

AFTER RECORDING MAIL TO:

JONES & SMITH

PO Box 1245

Mount Vernon, WA 98273



201106220058

Skagit County Auditor

6/22/2011 Page 1 of 6 2:21PM

**AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT**

Grantor: Phillip Wayne Goertz, Deceased

Grantee: Martha Ann Goertz

Abbreviated Legal Description: Linda Vista Add Lot 29, Mt Vrn, WA

Assessor's Tax Parcel No.: 3945-000-029-0009 (P67231)

STATE OF WASHINGTON )

) ss.

COUNTY OF SKAGIT )

MARTHA ANN GOERTZ, being first duly sworn upon oath, deposes and says:

1. I am the surviving spouse of PHILLIP WAYNE GOERTZ who died on May 13, 2011. A copy of his death certificate is attached hereto. The decedent and I provided for the disposition of all of our community property under that certain Community Property Agreement dated December 16, 1982.

2. A copy of the Community Property Agreement of the decedent and the affiant is attached hereto.

3. The parties to the agreement were legally competent at the time of the agreement and executed no subsequent wills or agreement that would have had the effect of abrogating or nullifying the agreement.

Affidavit in Support of Community  
Property Agreement - 1 -

4. The undersigned hereby assumes full and complete responsibility for any and all indebtedness of the marital community existing on the date of the death of PHILLIP WAYNE GOERTZ.

5. Under the terms of the Community Property Agreement, title to all real property of the community vests immediately in the survivor upon the death of either party to the agreement. PHILLIP WAYNE GOERTZ and MARTHA ANN GOERTZ own real property situated at 20358 Eric Street, Mount Vernon, Skagit County, Washington, bearing the legal description as set forth in Exhibit "A" attached hereto.

6. The statements set forth in this affidavit are representations of fact that may be relied upon by all parties dealing with any real property and the personal property of the decedent.

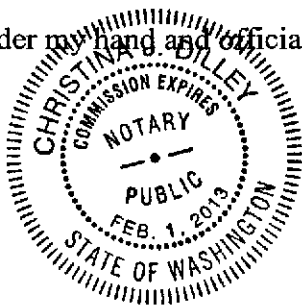
DATED this 21<sup>st</sup> day of June 2011.

Martina A. Goertz  
MARTHA ANN GOERTZ

STATE OF WASHINGTON )  
COUNTY OF SKAGIT )

On this day personally appeared before me MARTHA ANN GOERTZ, to me known to be the individual described in and who executed the within and foregoing instrument and acknowledged that she 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 this 21<sup>st</sup> day of June 2011.



Christina J. Wiley  
NOTARY PUBLIC  
In and for the State of Washington  
Residing at: Seaside, Washington WA  
My commission expires: 2-1-2013

Affidavit in Support of Community  
Property Agreement - 2 -



**EXHIBIT "A"**  
**(Legal Description)**

Lot 29, "LINDA VISTA ADDITION, SKAGIT COUNTY, WASH.", as per plat recorded in Volume 7 of Plats, page 74, records of Skagit County, Washington.

SUBJECT TO restrictions contained in the Plat of Linda Vista Addition.

SUBJECT FURTHER TO: Such other easements, restrictions, covenants and reservations of record.

Affidavit in Support of Community  
Property Agreement - 3 -

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# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number <b>403-11</b>		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any) - First Middle LAST <b>Phillip Wayne Goertz</b>			2. Death Date <b>05/13/2011</b>		
3. Sex (M/F) <b>M</b>	4a. Age - Last Birthday <b>76</b>	4b. Under 1 Year Months Days <b>0 0</b>	4c. Under 1 Day Hours Minutes <b>0 0</b>	5. Social Security Number	6. County of Death <b>Skagit</b>
7. Birthdate <b>10/13/1934</b>	8a. Birthplace (City, Town, or County) <b>Cleveland</b>	8b. (State or Foreign Country) <b>Ohio</b>		9. Decedent's Education <b>Master's Degree</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>			11. Decedent's Race(s) <b>Caucasian</b>		12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>
13a. Residence: Number and Street (e.g. 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>20358 Eric St.</b>				13b. City or Town <b>Mount Vernon</b>	
13c. Residence: County <b>Skagit</b>	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country <b>Washington</b>		13f. Zip Code + 4 <b>98274</b>	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. <b>23 years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Martha A Shaw</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (Do NOT use RETIRED)) <b>Major</b>			18. Kind of Business/Industry (Do not use Company Name) <b>US Air Force</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Donald William Goertz</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Helen Vesta Neuzil</b>		
21. Informant's Name <b>Martha Ann Goertz</b>		22. Relationship to Decedent <b>Wife</b>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>20358 Eric St. Mount Vernon WA 98274</b>		
24. Place of Death, if Death Occurred in a Hospital: <b>Nursing Home</b>					
25. Facility Name (if not a facility, give number & street or location) <b>Mira Vista Care Center</b>			26a. City, Town, or Location of Death <b>Mount Vernon</b>	26b. State <b>WA</b>	27. Zip Code <b>98274</b>
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Hawthorne Memorial Park</b>		30. Location-City/Town, and State <b>Mount Vernon, WA</b>	
31. Name and Complete Address of Funeral Facility <b>Hawthorne Funeral Home 1825 E. College Way Mount Vernon WA 98273-0398</b>				32. Date of Disposition <b>05/17/2011</b>	
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) → <b>a. End stage kidney disease</b> Due to (or as a consequence of):  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>b.</b> Due to (or as a consequence of):  <b>c.</b> Due to (or as a consequence of):  <b>d.</b>					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>Atrial tachycardia, renal cell carcinoma, diabetes</b>			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 type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy) <b>5/16/2011</b>	42. Hour of Injury (24hrs) <b>0150</b>	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. <b>X Henning Pforte, Dr. 1400 East Kincaid Mount Vernon, WA 98274</b>			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. <b>X</b>		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Henning Pforte, Dr. 1400 East Kincaid Mount Vernon, WA 98274</b>			50. Hour of Death (24hrs) <b>0150</b>		
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)			52. Date Signed (mm/dd/yyyy) <b>5/16/2011</b>		
53. Title of Certifier <b>Dr.</b>	54. License Number <b>MD 060 41816</b>	55. ME/Coroner File Number <b>NJA# 268</b>		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature <b>X Maria S. Vivanco, Deputy</b>			58. Date Received (mm/dd/yyyy) <b>MAY 16 2011</b>		
59. Amendments					



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COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT is being entered into on the date indicated below between PHILLIP WAYNE GOERTZ and MARTHA ANN GOERTZ.

RECITALS

A. The parties are husband and wife and residents of the State of Washington.

B. The parties believe that all property (except for property held in joint tenancy with right of survivorship) in which either party presently has an ownership interest, whether held in the name of one or the other or both of the parties, is community property of the parties.

C. The parties are desirous of entering into an agreement as to the status of their community property, whether now existing or hereafter acquired, in the event one party dies survived by the other pursuant to Section 26.16.120 of the Revised Code of Washington.

NOW, THEREFORE, IN CONSIDERATION OF THE MUTUAL BENEFITS TO BE DERIVED FROM THIS AGREEMENT AND THE LOVE AND AFFECTION EACH PARTY HOLDS FOR THE OTHER, IT IS AGREED AS FOLLOWS:

1. All property now owned by either or both parties to this agreement is now community property of the parties and all property acquired in the future by either or both parties shall be community property upon the vesting of any property interest (except for interests in property held in joint tenancy with right of survivorship) in either or both parties.

2. Upon the death of one of the parties survived by the other party, the whole of the community property, real and personal, of the parties then existing shall vest in the surviving party in fee simple.

3. In the absence of other evidence indicating the parties' intent to terminate this agreement, it shall, nevertheless, be deemed mutually terminated and of no further force or effect upon the occurrence of one or more of the following events:

- (a) Upon a court of competent jurisdiction granting a decree of divorce or separate maintenance to one or the other party.
- (b) Upon both parties suffering death under circumstances where there is insufficient evidence that they have died other than simultaneously.

  
PHILLIP WAYNE GOERTZ

  
MARTHA ANN GOERTZ



201106220058  
Skagit County Auditor

WITNESSES:

Donald R. Binger  
Donald R. Binger

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF KING )

On this day personally appeared before me Phillip Wayne Goertz and Martha Ann Goertz, to me known to be the individuals who executed the foregoing document consisting of two pages, of which this is the last, and acknowledged that they signed said document as their free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 16<sup>th</sup> day of December, 1982.

Alma E. Rubin  
Notary Public in and for the State  
of Washington, residing at Seattle



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