

AFTER RECORDING MAIL TO:

JONES & SMITH

PO Box 1245

Mount Vernon, WA 98273



201108020053

Skagit County Auditor

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**AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT**

Grantor: Willard Eugene Johnson, Deceased  
Grantee: Betty A. Johnson  
Abbreviated Legal Description: Lt 2, Short Plat No. SW 02-96  
Assessor's Tax Parcel No.: 4169-002-014-0200 (P112697)

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

BETTY A. JOHNSON, being first duly sworn upon oath, deposes and says:

1. I am the surviving spouse of WILLARD EUGENE JOHNSON who died on January 10, 2008. A copy of his death certificate is attached hereto. The decedent and I provided for the disposition of all of our property under that certain Community Property Agreement dated January 8, 2008, except separate assets disposed of by beneficiary designation.
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 WILLARD EUGENE JOHNSON.

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. WILLARD EUGENE JOHNSON and BETTY A. JOHNSON own real property situated at 609/611 Hyatt Street, Sedro Woolley, 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.

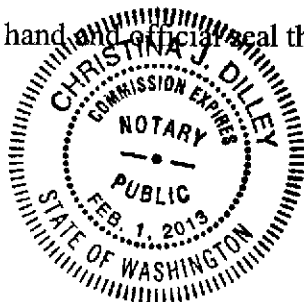
DATED this 25<sup>th</sup> day of July 2011.

Betty A. Johnson  
BETTY A. JOHNSON

STATE OF WASHINGTON )  
COUNTY OF SKAGIT )

On this day personally appeared before me BETTY A. JOHNSON, 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 25<sup>th</sup> day of July 2011.



Christina J. Dilley  
NOTARY PUBLIC  
In and for the State of Washington  
Residing at: Sedro Woolley  
My commission expires: 2-1-2013

Affidavit in Support of Community  
Property Agreement - 2 -

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

Lot 2 of Sedro-Woolley Short Plat No. 2-96, approved September 8, 1997, recorded September 30, 1997, in Book 13 of Short Plats, page 45, under Auditor's File No. 9709300005, records of Skagit County, Washington; being a portion of Lot 14, Block 2, 'ROSEDALE GARDEN TRACTS OF SEDRO-WOOLLEY," as per plat recorded in Volume 3 of Plats, page 52, records of Skagit County, Washington.

TOGETHER WITH a non-exclusive easement for ingress, egress and utilities, over and across Tract "A" (Hyatt Street), as shown on the face of said Short Plat.

SUBJECT TO: Easements, restrictions, covenants and reservations of record.

Situate in the City of Sedro Woolley, County of Skagit, State of Washington.

Affidavit in Support of Community  
Property Agreement - 3 -

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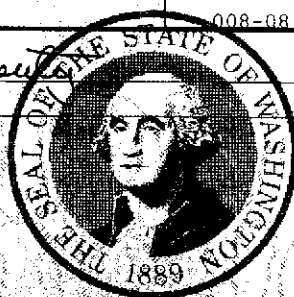


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# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any): First <b>Willard Eugene</b>		Middle <b>JOHNSON</b>		2. Death Date <b>Jan 10, 2008</b>	
3. Sex (M/F) <b>M</b>	4a. Age - Last Birthday <b>79</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number <b>[REDACTED]</b>	6. County of Death <b>Skagit</b>
7. Birthdate <b>[REDACTED]</b>	8a. Birthplace (City, Town, or County) <b>Warren</b>	8b. (State or Foreign Country) <b>Minnesota</b>	9. Decedent's Education <b>HS Graduate</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>609 Hyatt Pl.</b>				13b. City or Town <b>Sedro Woolley</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>98284-</b>	13g. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. <b>9m</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Betty Olson</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). <b>Owner / Manager</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Construction</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Palmer Johnson</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Louise [REDACTED]</b>		
21. Informant's Name <b>Betty Johnson</b>		22. Relationship to Decedent <b>Wife</b>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>609 Hyatt St. Sedro Woolley WA 98284-</b>		
24. Place of Death: if Death Occurred in a Hospital: <b>609 Hyatt Pl.</b>			24. Place of Death: if Death Occurred Somewhere Other than a Hospital: <b>Decedent's Residence</b>		
25. Facility Name (If not a facility, give number & street or location) <b>609 Hyatt Pl.</b>			26a. City, Town, or Location of Death <b>Sedro Woolley</b>	26b. State <b>WA</b>	27. Zip Code <b>98284-</b>
28. Method of Disposition <b>Burial</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, Washington</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>Jan 15, 2008</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) → a. <b>CARDIO Respiratory FAILURE</b> Interval between Onset & Death: <b>Minutes</b>					
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>SEVERE COPD</b> Interval between Onset & Death: <b>8-9 years</b>					
c. <b>[REDACTED]</b> Interval between Onset & Death: <b>[REDACTED]</b>					
d. <b>[REDACTED]</b> Interval between Onset & Death: <b>[REDACTED]</b>					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>Atrial Fibrillation, Chronic Anemia, Hx of Polio, BPH</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"/> 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: <b>[REDACTED]</b>				Apt. No. <b>[REDACTED]</b>	
City or Town: <b>[REDACTED]</b>		County: <b>[REDACTED]</b>		State: <b>[REDACTED]</b>	
46. Describe how injury occurred: <b>[REDACTED]</b>				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 from the cause stated on this certificate and was not the result of a reportable crime.) <b>[Signature]</b>				48b. Medical Examiner/Coroner: (On the basis of examination, further investigation, or my opinion, death occurred from the cause stated on this certificate and was not the result of a reportable crime.) <b>[Signature]</b>	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Dr. Gilson Giroto 1162 S. Burlington Blvd. Burlington WA</b>				50. Hour of Death (24hrs) <b>1630</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) <b>January 14, 2008</b>	
53. Title of Certifier <b>M.D.</b>		54. License Number <b>[REDACTED]</b>		55. ME/Coroner File Number <b>008-08</b>	
56. Registrar Signature <b>[Signature]</b>				57. Date Received (MM/DD/YYYY) <b>JAN 14 2008</b>	
58. Amendments					

TO BE USED ONLY IN CONNECTION  
WITH A CLAIM PENDING BEFORE  
THE VETERAN'S ADMINISTRATION



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Skagit County Auditor

When Recorded Return to:

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## Community Property Agreement

**Grantor(s):** Willard Eugene Johnson, et ux  
**Grantee(s):** Betty A. Johnson, et vir  
**Legal Description (abbreviated):** N/A  
**Assessor's Tax Parcel Number:** N/A  
**Reference (Auditor File Numbers of Documents assigned, released or amended):** N/A

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## Community Property Agreement

THIS AGREEMENT, made and entered into on January 8, 2008, by and between **Willard Eugene Johnson and Betty A. Johnson**, husband and wife, who reside in Sedro Woolley, 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 community property now owned or hereafter acquired by husband and wife (except for assets for which a separate beneficiary

Community Property  
Agreement

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designation has been or is hereafter made by husband or wife and approved by the other spouse) 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 community property vested as of the moment of her death. All such property is regarded to in this agreement as the "described community property."

2. Vesting at death of a spouse: If husband dies and wife survives him, all of the described community property shall vest in wife as of the moment of husband's death. If wife dies and husband survives her, all of the described community property shall vest in husband as of the moment of wife's death.
3. Disclaimer: Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this agreement in whole or in part, or with reference to specific parts, shares or assets thereof, in which event the interest disclaimed shall pass as if the provisions of paragraph 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.
4. Automatic revocation: The provisions of paragraph 2 shall be automatically revoked.
  - a. Upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce; or
  - b. Upon the establishment of a domicile out of the State of Washington by either party; or
  - c. Immediately prior to death, if the order of death cannot be ascertained.
5. Optional revocation by one party: If either party becomes disabled, the other party shall have the power to terminate any or all provisions of this document 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 purposes of this paragraph, "disability" shall mean any period that such party is unable to effectively communicate by reason of injury, disease or other cause. Disability shall include a party's inability to manage his or her property and affairs effectively for reasons such as mental illness, mental deficiency, physical illness or disability, advanced age, dementia, chronic use of drugs, chronic intoxication, confinement,

Community Property  
Agreement

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