

ORIGINAL



201201230078
Skagit County Auditor

1/23/2012 Page 1 of 7 3:50PM

RETURN TO:

Patrick M. Hayden
Attorney at Law
P. O. Box 454
Sedro-Woolley, WA 98284

DOCUMENT TITLE(S) (or transactions contained herein):

Community Property Affidavit

REFERENCE NUMBERS(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S) (Last name, first name and initials);

12 4 00028 0

1. **Rataj, Jeanne L.**

GRANTEE(S) (Last name, first name and initials):

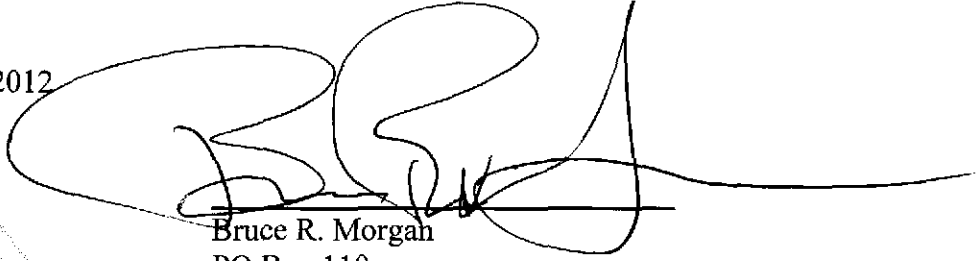
1. **Morgan, Bruce R.**
2. **Public**

LEGAL DESCRIPTION (Abbreviated: i.e., lot, block, plat or quarter, quarter, section, township and range).

ASSESSOR'S PARCEL/TAX I.D. NUMBER: **P65237 / 3910-000-018-0003**

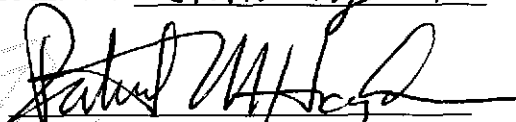
securities, CDs, or accounts, in reliance herein, and to induce any title insurance company to issue policies of title insurance in reliance herein.

Dated: January 23, 2012



Bruce R. Morgan
PO Box 110
Concrete, WA 98237

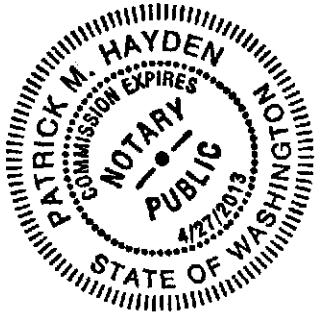
SUBSCRIBED & SWORN TO before me on: January 23, 2012



Signature of Notary

Patrick M. Hayden

Printed Name of Notary



NOTARY PUBLIC in and for the State of
Washington, residing at: Sedro-Woolley
My appointment expires on: 4.27.13



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COMMUNITY PROPERTY AGREEMENT
OF
BRUCE R. MORGAN AND JEANNE L. RATAJ

THIS AGREEMENT, is made on the date set forth below, between **BRUCE R. MORGAN** and **JEANNE L. RATAJ**, domestic partners both of whom are domiciled in the State of Washington. In consideration of their mutual promises 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 either domestic partner (except for assets for which a separate beneficiary designation has been or is hereafter made by one partner and approved by the other partner) 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 or may have registered in the name of one or the other or both. If Bruce R. Morgan dies and Jeanne L. Rataj survives, any separate property of Bruce R. Morgan which is owned by Bruce R. Morgan at the time of his death (except for assets for which Bruce R. Morgan 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 Jeanne L. Rataj dies and Bruce R. Morgan survives, any separate property of Jeanne L. Rataj which is owned by Jeanne L. Rataj at the time of her death (except for assets for which Jeanne L. Rataj 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 "subject property."

2. Vesting at Death. On the death of either domestic partner all of the subject property shall vest in the survivor of them.

3. Disclaimer. Upon the death of either domestic partner, the surviving domestic partner 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.

4. 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 domestic partnership.


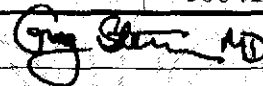


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JLR [Signature]

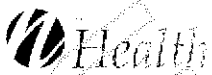


STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 23		Washington State Certificate of Death			State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix JEANNE LOUISE RATAJ				2. Death Date 1/7/2012		
3. Sex (M/F) F	4a. Age - Last Birthday 62	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number 344-42-5865	6. County of Death Whatcom	
7. Birthdate 1/12/1949	8a. Birthplace (City, Town, or County) Chicago	8b. (State or Foreign Country) IL		9. Decedent's Education Master's Degree		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? No	
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 44302 Leonard Rd				13b. City or Town Concrete		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country WA		13f. Zip Code + 4 98237
14. Estimated length of time at residence: 5.5 years		15. Marital Status at Time of Death Domestic Partner		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Bruce Morgan		
17. Usual Occupation (Indicate type of work done during most of working life (DO NOT USE RETIRED)) Environment Engineer				18. Kind of Business/Industry (Do not use Company Name) Government Employee		
19. Father's Name (First, Middle, Last, Suffix) Bruno Joseph Rataj				20. Mother's Name Before First Marriage (First, Middle, Last) Rose Mary Meyer		
21. Informant's Name Bruce Morgan		22. Relationship to Decedent Domestic Partner		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 44302 Leonard Rd, Concrete, WA 98237		
24. Place of Death, if Death Occurred in a Hospital: In Patient				25. Facility Name (if not a facility, give number & street or location) St Joseph Hospital		
25a. City, Town, or Location of Death Bellingham		25b. State WA		27. Zip Code 98225		
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Jerns Funeral Chapel Crematory		30. Location-City/Town, and State Bellingham, WA		
31. Name and Complete Address of Funeral Facility Jerns Funeral Chapel, 800 E. Sunset Drive, Bellingham, WA 98225				32. Date of Disposition 1/12/2012		
33. Funeral Director Signature X  Brad Bytnar						
Cause of Death (See Instructions and examples)						
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. Ischemic Bowel			Interval between Onset & Death days	
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.			Interval between Onset & Death	
		c.			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"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death		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				46. City, Town, or Location of Death		
47. Describe how injury occurred				48. State		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Dr. James Diestelhorst 4545 Cordata Pkwy B'ham, WA 98226				50. Hour of Death (24hrs) 0535		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) 1-11-12		
53. Title of Certifier Doctor		54. License Number 00041071		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
57. Registrar Signature 				58. Date Received (MM/DD/YYYY) January 11, 2012		
59. Amendments						




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Affidavit for Correction

Center for Health Statistics
P.O. Box 17814
Cammie St., WA 98504-7814
(360) 243-6300

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

STATE OFFICE USE ONLY

State File Number	Year of Birth	Invoice	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 of Record: _____ 2. Date of Event: _____ 3. Place of Event (City or County): _____

4. Father's Full Name (Who for Marriage or Dissolution): _____ 5. Mother's Full Name (Who for Marriage or Dissolution): _____

The Record is incorrect or incomplete as follows:
 6. The Record Error is: _____ 7. The True fact is: _____

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: _____

All vital records are registered as recorded.

All changes must be established by those persons named on the affidavit.

Examples of documentary proof:

Birth Certificate	Medical Record	School Transcripts
Marriage License	Medical Record (DD-211)	Voter's Registration Card (if it bears an effective date)
Insurance Records	Birth Record	Alien Registration Card (front and back)
Marriage License Records	Passport	We do not accept Driver's License, Social Security card or a hospital issued declarative birth certificate.

Birth Certificates:

- Only a parent, legal guardian of the child's under 18, or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the recorded true fact(s). For example, if the record 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.
- Parents may change their child's first or middle name by completing and signing on a lock) (see section) until their child's 8th birthday.
- This affidavit must be used to not substitute a birth certificate. Use this procedure only with a birth certificate. Form DOR/CHS 0211

Death Certificates:

- Only the informant, the funeral director, or executor/administrator (if estate confirming each position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.
- If it is less than sixty days from date of death, please contact the county health department while the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal facts (minor spelling changes, maiden name, date of birth 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 date of dissolution (marriage) or date of court (dissolution).

CERTIFIED

JAN 17 2012

Greg Stern MD
 Whatcom County Health Department
 Greg Stern M.D., Health Officer



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