by the certifying physician or the coroner/medical examiner.
 3. If you need to change the date of death please contact the county health department where the death occurred to make changes.

24. What type of proof is submitted with the affidavit?
 1. For all types of non-medical changes in name, date or place of birth or residence may be changed by affidavit (with proof) by the person.
 2. For all types of non-medical changes in marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

25. Declaration of Informant: _____



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CERTIFIED

SEP 16 2010

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

TT00278661

AGREEMENT CONCERNING STATUS AND DISPOSITION OF
COMMUNITY AND SEPARATE PROPERTY

THE PARTIES HERETO, ROBERT C. ERICKSON, hereinafter called "husband", and SHIRLEY J. ERICKSON, hereinafter called "wife",

WITNESSETH: THAT whereas husband and wife are residents of Skagit County, Washington, and are the owners of certain community and separate property, and are desirous that said property, together with all after acquired property, shall pass without delay or expense upon the death of either to the survivor, now therefore,

FOR AND IN CONSIDERATION OF ONE DOLLAR and 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:

I.

THAT upon the death of the first spouse hereto, each and every item of his or her separate property, if any, shall be at the time of said death, conveyed, transferred, assigned, set over, deemed esteemed, constituted and regarded as the community property of both parties as husband and wife.

II.

In the event of the death of husband while wife survives, then all community property, including such property that is converted into community property under the preceding paragraph, which the parties may then own, or be entitled to, shall at once vest in wife free from any and all claims of any other heirs of husband. In the event of the death of wife while husband survives, then all of the community property as defined herein, which the parties may then own or be entitled to, shall at once vest in husband free from any and all claims of any other heirs of wife.

III.

If the parties hereto have executed, or in the future execute, a Last Will and Testament disposing of their respective interests in property, which for any reason may not be effectively disposed of by this agreement upon the death of one and the survival of the other, and also disposing of the property of the parties, or the survivor thereof in the event of a common disaster, or upon the subsequent death of the survivor of this agreement, then it is agreed neither this instrument nor said Will shall derogate from the force and effect of the other, PROVIDED HOWEVER, that in the event of any inconsistency between this agreement and the Will of either party



in effect, upon such party's death while the other party survives, this agreement shall prevail.

IN WITNESS WHEREOF, we have hereunto set our hands and seals this 5th day of August, 1999.

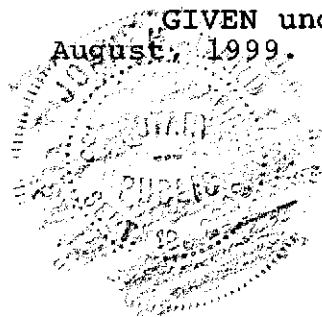
Robert C. Erickson

Shirley J. Erickson

STATE OF WASHINGTON)
: SS
COUNTY OF SKAGIT)

On this day personally appeared before me ROBERT C. ERICKSON and SHIRLEY J. ERICKSON, his wife, to me known to be the individuals described in the foregoing instrument, and acknowledged that they signed the same and executed 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 5th day of August, 1999.



John H. Ward
Notary Public in and for the State of Washington, residing at Sedro Woolley
Commission expires: 9/18/2000

