



201204100010

Skagit County Auditor

4/10/2012 Page 1 of 4 8:48AM

ORIGINAL

RETURN TO:

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

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

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

Skagit County AF # 771532 and AF # 200101170003

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

1. Ganske, Donald L.

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

1. Ganske, Florence K.
2. **Public**

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

ASSESSOR'S PARCEL/TAX I.D. NUMBER:

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT
OF
DONALD L. GANSKE AND FLORENCE K. GANSKE

State of Washington)
: ss.
County of Skagit)

Florence K. Ganske, being first duly sworn upon oath, deposes and says:

That affiant is the surviving spouse of Donald L. Ganske, who died February 27, 2000.


That at the time of death the affiant was married to Donald L. Ganske, and that they provided for the disposition of all community property as between them under Community Property Agreement recorded July 24, 1972, in Skagit County Auditor's File No. 771532;

That by virtue of the Community Property Agreement all property owned by Donald L. Ganske passed to Florence K. Ganske;

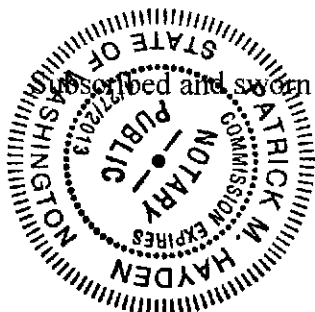
THAT there are no unpaid creditors of Donald L. Ganske or of their marital community, nor unpaid funeral expense or expense of last illness; and

THAT no state or federal estate tax is due on the estate of Donald L. Ganske; and

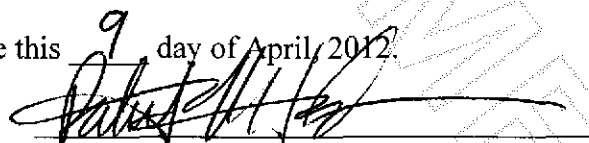
THAT this affidavit is made to induce a title company to issue its policies of title insurance on real property passing to the surviving spouse and to induce financial institutions to transfer funds or securities, by virtue of said community property survivorship agreement in reliance upon the representations hereinabove set forth.



Florence K. Ganske



Subscribed and sworn to before me this 9 day of April, 2012.



Notary Public in and for the
State of Washington, residing at
Sedro-Woolley, Washington.
My Commission Expires: 4.27.13
Print name: Patrick M. Hayden



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Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

OFFICE USE ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

157
LOCAL FILE NUMBER

146 0 06387
STATE FILE NUMBER

2 COPIES

3 HOSPITAL

4 OCCURRENCE

5 RESIDENCE

6 TRACT

7 OCCUPATION

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21 ACC LOC

22 QUERIES

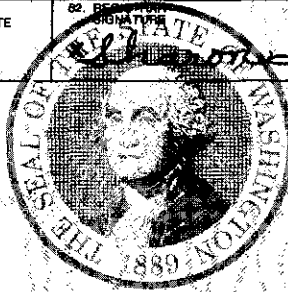
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1. NAME First: DONALD Middle: LESTER Last: GANSKE			2. SEX (M/F) Male		3. DEATH DATE (Mo./Day/Year) 2-29-2000									
4. AGE LAST BIRTHDAY (Yrs) 73		5. UNDER 1 YEAR MOS: _____ DAYS: _____ HOURS: _____ MINS: _____		6. UNDER 1 DAY HOURS: _____ MINS: _____		7. BIRTHDATE (Mo., Day, Yr) [REDACTED]		8. BIRTHPLACE (City, State or Foreign Country) Chicago, IL		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) Yes		10. COUNTY OF DEATH Skagit		
11. CITY, TOWN OR LOCATION OF DEATH Mount Vernon				12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. ROOM/OUT PTN 4. HOSP. 5. NUR HOME 6. OTHER PLACE Skagit Valley Hospital				13. SMOKING IN LAST 15 YEARS? (Yes/No) Yes						
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married			15. SURVIVING SPOUSE (If wife, give maiden name) Florence Rutledge			16. SOCIAL SECURITY NO. [REDACTED]			17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 8 College (1-4 or 5-): _____					
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED). Hvy Equip. Mechanic			19. KIND OF BUSINESS OR INDUSTRY Construction			20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No			21. RACE (Specify) White					
22. RESIDENCE — NUMBER AND STREET 1521 Township Street			23. CITY/TOWN, OR LOCATION Sedro-Woolley		24. INSIDE CITY LIMITS? (Yes/No) Yes		25A. COUNTY Skagit		25B. LENGTH OF RES. IN CO. 50 yrs		26. STATE WA		27. ZIP CODE 98284	
28. FATHER'S NAME — FIRST, MIDDLE, LAST John Ganske						29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Vesper [REDACTED]								
30. INFORMANT — NAME Florence Ganske				31. MAILING ADDRESS STREET OR RFD NO. 1521 Township Street CITY OR TOWN Sedro-Woolley, WA STATE WA ZIP 98284										
32. BURIAL CREMATION REMOVAL, OTHER (Specify) Cremation			33. DATE (Mo., Day, Yr) Feb 29, 2000			34. CEMETERY/CREMATORY — NAME Mount Vernon Crematory			35. LOCATION — CITY/TOWN, STATE Mount Vernon, Washington					
36. FUNERAL DIRECTOR SIGNATURE <i>Richard Lemley</i>			37. NAME OF FACILITY Lemley Chapel			38. ADDRESS OF FACILITY 1008 3rd St. Sedro-Woolley, WA 98284								
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>Daryl G. Vogel MD Path</i>						43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X								
40. DATE SIGNED (Mo., Day, Yr) February 28, 2000			41. HOUR OF DEATH (24 Hrs.) 2210 hrs			44. DATE SIGNED (Mo., Day, Yr)			45. HOUR OF DEATH (24 Hrs.)					
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Michael Dillard, MD						46. PRONOUNCED DEAD (Mo., Day, Yr)			47. HOUR PRONOUNCED DEAD (24 Hrs.)					
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Daryl G. Vogel, MD Path. 1310 E Division Mt. Vernon, WA 98273						49. ME/CORONER FILE NUMBER								
60. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:														
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE, LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.			A. Respiratory failure DUE TO, OR AS A CONSEQUENCE OF:						INTERVAL BETWEEN ONSET AND DEATH days					
			B. Pulmonary edema DUE TO, OR AS A CONSEQUENCE OF:						INTERVAL BETWEEN ONSET AND DEATH days					
			C. Congestive heart failure DUE TO, OR AS A CONSEQUENCE OF:						INTERVAL BETWEEN ONSET AND DEATH months					
			D.						INTERVAL BETWEEN ONSET AND DEATH					
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE. Cardiomegaly bowel obstruction sepsis						52. AUTOPSY? (Yes/No) Yes		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) No						
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)			55. INJURY DATE (Mo., Day, Yr)		56. HOUR OF INJURY (24 Hrs)		57. DESCRIBE HOW INJURY OCCURRED:							
58. INJURY AT WORK? (Yes/No)			59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)			60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE								
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE				62. REGISTRAR SIGNATURE <i>D. Beason, Deputy</i>				63. DATE RECEIVED (Mo., Day, Yr) 2-29-2000						

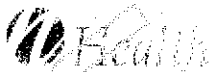
FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)



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Affidavit for Correction

Center for Health Statistics
P.O. Box 47614
Olympia, WA 98501-7814
(360) 236-4300

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

STATE OFFICE USE ONLY

State File Number:	File 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 of Person:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth; Husband's Name for Marriage or Dissolution):	5. Mother's Full Name (For Birth; (Wife for Marriage or Dissolution):
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The Record is incorrect or incomplete as follows:

6. The Record now shows:	7. The true fact is:
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8.	9.
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10.	11.
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12.	13.
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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:
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All vital records are considered permanent. All changes must be substantiated by documentary proof submitted with the affidavit.

Examples of documentary proof: Certificate of Naturalization, Medical Records, Military Record (DD-214), Birth Record, Passport, Marriage/Divorce Records, School Transcripts, Voter's Registration Card (if it bears an effective date), Alien Registration Card (front and back). 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 reflect 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 the child's 18th birthday).
- Birth records cannot be changed and corrected by a birth certificate, but a paternity affidavit (form DPH/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, etc.) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the court (marriage) or judge of court (dissolution) must sign the affidavit.



APR 04 2012

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