



201102030125
Skagit County Auditor

2/3/2011 Page 1 of 8 2:33PM

Document Title: Affidavit in Support of
Community Property Agreement

Reference Number:

Grantor(s): additional grantor names on page ___

1. John J. Barone
- 2.

Grantee(s): additional grantee names on page ___

1. Public
- 2.

Abbreviated legal description: full legal on page(s) ___

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

P16206 P105109 P16223

Melody R. Barone - Deceased

2. MELODY R. BARONE (the "Decedent") was one of the parties to the Agreement and died on December 11, 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 J. BARONE 22083 Amick Road Mount Vernon, WA 98274	Spouse	Legal
ALLISON R. BARONE 22083 Amick Road Mount Vernon, WA 98274	Daughter	Legal
MARISSA C. BERRY 13811 - 234th Court NE Woodinville, WA 98277-5864	Daughter	Legal
ELIZABETH A. WHITNEY 22083 Amick Road Mount Vernon, WA 98274	Daughter	Legal



DATED this 2ND day of February, 2011.

John J. Barone
JOHN J. BARONE

SIGNED AND SWORN to before me this 2ND day of February, 2011.

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

LAWRENCE A. PIRKLE

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 3rd day of July, 2008, between JOHN J. BARONE and MELODY R. BARONE, Husband and Wife, both of whom are domiciled in the State of Washington. In consideration of their mutual promises set forth below, the parties agree as follows:

A. *Revocation of Prior Agreements.* If before this date the parties have executed a community property agreement or any other agreement other than a Will or trust which is signed by both of them and which specifically provides for the disposition of their community property at the time either or both of them die, then any such agreement is terminated by this Agreement.

B. *Property Covered.* This Agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife. Any separate property of either, [now owned or hereafter acquired,] shall become and be considered community property upon the death of the party owning said separate property. All such community property is referred to in this Agreement as the "subject property."

C. *Vesting at Death.* On the death of either Husband or Wife, all of the subject property shall vest in the survivor of them.

D. *Disclaimer.* Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, and the interest disclaimed shall pass under the terms and conditions of any validly executed Will which the decedent may have executed, and in default thereof according to the laws of intestacy as governed by the statutes of the State of Washington then in effect.

E. *Automatic Revocation.* In the absence of other evidence indicating the party's intent to terminate this Agreement, it shall, nevertheless, be deemed mutually terminated and of no further force or effect upon either party's filing a petition, complaint or other pleading for dissolution of their marriage or divorce, or upon a court of competent jurisdiction dissolving the marriage or granting a decree of divorce or separate maintenance to either of them.

F. *Optional Revocation by One Party.* This Agreement may be terminated by either party acting alone by delivery of a written notice of revocation to the other party or the other party's legal representative, and by recording such revocation with the Skagit County, Washington, Recorder's Office where real property transactions in Skagit County, Washington are recorded.

If either party becomes disabled, the other party shall have the power to terminate this Agreement, and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. Such termination shall be effective upon the delivery



of written notice thereof to the disabled spouse, and to the guardian, if any, of the person and of the estate of the disabled person. For the purpose of this paragraph, a spouse shall be deemed disabled if such spouse's regularly attending physician signs a statement declaring that such spouse is unable to manage his or her own affairs; or if such spouse has no regularly attending physician, if such a statement is signed by two qualified physicians who have adequately examined the disabled spouse. An adjudication of incompetence by a court of competent jurisdiction shall also be proof of a spouse's disability for purposes of this paragraph.

G. *Powers of Appointment.* This Agreement shall not affect any power of appointment now held by or hereafter given to either party, nor shall it obligate either of them to exercise any such power of appointment in any way.

H. *Survivorship.* As used herein, the term "survivor survive," or "survivorship" shall mean living for a period of thirty (30) days following the death of the first of the aforementioned parties to die.



JOHN J. BARONE



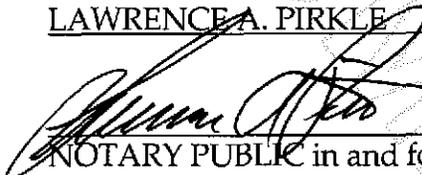
MELODY R. BARONE

STATE OF WASHINGTON)
)
COUNTY OF SKAGIT) ss

On this day personally appeared before me, JOHN J. BARONE and MELODY R. BARONE, to me known to be the individuals described in and who executed the within and foregoing instrument, 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 this 3rd day of July, 2008.

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



LAWRENCE A. PIRKLE

NOTARY PUBLIC in and for the
State of Washington
Residing at Mount Vernon
My Commission Expires: 5/7/11



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 1054-10		Washington State Certificate of Death			State File Number	
1. Legal Name (include AKA's if any): First Middle LAST Suffix Melody Rose Barone				2. Death Date 12/11/2010		
3. Sex (M/F) F	4a. Age - Last Birthday 51	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Skagit	
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Seattle	8b. (State or Foreign Country) Washington	9. Decedent's Education Trade School			
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.) 22083 Amick Rd.				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 98274	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" 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) John J. Barone		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Homemaker				18. Kind of Business/Industry (Do not use Company Name) In own home		
19. Father's Name (First, Middle, Last, Suffix) Michael (nmi) Marlin			20. Mother's Name Before First Marriage (First, Middle, Last) Barbara (nmi) [REDACTED]			
21. Informant's Name John J. Barone		22. Relationship to Decedent Husband	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 22083 Amick Rd. Mount Vernon WA 98274			
24. Place of Death, if Death Occurred in a Hospital: Inpatient			Place of Death, if Death Occurred Somewhere Other than a Hospital:			
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 December 16, 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. Metastatic Breast Cancer			Due to (or as a consequence of):		Interval between Onset & Death 6 months	
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 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 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)			
44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			Apt. No.			
45. Location of Injury: Number & Street: 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) stated. [Signature]			
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. [Signature]			49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Geoffrey Spielman, Dr. 1415 E Kincaid St. Mount Vernon, WA 98274			
50. Hour of Death (24hrs) 2138			51. Name and Title of Attending Physician if other than Certifier (Type or Print)			
52. Date Signed (MM/DD/YYYY) 12-15-2010			53. Title of Certifier Dr.			
54. License Number MD 000 3344 3			55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature [Signature]					58. Date Received (MM/DD/YYYY) DEC 16 2010	
59. Amendments						

Part 1 completed by Funeral Director

Part 2 completed by Certifier



201102030125
Skagit County Auditor

DOH/CHS 003 Rev 07/09/07



Affidavit for Correction

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 233-4300

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

STATE OFFICE USE ONLY

State/County	City/Town	Index	Date	Affidavit Number
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Use the following 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) _____

4. Father's Full Name (Last, First, Middle Initial, or Maiden Name) _____ 5. Mother's Full Name (Last, First, Middle Initial, or Maiden Name) _____

The record is true and correct in compliance as follows:

6. _____	7. _____
8. _____	9. _____
10. _____	11. _____
12. _____	13. _____

14. I represent the informant as: Self Spouse Guardian Informant Telephone Number: _____
 (Parental Director) (Attorney/Notary)

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

15. Signature: _____ Date: _____ Address: _____

All vital records are registered for public use. Any change of record or a copy, in subsequent changes must be made by court order.
All changes must be substantiated by a copy of a birth certificate, death certificate, or other official document.
 Examples of documents that may be used to substantiate a change:
 - Birth certificate
 - Death certificate
 - Hospital discharge records
 - Social Security card
 - Driver's license
 - School transcripts
 - Voter's Registration Card (if it bears an effective date)
 - Alien Registration Card (front and back)
 We do not accept: Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificate

- Only a parent (father, mother, or legal guardian) may change the birth certificate.
- The proof of birth must be a birth certificate that shows the name as Mary Ann Doe. If the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. If the name is not Mary Ann Doe, then the name is not Mary Ann Doe.
- Proof must be five (5) years old or have been established within 10 days of birth.
- Up to age one, the parent (or legal guardian) may change the child's last name with an affidavit for correction, provided:
 - This is a one-time change of a legal change of name only. It will not apply to a court-ordered name change.
 - The new last name may be the father's, mother's, or a combination of the two.
 - After age one, the name change must be substantiated by a court-ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first name by executing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to change a child's birth certificate. (Use the paternity affidavit form DCH/CHS 021)

Death Certificate

- Only the informant (the medical director, administrator, or clinician confirming such position is prescribed) may change the non-medical information.
- The medical information on a death certificate may be changed only by the attending physician or the coroner/medical examiner.
- If a death certificate is filed with a public health department, the public health department where the death occurred to make changes.

Marriage/Dissolution Certificate

- Personal information (name, date of birth, date of marriage, or residence) may be changed by affidavit (with proof) by the person.
- To change a divorce, dissolution, or annulment, the officiant (minister, judge, or clerk of court (dissolution)) must sign the affidavit.

DCH/CHS 023a 6/11/10

CERTIFIED

DEC 16 2010

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

UU00008869



201102030125
Skagit County Auditor