When Recorded Please Return To: LAWRENCE A. PIRKLE 321 W. Washington, Suite 300 Mount Vernon, WA 98273 (360) 336-6587 201107120082 Skagit County Auditor

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DOCUMENT TITLE:

AFFIDAVIT IN SUPPORT OF

COMMUNITY PROPERTY AGREEMENT

REFERENCE NUMBER:

GRANTOR:

COLLEEN LETA SANDS

GRANTEE: PUBLIC

LEGAL DESCRIPTION:

Tract 51 Skyline Division No. 5, as recorded in Volume 9 of Plats, page 56-58, records of Skagit County, Washington.

TOGETHER WITH one family membership in SKYLINE BEACH CLUB, INC., a Washington Non-Profit Corporation, which membership shall be inseparately appurtenant to and run with the land herein purchased.

ASSESSOR PARCEL / TAX ID NUMBER: 3821-000-051-0009 (P59364)

AFFIDAVIT IN SUPPORT

OF

COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON)
) ss
COUNTY OF SKAGIT	j

COLLEEN LETA SANDS, 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 23rd day of April, 2007, executed by RICHARD LEE SANDS and COLLEEN LETA SANDS, 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 4817 Yorkshire Drive, Anacortes, Washington 98221 and the approximately 18 acres in King County, Washington, both legally described below.

Skagit County Property:

TPN: 3821-000-051-0009 (P59364)

Tract 51 Skyline Division No. 5, as recorded in Volume 9 of Plats, page 56-58, records of Skagit County, Washington.

TOGETHER WITH one family membership in SKYLINE BEACH CLUB, INC., a Washington Non-Profit Corporation, which membership shall be inseparately appurtenant to and run with the land herein purchased.

King County Property:

TPN: 1-82211-9002

Portion of Government Lot 5 and of the Northeast Quarter of the Northeast Quarter, Section 18, Township 22 North, Range 11, EWM., records of King County, Washington, described as follows:

Beginning cor. #3 Gold Queen Mining Lode Being NE cor. thereof; thence South 78°42′00″ East 600 feet to the true point of beginning; thence North 11°18′00″ East 746 feet, more or less, to the North line of Section; thence East along said North line 1175 feet, more or less, to the Northerly margin of South Fork Snoqualmie River; thence Westerly along said Northerly River margin 1700 feet, more or less, to the true point of beginning.

LESS Old Sunset Highway, County and State Roads

Affidavit in Support of Community Property Agreement Page - 1



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

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- 2. RICHARD LEE SANDS (the "Decedent") was one of the parties to the Agreement and died on November 22, 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:

Name and Address	Rel	<u>lationship</u>	<u>Age</u>
COLLEEN LETA SANDS 4817 Yorkshire Drive Anacortes, WA 98221	Spo	ouse	Legal
STEVEN J. McDERMOTT 2399 Skyline Way, #101 Anacortes, WA 98221	Ste	p-Son	Legal
CHRISTINE MALLETT- SHO 4524 – 47th SW Seattle, WA 98116	DEMAKER Da	ughter	Legal
LAURIE A. SANDERS 3915 SW 97th St. Seattle WA 98116	Da	ughter	Legal

DATED this _____ day of July, 2011.

COLLEEN LETA SANDS

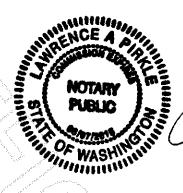
Affidavit in Support of Community Property Agreement Page - 2



ney at Law 3) 336-6587

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12th day of July, 2011. SIGNED AND SWORN to before me this ____



LAWRENCE A. PIRKLE

NOTARY PUBLIC in and for the

State of Washington,
Residing at Mount Vernon
My appointment expires: 5/7/15

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When Recorded R	eturn to:		
Grantor(s):	nal names on page	Richard Lee Sands	.,
of docu	nal names on page	Colleen Leta Sands	

Special Community Property Agreement

THIS AGREEMENT, made and entered into on April 23, 2007, by and between Richard Lee Sands and Colleen Leta Sands, husband and wife, who reside in Anacortes, Skagit County, Washington. In consideration of their mutual agreements set forth below, the parties agree as follows:

1. Property covered: This agreement shall apply to all property now owned or hereafter acquired by husband and wife even though some items may have been or may be purchased or acquired by one or the other or both or may have been or may be registered in the name of one or the other or both. If husband dies and wife survives, any separate property of husband which is owned by husband at the time of his death (except for assets for which husband has made a separate beneficiary designation other than by will) shall become and be considered community property vested as of the moment of his death, and if wife dies and husband survives her, any separate property of wife which is owned by wife at the time of her death (except for assets for which wife has made a separate beneficiary designation other than by will) shall become and be considered

Special Community Property Agreement

Page 1

4/18/7 14:36 H:\EWJ\Sands, Richard\704 Sands 105.wod Elliott W. Johnson Inc. P.S. 711 South First Street Mount Vernon, WA 98273 (360) 336-6502 Fax 336-5616 Email Elliott@EWJLaw.com

201107120082 Skagit County Auditor 7/12/2011 Page 5 of 8 4:08PM community property vested as of the moment of her death. All such property is regarded to in this agreement as the "described community property."

- Automatic revocation: The provisions of paragraph 1 shall be automatically revoked upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce.
- 3. Optional revocation by one party: If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 1 and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardian(s), if any, of the person and of the estate of the disabled person. For the purposes of this paragraph. spouse shall be deemed disabled if a person duly licensed to practice medicine in the state of Washington signs a statement declaring that the person is unable to manage his or her own affairs.
- Powers of appointment: This agreement shall not affect any power of appointment now held by or hereafter given to husband or wife or both of them, nor shall it obligate husband or wife or both of them to exercise any such power of appointment in any way.
- 5. Revocation of inconsistent agreements: To the extent this agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community property, the terms of this agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

Richard Lee **Sands** Colleen Leta Sands Witness State of Washington) SS. County of Skagit

I certify that I know or have satisfactory evidence that Richard Lee Sands and Colleen Leta Sands are the persons who appeared before me and acknowledged that they signed this instrument as their free and voluntary act for the uses and purposes mentioned in the instrument OTT

Dated: April 23, 2007.

Dated: April 23, 2007.

Notary Public

My appointment exp OF WASHING

Special Community Property Agreement

H:\EWJ\Sands, Richard\704 Sands 105.wpd

Page 2



Elliott W. Johnson Inc. P.S. 711 South First Street Mount Vernon, WA 98273 (360) 336-6502 Fax 336-5616 Email Elliott@EWJLaw.com

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→STATE OF WASHINGTON DEPARTMENT OF HEALTH

oal.	File Number 1936-10	Washington State (Certifica	e of Death	s	tațe File Numbe		The same of the sa
	V. Legal Name (Include AKA's if any) First	Middle LAST		Suffix	2, Death Date		r / \ \	
7	Richard Lee	Sandş			Nov 22,	2010		
	3. Sex (M/F) 4a. Age – Lest Birthda	y 4b. Under 1 Year 4c. Un	nder 1 Day		ial Security Numb		6. County o	of Death
1	M 79	Months Days Hours	or Foreign Co	utes	9. Decedent's Edi	scation.	Skagi	:
	7. Edition 8a. Girmpia		ington	unity)		chool Gra	idua te	
Ċ	10. Was Decedent of Hispanic Origin? (Yes		. Decedent	s Race(s)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12. Was Decedent ever in U Armed Forces? NO
ا پ	No 13a. Residence: Number and Street (e.g., 6		Caucasi	an		13b. City or	Town	No.
밁	_4817 Yorkshire Drive	124 SE S BEJ (Mislede Patricks)				Anaco		
3	13c. Residence: County 13d.	te or Foreign Country 13f. Zip 0			+ 4	13g. Inside City Limits? ■ Yes □ No □ U		
Luneral	Skagit 14. Estimated length of time at residence	15. Marital Status at Time of Death	ath 16. Surviving Spouse's or Domestic Partner			98221 er's Name (Give	name prior to	<u>, – – – – </u>
	32 Years	Married	Co1	leen Leta	McDermott			
_	17. Usual Occupation (Indicate type of work d	one during most of working life. (DO NOT I	USE RETHRED).	18. Kind of Busi Real Es		not use Company	Name)	
9	Broker/Owner 19. Father's Name (First, Middle, Last, Suffix)				me Befo <u>re First M</u>	larriage (First, Mi	ddle, Last)	
completed	William (nmi) Sands				nmi)			
ರ.	21. Informant's Name	. A. I. A.		Address: Numbe orkshire Dr	r and Street or RFD No.	City or Town	Slate Ce.s	zφ WA 98221
Ę	Colleen Leta Sands 24. Place of Death, if Death Occurred in a Hospit	Wife all	102. 2		Death Occurred Som	 	·	702 30222
-	Inpatient	<u> </u>		ho- o	hi Taum and no	lion of Decth	26b. State	27. Zip Code
٠	 Facility Name (If not a facility, give number Skagit Valley Hospital 	& street or location)		I	ty, Town, or Local Int Vernon	DON OF Death	WA	98274
	28. Method of Disposition	29. Place of Final Disposition (Name	e of cemelery			30. Location-C		
	Cremation	Northwest Crematory	7.			Anacorte		ngton Disposition
	31. Name and Complete Address of Fune <u>Evans</u> Funeral Chapel & Cres		Street A	macortes Wa	ashington 98	3221	Novem	ber 30, 2010
	33. Funeral Director Signature X	A 71	\sim		ח -		•	
		bonch	<u> </u>	414	arr			
	34. Enter the chain of events diseases,	injuries, or complications - that direct	ctly caused	structions and exa the death. DO N	IOT enter termina	events such a	s cardiac ar	rest, respiratory arrest, o
	ventricular fibrillation without showing the	etiology. DO NOT ABBREVIATE. A	Add addition	al lines if necess	ary.	-		Interval between Onset & De
	IMMEDIATE CAUSE (Final disease or	a Congestive Heart	Fail	ire and H	ypotensio	n		∼ 1 Week
	condition resulting in death)			or as a consequen	ce of):			Interval between Onset & De
	Sequentially list conditions, if any, leading to the cause listed on line a. Enter the	b. C. Difficile Ent	erocol	1015 (or as a consequen	ne of			; 2-3 Weeks Interval between Onset 8 De
	UNDERLYING CAUSE (disease or injury that initiated the events resulting in	. Dermatitis and A	2% 2%					∼ 3 Weeks
	death)LAST	<u>G</u>		or as a consequen				Interval between Onset & De
		d.		Same and the second	Jan Maria		62-117	j
히	35. Other significant conditions contributing			use given above	3	6. Autopsy?		utopsy findings avaitable ne Cause of Death?
Certile	Acute Renal Failure,	Non STAMI, LV Thro	mbus			Yes 🖪 No	Ì .	Yes No
اد ح		9. If female Not pregnant within past year	[7] Not pro	geont but produ	ant within 42 days	before death		lid tobacco use contribute to death?
eted b	Accident Undetermined	Pregnant at time of death	□ Not pre	gnant, but pregn	ant 43 days to 1 y		h □Y	es Probably
훒	Suicide Pending 41. Date of Injury (MM/DD/YYYY) 42. H	Hour of Injury (24hrs) 43. Place o			hin the past year construction site, re	staurant, wooded	area) 44.	lo Unknown Injury al Work?
Š						<u> </u>		Yes No Unk
2	45. Location of Injury: Number & Street:					Samuel Samuel Samuel Samuel	Apt No.	
Ē	City or Town: 46. Describe how injury occurred	County:			State:	7. If transportati	Zip Code+ 4 on injury, s	
	Section in injury countries				1	☐ Driver/Opera	tor 🔲 P	edestnan
		- A		I.O		☐ Passenger		ther (Specify)
	48a. Certifying Physician-To the best of my place and due to the cause(s) and manner	y knowledge, dealty odpyred at the lithe, d stateth	and and					añd/or investigation, in my he cause(s) and manner stati
	k / Ø	HURRITA		x			41.	
	49. Name and Address of Certifier Physi David Hoeft, MD Hosp	cien, Medical Examiner or Coroner	Type or Pri	nt) incaid C	+ M+ 17≏1	98274	d	Death (24hrs)
	51. Name and Title of Attending Physician			micala 2	r, tar, 'AG	LINII, WA	0935 52 Date S	igned (ww/op/yyyy)
			·				Nov 2	4, 2010
	53, Title of Certifier	54. License Number MD00044293		55. ME/Coro	ner File Number	56. V	-42	ferred to ME/Coroner? Yes BNo
	Dr., 57. Registrar Signature		Q'I'A	T_{D}	15	8. Date Receive		
	X (MALL (INA. O.	way Door			ſ			0, 2010
	59. Amendments	7.4	#1			······································		
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3. Place of Event (City or Courty)

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15. Signatura.

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