



201011220102

Skagit County Auditor

11/22/2010 Page

1 of

6 11:21AM

Document Title: Affidavit in support of
Community Property Agreement

Reference Number :

Grantor(s):

☐ additional grantor names on page ____.

1. John E. Rathvon

2.

Grantee(s):

☐ additional grantee names on page ____.

1. Public

2.

Abbreviated legal description:

☐ full legal on page(s) ____.

Tract SP MV-1-82

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____.

P103101

**AFFIDAVIT IN SUPPORT
OF
COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

JOHN E. RATHVON, being first duly sworn, on oath, deposes and says:

1. This Affidavit provides information for the record regarding that certain Community Property Agreement dated the 12th day of June, 1980, executed by JOHN E. RATHVON and CAROLYN A. RATHVON, husband and wife, (the "Agreement") attached as Exhibit "A" incorporated herein by this reference. The statements set forth in this Affidavit are representations of fact which may be relied upon by all parties dealing with the property commonly known as 2230 Austin Lane, Mount Vernon, Washington and more fully described as follows:

TPN: 340416-2-027-0300 (P103101)

Tract 4 of City of Mount Vernon Short Plat No. MV-1-82, approved April 1, 1982 and recorded April 6, 1982 under Auditor's No. 8204060016 in Volume 5 of Short Plats, Page 178, records of Skagit County; being a portion of the NW 1/4 of the NW 1/4 of Section 16, Township 34 North, Range 4 East, W.M.

2. CAROLYN A. RATHVON (the "Decedent") was one of the parties to the Agreement and died on October 31, 2010 in Skagit County, Washington. The Decedent's Death Certificate is attached as Exhibit "B" incorporated herein by this reference.

3. The parties to the Agreement were legally competent at the time of the Agreement and executed no subsequent Wills or agreement which would have the effect of abrogating or nullifying the Agreement.

4. The real property owned by the Decedent and the affiant is legally described above.

5. The Decedent left no separate property.



6. 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.

7. The Decedent was survived by the following persons:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
JOHN E. RATHVON 2230 Austin Lane Mount Vernon, WA 98273	Spouse	Legal
BARBARA E. PICKENS 1921 Forest Drive Mount Vernon, WA 98273	Daughter	Legal

DATED this 19th day of November, 2010.

John E. Rathvon
JOHN E. RATHVON

SIGNED AND SWORN to before me this 19th day of November, 2010.

Lawrence A. Pirkle
Notary Public, State of Washington
My Commission Expires 5-07-2011

LAWRENCE A. PIRKLE

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



This is
between JOHN
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and disposit
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IN WITN
agreement.

Judy L. WIT
Gerie L. WIT

STATE OF WASH
COUNTY OF SKA

On this
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IN WITN
official seal
NOTARY
PUBLIC
JUL 12, 1968
OF WASHINGTON

1. All property of whatsoever nature or description, whether real, personal or mixed, and wheresoever situate, now owned or hereafter acquired by the parties, or either of them, in any manner, shall be considered and hereby declared to be community property. For the purpose of constituting all property community property, each party to this agreement transfers, conveys and quit claims to the other an undivided one-half interest in and to any and all separate property presently owned or which may be hereafter acquired.

3. The entry of a Decree of Dissolution of marriage of the parties hereto shall automatically terminate this agreement.

IN WITNESS WHEREOF, the parties hereto have executed this agreement.

John E. Rathvon
Husband

Lakelyn A. Rathvon
Wife

On this day personally appeared before me JOHN E. RATHVON and CAROLYN A. RATHVON, husband and wife, to me known to be the individuals described in and who executed the foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

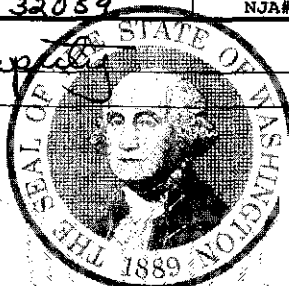
NOTARY PUBLIC
STATE OF WASHINGTON
JAN 12 1968

day of June, 1980.

201011220102
Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 899-10		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix Carolyn Ann Rathvon			2. Death Date 10/31/2010		
3. Sex (M/F) F	4a. Age - Last Birthday 76	4b. Under 1 Year Months Days 76	4c. Under 1 Day Hours Minutes 76	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Hogiam	8b. (State or Foreign Country) Washington	9. Decedent's Education Associate Degree		
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.) 2230 Austin Lane				13b. City or Town Mount Vernon	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington		13f. Zip Code + 4 98273
14. Estimated length of time at residence. 16 years		15. Marital Status at Time of Death Married	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) John Edgar Rathvon		
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) Carl John Mickelson			20. Mother's Name Before First Marriage (First, Middle, Last) Muriel Ellen [REDACTED]		
21. Informant's Name Barbara Pickens		22. Relationship to Decedent Daughter	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1921 Forest Dr. Mount Vernon WA 98273		
24. Place of Death, if Death Occurred in a Hospital: Inpatient			25. Facility Name (If not a facility, give number & street or location) Skagit Valley Hospital		
26a. City, Town, or Location of Death Mount Vernon		26b. State WA	27. Zip Code 98274		
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 November 3, 2010	
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. Sepsis		Interval between Onset & Death days	
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. Alzheimer's dementia		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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input 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 checked="" 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. Location of Injury: Number & Street: City or Town: State: Zip Code + 4:		45. Describe how injury occurred			
46. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					
47a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated. <i>[Signature]</i> 11/1/10				47b. 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.	
48. Name and Address of Certifier, Physician, Medical Examiner or Coroner (Type or Print) Gilford Traylor, 2116 East Section Mount Vernon, WA 98274				49. Hour of Death (24hrs) 1455	
50. Name and Title of Attending Physician if other than Certifier (Type or Print)				51. Date Signed (mm/dd/yyyy) 11-2-10	
52. Title of Certifier MD.		53. License Number MD 00032059		54. ME/Coroner File Number NJA# 514	
55. Registrar Signature <i>[Signature]</i>				56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Date Received (mm/dd/yyyy) NOV -3 2010					
58. Amendments					



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Skagit County Auditor

AFFIDAVIT OF CORRECTION

Division for Public Health
P.O. Box 47814
Olympia, WA 98512-0814
(360) 245-4300

This is a legal document. Complete in ink and do not alter.

FOR OFFICE USE ONLY

State of Washington	Initials	Date	Affidavit Number
I am the person requesting any changes on the record			
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution			
1. Name on Record	2. Date of Event	3. Place of Event (City or County)	
4. Father's Full Name (For Birth)	5. Mother's Full Name (For Birth) (Wife for Marriage or Dissolution)		
The following is a statement of the facts as follows:			
6.	7.	The True fact is:	
8.	9.		
10.	11.		
12.	13.		
14. I represent the person as:	<input type="checkbox"/> Guardian	<input type="checkbox"/> Informant	Telephone Number:
I declare under penalty of perjury that the foregoing is true and correct.			
15. Signature	Date		

All vital records are maintained under the laws of the state of Washington. Subsequent changes must be made by court order. All changes must be made in accordance with the laws of the state of Washington.

Examples of Corrective Changes: (1) Name Change (2) Date of Birth (3) Date of Death (4) Place of Birth (5) Place of Death (6) Place of Marriage (7) Place of Dissolution (8) School Transcript (9) Voter's Registration Card (if it bears an effective date) (10) Alien Registration Card (front and back) (11) No do not accept Driver's License, Social Security card or a Hospital is used decorative bath certificate.

Birth Certificate

1. The parent(s) of the child must sign an affidavit for correction to change the birth certificate.
2. The parent(s) must show the child's birth certificate to the clerk of the court. If there is a Mary Ann Doe, then the parent must show the record as being Mary Ann Doe.
3. Proof must be shown to the clerk of the court that the child is the same person as the one on the birth certificate.
4. To change a name, the parent(s) must show the child's birth certificate and name on the affidavit for correction, provided:
 - The name on the birth certificate is the same as the name on the affidavit (or any combination of the two).
 - The name on the birth certificate is the same as the name on the affidavit (or any combination of the two).
 - Minor spelling changes may be made with an affidavit.
5. Parents must show the child's birth certificate to the clerk of the court (signing an affidavit for correction) until the child's 18th birthday.
6. The parent(s) must show the child's birth certificate to the clerk of the court (signing an affidavit for correction) until the child's 18th birthday.

Death Certificate

1. Only the person who is the medical examiner or the coroner (if the person is deceased) may change the non-medical information.
2. The medical information on the death certificate must be signed by the medical examiner or the coroner (if the person is deceased).
3. If a death certificate is changed, the person who is the medical examiner or the coroner (if the person is deceased) must sign the affidavit.

Legal Information (Corrective Changes)

1. A person's legal name may be changed by affidavit (with proof by the person).
2. To change a birth date, place of birth, date of death, or date of marriage or divorce (dissolution) must sign the affidavit.

DOH/CHS 023a 6/11/10

CERTIFIED*

18th FEB 2010



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

UU00007387