

Skagit County Auditor

1/11/2012 Page

1 of

8 3:52PM

RETURN TO:

MR. JOHN W. HICKS
SCHACHT & HICKS, INC., P.S.
PO BOX 1165
MOUNT VERNON WA 98273

DOCUMENT TITLE: Affidavit Re: Community Property Agreement

GRANTOR: WATSON, ROBERT W., Decedent

GRANTEE: WATSON, MILDRED A. and
THE PUBLIC

ABBREVIATED LEGAL DESCRIPTION: Lot 27 Thunderbird to Mt. Vernon

ASSESSOR'S TAX PARCEL NUMBER: P54404

ADDITIONAL LEGAL DESCRIPTION ON EXHIBIT "C" OF DOCUMENT.

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

MILDRED A. "ANN" WATSON, being first duly sworn on oath
deposes and says:

1. **NAME OF DECEDENT.** That affiant is the surviving spouse of ROBERT W. WATSON aka ROBERT WILLIAM WATSON, who died at Mount Vernon, Skagit County, Washington, on the 31st day of December, 2011. That at that time they were residents of Mount Vernon, 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 16th day of December, 2011, and while husband and wife, the affiant and the said ROBERT W. WATSON 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 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.

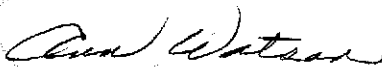
4. **STATUS OF PROPERTY.** That as of the time as a result of the execution of said agreement, and at all times subsequent thereto, all property, real and personal, owned by them, or in which they had any interest, became and remained community property.

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.

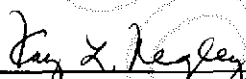
6. **REAL ESTATE.** That all of the real estate listed and described on Exhibit "C," attached hereto and by reference made a part hereof, was at the time of death the community property of the decedent and has now passed to the affiant, as his surviving spouse.



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


MILDRED A. "ANN" WATSON

SIGNED AND SWORN to before me this 11th day of January, 2012.


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



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number

1090-11

Washington State Certificate of Death

State File Number

1. Legal Name (include AKA's if any): First Robert Middle William LAST Watson Suffix		2. Death Date 12/31/2011	
3. Sex (M/F) M	4a. Age - Last Birthday 87	4b. Under 1 Year Months 0 Days 0	4c. Under 1 Day Hours 0 Minutes 0
5. Social Security Number [REDACTED]	6. County of Death Skagit		
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Burwell	8b. (State or Foreign Country) Nebraska	9. 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? Yes			
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 3311 Apache Dr		13b. City or Town Mount Vernon	
13c. Residence: County Skagit	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98273
14. Estimated length of time at residence: 30 years		15. Marital Status at Time of Death Married	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Ann M Merritt
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Mechanical Engineer		18. Kind of Business/Industry (Do not use Company Name) Mechanical Engineering	
19. Father's Name (First, Middle, Last, Suffix) Wesley LeRoy Watson		20. Mother's Name Before First Marriage (First, Middle, Last) Marcia Ward	
21. Informant's Name Ann M Watson		22. Relationship to Decedent Spouse	
23. Mailing Address: Number and Street or RFD No. City or Town State Zip 3311 Apache Dr Mount Vernon WA 98273			
24. Place of Death, if Death Occurred in a Hospital: Assisted Living Facility			
25. Facility Name (If not a facility, give number & street or location) Mountain Glen Retirement Center		26a. City, Town, or Location of Death Mount Vernon	26b. State WA
27. Zip Code 98274			
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Hawthorne Memorial Park	
30. Location-City/Town, and State Mount Vernon, WA		31. Date of Disposition January 5, 2012	
32. Date of Disposition January 5, 2012		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)		Interval between Onset & Death	
a. Severe cold		years	
Due to (or as a consequence of):		Interval between Onset & Death	
b. Prostate cancer spread to & homorel		years	
Due to (or as a consequence of):		Interval between Onset & Death	
c.		Interval between Onset & Death	
Due to (or as a consequence of):		Interval between Onset & Death	
d.		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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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"/> Unknown			
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) stated on the basis 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 Certifier - Physician, Medical Examiner or Coroner (Type or Print) Sandeep Bal MD 1400 E. Kincaid Mount Vernon WA 98274		50. Hour of Death (24hrs) 1100	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)		52. Date Signed (MM/DD/YYYY) 01/03/2012	
53. Title of Certifier MD	54. License Number 60067804	55. ME/Coroner File Number NJA#709	56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature <i>[Signature]</i>		58. Date Received (MM/DD/YYYY) JAN 5 2012	
59. Amendments			



201201110056
Skagit County Auditor



EXHIBIT "A"

DOH/CHS 003 Rev 07/09/07



Affidavit for Correction

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

Center for Health Statistics
PO Box 47814
Olympia, WA 98504-7814
(360) 236-4330

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: ☒ Birth ☐ Death ☐ Marriage ☐ Dissolution

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

4. Father's Full Name (For Birth) (Husband for Marriage or Dissolution) _____ 5. Mother's Full Name (For Birth) (Wife for Marriage or Dissolution) _____

The Record is Incorrect or Incomplete as follows:

The Record now shows:

The True fact is:

6. _____	7. _____
8. _____	9. _____
10. _____	11. _____
12. _____	13. _____

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Telephone Number: _____
☐ Funeral Director ☐ Other (Specify) _____

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

15. Signature: _____ 16. Date: _____ 17. Address: _____

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof: Certificate of Naturalization Medical Record School Transcripts
Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)
Insurance Records Birth Record Alien Registration Card (front and back)
Marriage/Divorce Records Passport We do not accept: Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. 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 last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor 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. (Use the paternity affidavit - form DOH/CHS 021)

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (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 coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023a 6/11/10



201201110056
Skagit County Auditor

CERTIFIED

JAN 05 2012

UU00449278

COMMUNITY PROPERTY AGREEMENT

AGREEMENT made on December 16, 2011, between ROBERT W. WATSON ("Husband") and MILDRED A. "ANN" WATSON ("Wife"), both of whom are domiciled in the state of 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 and separate property now owned or hereafter acquired by Husband and Wife or either of them (except for assets for which a separate beneficiary 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. All such property is declared to be community property of Husband and Wife and is referred to in this Agreement as the "described community property."

2. **VESTING AT DEATH OF SPOUSE.** All property owned by Husband and Wife shall vest in the surviving spouse immediately upon 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 the paragraph entitled **VESTING AT DEATH OF SPOUSE** 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 this agreement 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
- © Immediately prior to death, if the order of death cannot be ascertained.

5. **OPTIONAL REVOCATION BY ONE PARTY.** The other party, if either party becomes disabled, 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. 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



Lot 27, "THUNDERBIRD" as per plat recorded in Volume 9 of
Plats, pages 34 and 35, records of Skagit County.

EXHIBIT "C"



201201110056
Skagit County Auditor