



201201120051

Skagit County Auditor

1/12/2012 Page

1 of

8 12:14PM

When Recorded Please Return To:

LAWRENCE A. PIRKLE

321 W. Washington, Suite 300

Mount Vernon, WA 98273

(360) 336-6587

DOCUMENT TITLE(S): AFFIDAVIT IN SUPPORT OF
COMMUNITY PROPERTY AGREEMENT

REFERENCE NUMBER(S):

GRANTOR: NANCY WHITE RICHARDSON

GRANTEE: PUBLIC

LEGAL DESCRIPTIONS:

Lot 48, NOOKACHAMP HILLS PLANNED UNIT DEVELOPMENT, PHASE 1, according to the plate thereof, recorded in Volume 17 of Plats, pages 26 through 31, records of Skagit County.

Lot 14, "TJ TOWNHOUSES", as recorded November 30, 2000 under Skagit County Auditor's File No. 200011300053.

ASSESSOR PARCEL / TAX ID NUMBER: 4722-000-048-0000 (P113889)
4769-000-014-0000 (P117601)

**AFFIDAVIT IN SUPPORT
OF
COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

NANCY WHITE RICHARDSON, 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 28th day of May, 2002, executed by LINFORD LAWSON RICHARDSON, JR. and NANCY WHITE RICHARDSON, 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 properties commonly known as 17077 Kokanee Court, Mount Vernon, Washington 98274 and 1918 30th Street, Mount Vernon, Washington 98273, and more fully described as follows:

TPN: 4722-000-048-0000 (P113889)

Lot 48, NOOKACHAMP HILLS PLANNED UNIT DEVELOPMENT, PHASE 1, according to the plat thereof, recorded in Volume 17 of Plats, pages 26 through 31, records of Skagit County.

TPN: 4769-000-014-0000 (P117601)

Lot 14, "TJ TOWNHOUSES", as recorded November 30, 2000 under Skagit County Auditor's File No. 200011300053.

2. LINFORD LAWSON RICHARDSON, JR. (the "Decedent") was one of the parties to the Agreement and died on December 21, 2011 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.

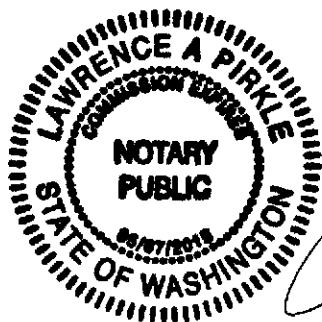
7. The Decedent was survived by the following persons:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
NANCY WHITE RICHARDSON 17077 Kokanee Court Mount Vernon, WA 98273	Spouse	Legal
ROBIN ANNETTE RICHARDSON 1918 N. 30th Street Mount Vernon, WA 98273	Daughter	Legal

DATED this 11th day of January, 2012.

Nancy White Richardson.
NANCY WHITE RICHARDSON

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



LAWRENCE A. PIRKLE

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



COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 28th day of May, 2002, between LINFORD LAWSON RICHARDSON, JR. ("Husband") and NANCY WHITE RICHARDSON ("Wife"), 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.



201201120051
Skagit County Auditor

1/12/2012 Page

4 of

8 12:14PM

ORIGINAL

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.

L. L. Richardson, Jr.
LINFORD LAWSON RICHARDSON, JR.

Nancy W. Richardson
NANCY WHITE RICHARDSON



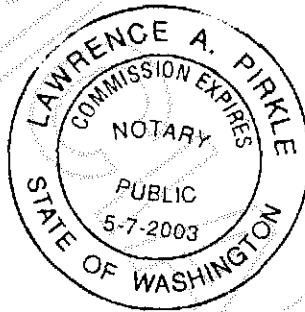
STATE OF WASHINGTON)

) 55

County of Skagit)

On this day personally appeared before me, LINFORD LAWSON RICHARDSON, JR. and NANCY WHITE RICHARDSON, 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 28th day of May,
2002.



Lawrence A. Pirkle

NOTARY PUBLIC in and for the
State of Washington
Residing at Mount Vernon
My Commission Expires: 5/7/03

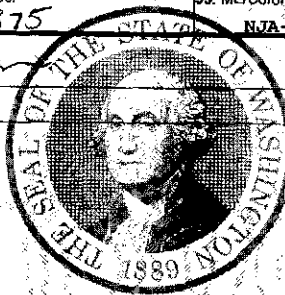


201201120051
Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **1059-11** Washington State Certificate of Death State File Number

1. Legal Name (Include AKA's if any)		2. Death Date	
Linford	Lawson	Richardson, Jr	12/21/2011
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day
M	69	Months	Days
5. Social Security Number	6. County of Death		
	Skagit		
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education
	Glendale	California	Bachelor's Degree
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.		11. Decedent's Race(s)	
No		Caucasian	
12. Was Decedent ever in U.S. Armed Forces? Yes		13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)	
No		17077 Kokanee Ct	
13b. City or Town		13c. Zip Code + 4	
Mount Vernon		98274	
13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country	
Skagit		Washington	
14. Estimated length of time at residence:		15. Marital Status at Time of Death	
8 years		Married	
16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)		17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))	
Nancy Jane White		Chief Of Police	
18. Kind or Business/Industry (Do not use Company Name)		19. Father's Name (First, Middle, Last, Suffix)	
Law Enforcement		Linford Lawson Richardson, Sr.	
20. Mother's Name Before First Marriage (First, Middle, Last)		21. Informant's Name	
Phyllis Annette		Nancy White Richardson	
22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No.	
Wife		17077 Kokanee Ct	
24. Place of Death, if Death Occurred in a Hospital:		25. Facility Name (If not a facility, give number & street or location)	
Residence		17077 Kokanee Ct	
26a. City, Town, or Location of Death		26b. State	
Mount Vernon		WA	
27. Zip Code		28. Method of Disposition	
98274		Cremation	
29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State	
Hawthorne Memorial Park		Mount Vernon, WA	
31. Name and Complete Address of Funeral Facility		32. Date of Disposition	
Hawthorne Funeral Home 1825 E. College Way Mount Vernon WA 98273-0398		December 27, 2011	
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. <i>cardio-respiratory arrest</i>			
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. <i>dehydration, malnutrition</i>			
Due to (or as a consequence of):			
c. <i>basilar outlet obstruction</i>			
Due to (or as a consequence of):			
d. <i>metastatic epithelial carcinoma</i>			
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"/> 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)			
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 Certifier - Physician, Medical Examiner or Coroner (Type or Print)			
Bruce Skinner, 1400 E Kincaid Mount Vernon, WA 98274			
50. Hour of Death (24hrs)			
2320			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			
52. Date Signed (MM/DD/YYYY)			
12-23-2011			
53. Title of Certifier			
MD			
54. License Number			
00016875			
55. ME/Coroner File Number			
NJA-685			
56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input type="checkbox"/> No			
57. Registrar Signature			
58. Date Received (MM/DD/YYYY)			
DEC 27 2011			
59. Amendments			



201201120051
Skagit County Auditor



Affidavit for Correction

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

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 236-4300

STATE OFFICE USE ONLY

State File Number	File Number	Initials	Date	Affidavit Number
-------------------	-------------	----------	------	------------------

Use the section below for requesting any changes on the record.

Record Type: <input checked="" type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution
--

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

4. Father's Full Name (for stills) (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: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Telephone Number:
<input type="checkbox"/> Funeral Director <input type="checkbox"/> 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 6/11/00



201201120051
Skagit County Auditor

1/12/2012 Page

8 of

8 12:14PM

CERTIFIED

DEC 27 2011

Howard Leibrand

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

UU00449626