

Return address:



201105170060

Skagit County Auditor

5/17/2011 Page

1 of

7 10:04AM

Document Title:

*Affidavit in support of Community
Reference Number: Property Agreement*

Grantor(s):

☐ additional grantor names on page ____

1. Rodney J. Odegaard
- 2.

Grantee(s):

☐ additional grantee names on page ____

1. Judy K. Odegaard (Deceased)
2. Public

Abbreviated legal description:

☐ full legal on page(s) ____

LOT 6 Survey AF9812030124

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____

P58256

**AFFIDAVIT IN SUPPORT
OF
COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

RODNEY JAY ODEGAARD, 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 6th day of May, 2010, executed by RODNEY JAY ODEGAARD and JUDY KAREN ODEGAARD, 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 3814 W. 11th Street, Anacortes, Washington 98221 and the condominium commonly known as 2152 N. 112th Street, #312, Seattle, Washington 98133, both legally described below.

TPN: 3809-323-0100 (P58256)

Lot 6 of Survey recorded December 3, 1998 in Volume 21 of Surveys, pages 85 through 87, under Auditor's File No. 9812030124, records of Skagit County, Washington, being a portion of Lots 7 through 9, Block 1321, Northern Pacific Addition to Anacortes, recorded in Volume 2 of Plats, pages 9 through 11.

Situate in Skagit County, Washington.

TPN: 889980-0480-09

Unit 312, THE VICTORIAN CONDOMINIUM, as per survey map and plans recorded in Volume 119 of Condominiums, pages 84 through 89, inclusive, condominium declaration recorded under recording Number 9407290983, (Together with parking space 52 and storage GW6 (Limited common elements)); in King County, Washington.

2. JUDY KAREN ODEGAARD (the "Decedent") was one of the parties to the Agreement and died on March 23, 2011 in King 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.

Affidavit in Support of
Community Property Agreement
Page - 1



ence A. Pirkle
orney at Law
360) 336-6587

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>
RODNEY JAY ODEGAARD 3814 W. 11th Street Anacortes, WA 98221	Spouse	Legal
JEFF ALAN ODEGAARD 1110 - 27th Court, #1D Anacortes, WA 98221	Son	Legal
JOANNA KAY SHOOK 4402-B Bowman Bay Road Anacortes, WA 98221	Daughter	Legal
JULIE LYNN ODEGAARD 19301 - 36th Ave. W, #2 Lynnwood, WA 980236	Daughter	Legal


DATED this 11th day of May, 2011.


RODNEY JAY ODEGAARD

SIGNED AND SWORN to before me this 11th day of May, 2011.



LAWRENCE A. PIRKLE


NOTARY PUBLIC in and for the
State of Washington,
Residing at Mount Vernon
My appointment expires: 5/7/15

Lawrence A. Pirkle
Attorney at Law
360) 336-6587

Affidavit in Support of
Community Property Agreement
Page - 2



201105170060
Skagit County Auditor

COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 6th day of May, 2010, between RODNEY JAY ODEGAARD and JUDY KAREN ODEGAARD, 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.

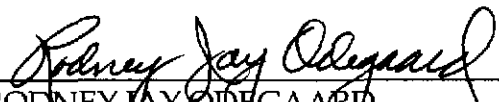
F. *Optional Revocation by One Party.* This Agreement may be terminated by either party acting alone by delivery of a written notice of revocation to the other party or the other party's legal representative, and by recording such revocation with the Skagit County, Washington, Recorder's Office where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



RODNEY JAY ODEGAARD



JUDY KAREN ODEGAARD

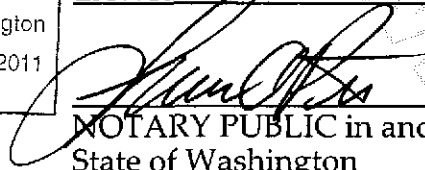
STATE OF WASHINGTON)
)
COUNTY OF SKAGIT) ss

On this day personally appeared before me, RODNEY JAY ODEGAARD and JUDY KAREN ODEGAARD, 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 6th day of May, 2010.

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 CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number 3813		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix JUDY KAREN ODEGAARD			2. Death Date March 23, 2011		
3. Sex (M/F) F	4a. Age - Last Birthday 63	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 King
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Valley City	8b. (State or Foreign Country) North Dakota	8. Decedent's Education Bachelor's 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 5th St.) (Include Apt. No.) 3814 West 11th Street				13b. City or Town Anacortes	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98221	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 8 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Rodney Jay Odegaard	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Secretary			18. Kind of Business/Industry (Do not use Company Name) Church		
19. Father's Name (First, Middle, Last, Suffix) James LeRoy Gyldevand			20. Mother's Name Before First Marriage (First, Middle, Last) Alice Minnie [REDACTED]		
21. Informant's Name Rodney J. Odegaard		22. Relationship to Decedent Husband	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 3814 West 11th Street Anacortes, WA 98221		
24. Place of Death, if Death Occurred in a Hospital: Inpatient			24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (If not a facility, give number & street or location) Virginia Mason Medical Center			26a. City, Town, or Location of Death Seattle	26b. State WA	27. Zip Code 98101
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Northwest Crematory		30. Location-City/Town, and State Anacortes, Washington	
31. Name and Complete Address of Funeral Facility Evans Funeral Chapel & Crematory, Inc 1105-32nd Street, Anacortes, WA			98221	32. Date of Disposition March 29, 2011	
33. Funeral Director Signature X <i>Joseph J. Warham</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. PANCREATIC CANCER Due to (or as a consequence of): Interval between Onset & Death: 3/06/2011 - 3/23/2011 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"/> 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"/> 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"/> Unk 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) and manner stated. 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. 49. Name and Address of Certifying Physician, Medical Examiner or Coroner (Typed name) CHAP L MD VIRGINIA WASHINGTON 50. Hour of Death (24hrs) 13:20 51. Name and Title of Attending Physician if other than Certifier (Typed name) EVAN D. COATES MD 52. Date Signed (mm/dd/yyyy) 3/23/2011 53. Title of Certifier RESIDENT IN MEDICINE PLY-1 54. License Number ML6015886 55. Coroner File Number MMLSDF HB-6ME 56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 58. Date Received (mm/dd/yyyy) 03-28-2011					



201105170060
Skagit County Auditor





Affidavit of Correction

Center for Health Statistics
P.O. Box 47011
Olympia, WA 98504-0111
(360) 256-4300

This is a legal document. It is to be filled out by the person who is making the correction.

STATE OF WASHINGTON

State File Number: _____ File Number: _____ Affidavit Number: _____

Use the section below for the type of record you are correcting.

Record Type: ☐ Death ☐ Birth ☐ Marriage ☐ Dissolution

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

4. Father's Full Name (starting with last name, followed by first name, middle name, if any, and suffix, if any): _____

5. The (Record as registered) was recorded on: _____

6. The Record as registered: _____

7. The True Fact is: _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Telephone Number: _____

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

14. Signature: _____ 15. Date: _____

All vital records are registered as received. An item may be obtained by affidavit only when the name change must be made by court order.

All changes must be established by documentary proof.

Examples of documentary proof: ☐ Certified Birth Certificate ☐ Hospital Record ☐ Insurance Record ☐ Marriage/Divorce Record ☐ Driver's License ☐ Social Security Card ☐ Passport ☐ Court Order ☐ Affidavit ☐ Affidavit of Correction

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18) or the person who is making the change may change the birth certificate.
- The proof(s) must match exactly the name of the child. If the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, Mary A. Doe only. A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's name and age on the birth certificate provided:
 - This is a one time only change. Subsequent changes will require a filed copy of the court-ordered name change.
 - The new last name may be the mother's maiden name, father's name (if present on the birth certificate), or any combination of the two.
 - After age one, last name changes require a filed copy of a court-ordered name change. Only spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (See the parent's affidavit form DOH-CHS 021)**

Death Certificates:

- Only the informant, the funeral director or executor/administrator (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the medical examiner.
- If it is less than sixty days from date of death, the person who is making the change must sign the affidavit.

Marriage/Dissolution (Divorce) Certificates:

- Personal facts (minor spelling changes, name change, date of birth or age) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, or to change the date of court (dissolution) must sign the affidavit.

DOH-CHS 023a 6/11/10



201105170060
Skagit County Auditor

5/17/2011 Page 7 of 7 10:04AM

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