



201104050047

Skagit County Auditor

4/5/2011 Page

1 of

8 9:41AM

RETURN TO:

JOHN W. HICKS
SCHACHT & HICKS
PO BOX 1165
MOUNT VERNON WA 98273

DOCUMENT TITLE: Affidavit Re: Community Property Agreement * 68

GRANTOR/DECEDENT: SWANSON, PHILIP R.

GRANTEE: SWANSON, EARLINE
THE PUBLIC

ABBREVIATED LEGAL DESCRIPTION AND TAX PARCEL NUMBERS:

33523 Lt 2 less 2 W1/2 NW 1/4 & Less N 2 ac of E 1/2 NW
33522 N 2 ac of E1/2 NW1/4 Lot 2 S of RD
48083 SE1/4 SE1/4 CF-75
48399 S27 T36 R3 NE1/4 of NE1/4 less part of Tax 1
48217 NW1/4 of SW1/4 E of RD
48165 SW1/4 NE1/4 S of RD less TR
48192 S1/2 NE1/4 SW1/4 E of RD
49195 Ptn N1/2 SE1/4 AKA TR A
33630 Lot 2 S/P 07-0321 Survey
33571 SW1/4 NW1/4 less RD and S 577 ft & Tax 7 & RT#2-001-01-02
130509 Ptn of Tract 23 of the Unrecorded Survey of Colony
Mountain in Sec 23, Township 36 N, R 3 E. W.M.

ADDITIONAL LEGAL DESCRIPTION ON EXHIBIT "C" OF DOCUMENT.

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON)
COUNTY OF SKAGIT) ss.

EARLINE SWANSON, being first duly sworn on oath deposes and says:

1. **NAME OF DECEDENT**. That affiant is the surviving spouse of PHILIP R. SWANSON, who died at Bow, Skagit County, Washington, on the 8th day of September, 2010. That at that time they were

residents of Bow, Skagit County, Washington. That certified copy of Certificate of Death issued by the Washington State Department of Health is attached hereto, marked Exhibit "A" and by reference made a part hereof.

2. **EXECUTION OF AGREEMENT.** That on the 22nd day of April, 1965, and while husband and wife, the affiant and the said PHILIP R. SWANSON executed an agreement entitled "Community Property Agreement." That since the execution thereof, the said agreement has not been altered, modified, revoked, renounced or abandoned in any way, nor has any instrument inconsistent therewith or contradictory thereto been executed. That the said Community Property Agreement was recorded under Skagit County Auditor's File No. 665230, a copy of which is attached hereto, marked Exhibit "B" and by reference made a part hereof.

3. **PAYMENT OF DEBTS.** That all expenses of last illness, burial and funeral and costs of administration have been paid or provided for.

4. **STATUS OF PROPERTY.** That as of the time as a result of the execution of said agreement, and at all times subsequent thereto, all property, real and personal, owned by them, or in which they had any interest, became and remained community property.

5. **INHERITANCE AND ESTATE TAXES.** That said estate is not subject to state inheritance taxes or federal estate tax, being below current exemptions in effect as of the date of death.

6. **REAL ESTATE.** That all of the real estate listed and described on Exhibit "C," attached hereto and by reference made a part hereof, was at the time of death the community property of decedent and has now passed to the affiant, as his surviving spouse.



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7. **PURPOSES OF AFFIDAVIT.** This affidavit is made to induce all title insurance companies dealing with said real property to issue policies of title insurance upon real estate passing to the surviving spouse, and affiant herein, by virtue of said community property survivorship agreement, and in reliance upon the representations of fact hereinabove set forth.

This affidavit is made to induce all companies or entities dealing with any property to transfer such property to the surviving spouse, and affiant herein, by virtue of said community property survivorship agreement, and in reliance upon the representations of fact hereinabove set forth.

This affidavit is further executed for the purpose of giving notice of the existence and effectiveness of the Community Property Agreement.

Earline M. Swanson
EARLINE SWANSON

SIGNED AND SWORN to before me on April 4, 2011, by EARLINE SWANSON.

Kay L. Negley
Printed name: KAY L. NEGLEY
Notary Public in and for the State of
Washington, residing at Mount Vernon
My appointment expires: 3-15-2012



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Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 772-10		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Philip Ralph Swanson					2. Death Date Sept. 8, 2010		
3. Sex (MF) Male	4a. Age - Last Birthday 91	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 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.) 6130 Hobson Road					13b. City or Town Bow		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable) -----		13e. State or Foreign Country Washington		13f. Zip Code + 4 98232	
14. Estimated length of time at residence: 55 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Earline M. Brymer			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Contractor				18. Kind of Business/Industry (Do not use Company Name) Logging Industry			
19. Father's Name (First, Middle, Last, Suffix) John Herman Swanson				20. Mother's Name Before First Marriage (First, Middle, Last) Anneli Charlotte [REDACTED]			
21. Informant's Name Earline Swanson		22. Relationship to Decedent Spouse		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 6130 Hobson Road Bow, Washington 98232			
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence				25. Facility Name (if not a facility, give number & street or location) 6130 Hobson Road			
26a. City, Town, or Location of Death Bow		26b. State WA		27. Zip Code 98232			
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Bow Cemetery		30. Location-City/Town, and State Bow, Washington			
31. Name and Complete Address of Funeral Facility Kern Funeral Home 1122 S. 3rd St. Mount Vernon, WA 98273				32. Date of Disposition September 18, 2010			
33. Funeral Director Signature X <i>Jeremiah T. LeSourd</i>				34. Cause of Death (See instructions and examples) metastatic head and neck squamous cell carcinoma			
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 head and neck squamous cell carcinoma Interval between Onset & Death 4 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. cell carcinoma Interval between Onset & Death							
c. cell carcinoma Interval between Onset & Death							
d. cell carcinoma 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"/> 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 checked="" type="checkbox"/> No <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 checked="" 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)			
48a. Certifying Physician - In the best of his/her knowledge, death occurred at the time, date, and place and due to the causes, and manner stated. Michael Dillard, MD				48b. Medical Examiner/Coroner - In the best of his/her knowledge, death occurred at the time, date, and place, and due to the causes, and manner stated. PO Box 329 Burlington, WA 98233			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Michael Dillard MD PO Box 329 Burlington, WA 98233				50. Hour of Death (24hrs) 0038			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) 09/10/2010			
53. Title of Certifier MD		54. License Number MD00024124		55. ME/Coroner File Number NJA-416		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature <i>Cornie Anderson, Deputy</i>				58. Date Received (mm/dd/yyyy) SEP 14 2010			
59. Amendments							



DOHCHS 003 Rev 07/09/07



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Skagit County Auditor

EXHIBIT "A"

DOH 01-003 (5/99)

Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 235-4300

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

STATE OFFICE USE ONLY

1. Name of Person	2. Date of Event	3. Place of Event: (City or County)	Affidavit Number
4. Reason for requesting any changes on the record.			
<input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution			
5. Father's Full Name (For Birth or Dissolution)		6. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)	
7. Record is incorrect or incomplete as follows:			
8. The True fact is:			
9.			
10.			
11.			
12.			
13.			
14. Signature of Affiant		15. Address:	
16. Signature of Notary Public		17. Address:	
18. I declare under penalty of perjury that the foregoing is true and correct.			
19. Signature of Affiant			
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199. Signature of Notary Public			
200. Address:			

CERTIFIED

SEP 28 2010

Howard Lebrand

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

TT00278467



201104050047
Skagit County Auditor

665230 ✓

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT Made and entered into this 27th day of ~~January~~ April, 1965, by and between PHILIP R. SWANSON and EARLINE SWANSON, husband and wife, residents of Route 1, Bow, Skagit County, State of Washington.

WITNESSETH: That whereas, the parties hereto are husband and wife, and all property owned by them, real or personal, is community property and is located in the State of Washington; and

WHEREAS, said parties are desirous that all of their community property, real and personal, shall pass unto the other in the case of the death of either; and

WHEREAS, said parties desire to avail themselves of the provisions of R.C.W. 26.16.120 of the laws of the State of Washington;

NOW, THEREFORE, for and in consideration of the love and affection of each party for the other, and in consideration of the premises, covenants, and conditions herein contained, and the mutual benefits to be derived therefrom, it is agreed between the parties that in the event of the death of the said Philip R. Swanson while the said Earline Swanson survives him, all community property now owned by them or hereafter acquired by them shall at once vest in the said Earline Swanson in fee simple; and in the event of the death of Earline Swanson while the said Philip R. Swanson survives her, all community property now owned by them or hereafter acquired by them shall at once vest in the said Philip R. Swanson, in fee simple.

IN WITNESS WHEREOF, the said PHILIP R. SWANSON and EARLINE SWANSON, have hereunto set their hands and seals this 27 day of ~~January~~ April, 1965.

Philip Swanson
Earline Swanson

EXHIBIT "B" - Page 1

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Skagit County Auditor

STATE OF WASHINGTON)
 : SS
 COUNTY OF SKAGIT)

On this day personally appeared before me PHILIP R. SWANSON and EARLINE SWANSON, his wife, 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 22nd day of

Philip R. Swanson
 Notary Public in and for the State of Washington, residing at Sedro-Woolley

EXHIBIT "B" - Page 2



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The following parcels of real estate situate in Skagit County, Washington:

P33523

Lt 2 less 2 W1/2 NW1/4 & Less N 2 ac of E½ NW

P33522

N 2 ac of E1/2 NW1/4 Lot 2 S of RD

P48083

SE1/4 SE1/4 CF-75

P48399

S27 T36 R3 NE1/4 of NE1/4 less part of Tax 1

P48217

NW1/4 of SW1/4 E of RD

P48165

SW1/4 NE1/4 S of RD less TR

P48192

S1/2 NE1/4 SW1/4 E of RD

P49195

Ptn N1/2 SE1/4 AKA TR A

P33630

Lot 2 S/P 07-0321 Survey AF201010280105

P33571

SW1/4 NW1/4 less RD and S 577 ft & Tax 7 & RT#2-001-01-02

P130509

Ptn of Tract 23 of the Unrecorded Survey of Colony Mountain in Sec 23, Township 36 N, R 3 E. W.M.

EXHIBIT "C"



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Skagit County Auditor