



201201240008
Skagit County Auditor

1/24/2012 Page 1 of 6 10:53AM

Filed for Record at request of
and return to:

STILES & STILES INC. P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284

Legal : Steirlen Place Lot 10 DK 12
Tax Parcel # 4094-000-010-0007
P72832

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

State of Washington)ss.
County of Skagit)

Celia G. Lopez, being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of Alberto H. Lopez, who died at Sedro Woolley, County of Skagit, State of Washington, on January 5, 2012 having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated December 29, 2011, which agreement shall be recorded simultaneously with this affidavit and a copy of the decedent's death certificate under the records of the Auditor for Skagit County, Washington.

2. That there are no unpaid creditors of said decedent or the former marital community nor unpaid funeral expense or expense of last illness, except for:

NONE

3. Among other items of community property was the following described real estate.

Tract 10, STIERLEN PLACE, according to the plat thereof, recorded in Volume 9 of Plats, page 106, records of Skagit County, Washington.

Situated in Skagit County, Washington.

4. This affidavit is made to induce any title company to issue its policies of title insurance on real property passing to the affiant as surviving spouse by virtue of said community property survivorship agreement, and in reliance upon the representations hereinabove set forth.

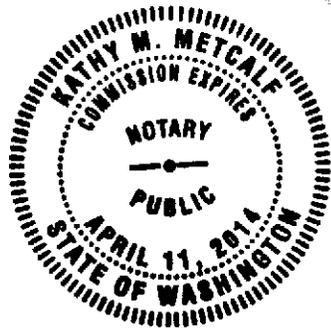
DATED this 23 day of January, 2012

Celia G. Lopez
Celia G. Lopez

State of Washington)
County of Skagit) ss.

On this day personally appeared before me Celia G. Lopez, who executed the within and foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal on January 23 2012.



Kathy M. Metcalf
NOTARY PUBLIC in and for the
State of Washington, residing at
Sedro Woolley
Commission Expires: 4-11-2014



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Skagit County Auditor

RECORDED AT THE REQUEST OF:

Stiles & Stiles, Inc., P.S.
P.O. Box 228
Sedro-Woolley, Washington 98284

COMMUNITY PROPERTY SURVIVORSHIP AGREEMENT

THIS AGREEMENT made and entered into by and between Alberto H. Lopez and Celia G. Lopez, husband and wife, pursuant to the provisions of Section 26.16.120, Revised Code of Washington; providing for agreements between husband and wife for fixing of the status and disposition of community property to take effect upon the death of either.

WITNESSETH:

That, in consideration of the love and affection that each of the parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and promised as follows:

FIRST: That all property of whatsoever nature and description, whether real, personal or mixed, and wheresoever situated now owned or hereafter acquired by them or either of them, shall be considered and is hereby declared to be community property.

SECOND: That upon the death of either of the parties hereto, title to all community property as defined in the preceding paragraph shall immediately vest in fee simple in the survivor of them.



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IN WITNESS WHEREOF, Alberto H. Lopez and Celia G. Lopez, husband and wife, have hereunto set their hands and seals on December 29, 2011.

Alberto H. Lopez
Alberto H. Lopez

Celia G. Lopez
Celia G. Lopez

STATE OF WASHINGTON) ss.
COUNTY OF SKAGIT)

This certifies that Alberto H. Lopez and Celia G. Lopez, husband and wife, personally appeared before me and known to me to be the individuals described in and who executed the foregoing instrument and acknowledged the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

WITNESS my hand and official seal on December 29, 2011.

Blair D. Stee
NOTARY PUBLIC in and for the
State of Washington, residing at
Sedro-Woolley
Commission expires: 6-19-14



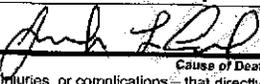
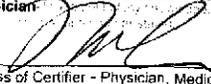
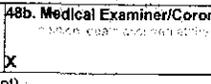
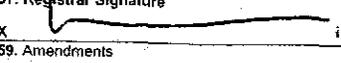
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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 12-12

Washington State Certificate of Death

State File Number

1. Legal Name (include AKA's if any) First Middle LAST Alberto Hernandez Lopez, Sr.			2. Death Date Jan. 5, 2012		
3. Sex (M/F) Male	4a. Age - Last Birthday 78	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Portland	8b. (State or Foreign Country) Texas		9. Decedent's Education 9th-12th grade; no diploma	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. Yes, Mexican American			11. Decedent's Race(s) White		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.) 1309 Stierlen Place			13b. City or Town Burlington		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98233	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 40 Years	15. Marital Status at Time of Death Married	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Celia Gonzalez			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) Custodian			18. Kind of Business/Industry (Do not use Company Name) School District		
19. Father's Name (First, Middle, Last, Suffix) Luis M. Lopez			20. Mother's Name Before First Marriage (First, Middle, Last)		
21. Informant's Name Celia G. Lopez		22. Relationship to Decedent Wife	23. Mailing Address: Number and Street or R-U No. City or Town State Zip 1309 Stierlen Place, Burlington, Washington, 98233		
24. Place of Death, if Death Occurred in a Hospital: Decedent's Home					
25. Facility Name (If not a facility, give number & street or location) 1309 Stierlen Place			26a. City, Town, or Location of Death Burlington	26b. State WA	27. Zip Code 98233
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Greenhills Memorial Cemetery		30. Location-City/Town, and State Burlington, Washington	
31. Name and Complete Address of Funeral Facility Kern Funeral Home, 1122 S. Third St., Mount Vernon, Washington, 98273				32. Date of Disposition Jan. 11, 2012	
33. Funeral Director Signature X 			Jeremiah T. LeSourd		
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. METASTATIC COLON CANCER Interval between Onset & Death YEARS					
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. _____ Due to (or as a consequence of): Interval between Onset & Death					
c. _____ Due to (or as a consequence of): Interval between Onset & Death					
d. _____ Due to (or as a consequence of): Interval between Onset & Death					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above DM II, CVA, HTN, HYPERCHOLESTEROLEMIA				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 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"/> 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: _____ Apt. No. _____ 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 			48b. Medical Examiner/Coroner 		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Jonathan C. Fish, MD 1990 Hospital Dr. Sedro Woolley, WA 98284				50. Hour of Death (24hrs) 1415	
51. Name and Title of Attending Physician (if other than Certifier (Type or Print))				52. Date Signed (mm/dd/yyyy) 01/06/2012	
53. Title of Certifier MD		54. License Number WJ000398	55. ME/Coroner File Number NJA-007		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature 			58. Date Received (mm/dd/yyyy) JAN 9 2012		
59. Amendments					



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Affidavit for Correction

Center for Health Statistics
PO Box 47814
Olympia, WA 98504-7814
(360) 236-4500

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

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:

6. The Record now shows:	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

CERTIFIED

JAN 09 2012



201201240008
Skagit County Auditor

Howard Eibrand
Skagit County Public Health Department
Howard Eibrand M.D., Health Officer

UU00449024