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Abbreviated Legal Description: Medcalf's Add Lot 7
Assessor's Tax Parcel No.: P67424

STATE OF WASHINGTON)
) ss
COUNTY OF SKAGIT)

EDNA LOUISE TAYLOR, being first duly sworn upon oath, deposes and says:

1. I am the surviving spouse of WILLIAM MICHAEL TAYLOR who died on December 20, 2011. A copy of his death certificate is attached hereto. The decedent and I provided for the disposition of all of our community property under that certain Community Property Agreement dated August 2, 2011.
2. The Community Property Agreement of the decedent and the affiant is attached hereto.
3. The parties to the agreement were legally competent at the time of the agreement and executed no subsequent wills or agreement that would have had the effect of abrogating or nullifying the agreement. The original Last Will and Testament of William Michael Taylor is on file with the office of the Skagit County Superior Court Clerk, 3rd & Kincaid Streets, Mount Vernon, Washington, under Cause No. ~~12-4-~~ **12-4-00136-7**
4. Under the terms of the Community Property Agreement, title to all real property and personal property of the community vests immediately in the survivor upon the death of either party to the agreement.

5. WILLIAM M. (Michael) TAYLOR and EDNA L. (Louise) TAYLOR own real property situated at 14069 Sterling Road, Burlington, Washington 98233, bearing the legal description as follows:

“LOT 7, MEDCALF’S ADDITION, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 7 OF PLATS, PAGE 41, RECORDS OF SKAGIT COUNTY, WASHINGTON.

Situate in the County of Skagit State of Washington

Skagit County Tax Parcel No(s). P67424 / 3954-000-007-0003.

6. William M. Taylor and Edna L. Taylor are payees of a Promissory Note and beneficiaries under a Deed of Trust dated November 1, 2004 given by Havre Professional Building, LLC to Land Title Company as Trustee and William Taylor & Edna L. Taylor as beneficiary in the total amount of \$250,000.00 recorded under Skagit County Auditor’s File No. 200411010005.

7. Funds held in Ameriprise Brokerage Account No. 768055972021 in the approximate value of \$4,300.00 are community property as described in said Community Property Agreement and as such vest immediately in the survivor, Edna Louise Taylor.

8. All debts of the decedent and/or the marital community, including, but not limited to all expenses due to decedent's last illness, funeral and burial have been fully paid. There are no federal or state succession or inheritance taxes due on account of the death of WILLIAM MICHAEL TAYLOR.

9. The decedent had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.

10. As of the date of death, the value of all community property of the decedent was approximately \$360,000.00. The value of all separate property of the decedent was approximately \$0.00.

11. The statements set forth in this affidavit are representations of fact that may be relied upon by all parties dealing with said real property and the personal property of the decedent.



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Skagit County Auditor

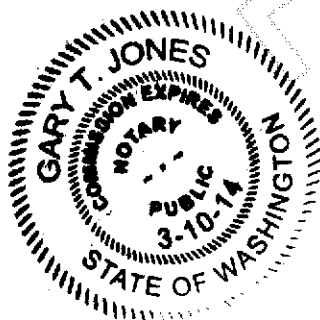
DATED this 11th day of April 2012.

Edna Louise Taylor
EDNA LOUISE TAYLOR

STATE OF WASHINGTON)
COUNTY OF SKAGIT)

On this day personally appeared before me EDNA LOUISE TAYLOR, to me known to be the individual described in and 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 this 11th day of April 2012.



Amy T. Jones
NOTARY PUBLIC in and for
The state of Washington
Residing at: Mount Vernon
My commission expires: 3/10/2014



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 1004-11		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any) First Middle LAST William Michael Taylor					2. Death Date 12/20/2011		
3. Sex (M/F) Male	4a. Age - Last Birthday 75	4b. Under 1 Year Months Days Months: 0 Days: 0	4c. Under 1 Day Hours Minutes Hours: 0 Minutes: 0	5. Social Security Number [REDACTED]	6. County of Death Skagit		
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Everett	8b. (State or Foreign Country) WA		9. Decedent's Education Some College, No 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 5th St.) (Include Apt. No.) 10469 Sterling Rd					13b. City or Town Sedro Woolley		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country WA	13f. Zip Code + 4 98284	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. 32 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Edna Louise Casterline			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Owner/Operator				18. Kind of Business/Industry (Do not use Company Name) Coin Dealer			
19. Father's Name (First, Middle, Last, Suffix) William Arthur Taylor				20. Mother's Name Before First Marriage (First, Middle, Last) Edith Agnes [REDACTED]			
21. Informant's Name Edna Taylor		22. Relationship to Decedent Spouse		23. Mailing Address: Number and Street or RFD No., City or Town, State, Zip 10469 Sterling Rd, Sedro Woolley, WA 98284			
24. Place of Death, if Death Occurred in a Hospital My Joyas Adult Family Home				25. Facility Name (If not a facility, give number & street or location) My Joyas Adult Family Home			
26a. City, Town, or Location of Death Mount Vernon		26b. State WA		27. Zip Code 98273			
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Seattle Service Group Crematory		30. Location-City/Town, and State Seattle, WA			
31. Name and Complete Address of Funeral Facility Neptune Society, 19324 40th Ave W, Ste A, Lynnwood, WA 98036						32. Date of Disposition 12/29/2011	
33. Funeral Director Signature X Les Lippitt							
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. COPD				Interval between Onset & Death months			
Due to (or as a consequence of):				Interval between Onset & Death			
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				Interval between Onset & Death			
Due to (or as a consequence of):				Interval between Onset & Death			
Due to (or as a consequence of):				Interval between Onset & Death			
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 anemia of chronic disease vs. leukemia, recurrent aspiration				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"/> 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. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.	
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. P Bissell MD			
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. Peggy Bissell 1900 Hospital Dr #200 Sedro Woolley				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) 12/22/11			
50. Hour of Death (24hrs) 1320		51. Name and Title of Attending Physician if other than Certifier (Type or Print)		52. Date Signed (mm/dd/yyyy)		53. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
53. Title of Certifier MD		54. License Number 43127		55. ME/Coroner File Number		56. Date Received (mm/dd/yyyy) DEC 28 2011	
57. Registrar Signature [Signature]				58. Date Received (mm/dd/yyyy)			
59. Amendments				59. Amendments			



201204170113
Skagit County Auditor



Affidavit for Correction

Center for Health Statistics
PO 506475-14
Olympia, WA 98504-7514
(360) 295-6303

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												
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 Birth) (Husband for Marriage or Dissolution)		5. Mother's Full Name (if or Birth): (Wife for Marriage or Dissolution)														
The Record is incorrect or incomplete as follows:																
6. The Record now shows:		7. The True fact is:														
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"/> Funeral Director <input type="checkbox"/> Other (Specify)																
Telephone Number:																
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:														
<p>All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order.</p> <p>All changes must be established by documentary proof submitted with the affidavit</p> <p>Examples of documentary proof:</p> <table border="0"> <tr> <td>Certificate of Naturalization</td> <td>Medical Record</td> <td>School Transcripts</td> </tr> <tr> <td>Hospital Records</td> <td>Military Record (DD-214)</td> <td>Voter's Registration Card (if it bears an effective date)</td> </tr> <tr> <td>Insurance Records</td> <td>Birth Record</td> <td>Alien Registration Card (front and back)</td> </tr> <tr> <td>Marriage/Divorce Records</td> <td>Passport</td> <td>We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.</td> </tr> </table>					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.
Certificate of Naturalization	Medical Record	School Transcripts														
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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:																
1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.																
2. 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.																
3. Proof must be five (or more) years old or have been established within five years of birth.																
4. 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.																
5. 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).																
6. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)																
Death Certificates:																
1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.																
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.																
3. 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:																
1. 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.																
2. 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



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Skagit County Auditor

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

UU00449439

COMMUNITY PROPERTY AGREEMENT

AGREEMENT made in Skagit County, Washington, this 2nd day of August 2011, between WILLIAM MICHAEL TAYLOR ("Husband") and EDNA LOUISE TAYLOR ("Wife"), husband and 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 property now owned or hereafter acquired by Husband and Wife, except for property for which a separate beneficiary designation has been or is hereafter made by Husband or Wife and approved in writing 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 referred to in this Agreement as the "described community property."

2. Vesting at Death of a Spouse. If Husband dies and Wife survives him, all of the described community property shall vest in Wife as of the moment of Husband's death. If Wife dies and Husband survives her, all of the described Community property shall vest in Husband as of the moment of Wife's 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 property, in which event the interest disclaimed shall pass as if the provisions of section 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition, applicable to the disclaimed interest.

4. Automatic Revocation. The provisions of section 2 above 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
- c. Immediately prior to death, if the order of death cannot be ascertained.

5. Optional Revocation by One Party. If either party becomes disabled, the other party shall have the power to terminate the provisions of section 2 above, 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 purposes of this paragraph, a spouse shall be deemed disabled if a person duly licensed to practice medicine in the state of Washington signs a statement declaring that the person is unable to manage his or her own affairs or requires long term skilled nursing care.

6. Powers of Appointment. This Agreement shall not affect any power of appointment now held by or hereafter given to Husband or Wife or both of them, nor shall it obligate Husband or Wife or both of them to exercise any such power of appointment in any way.



7. Revocation of Inconsistent Agreements. To the extent this Agreement is inconsistent with the provisions of any Community Property Agreement, Will, or other arrangement previously made by the parties which affect the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

IN WITNESS WHEREOF, the said WILLIAM MICHAEL TAYLOR and EDNA LOUISE TAYLOR have hereunto set their signatures this 2nd day of August 2011.

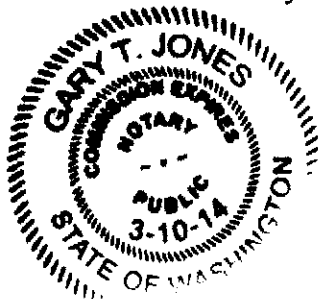

WILLIAM MICHAEL TAYLOR

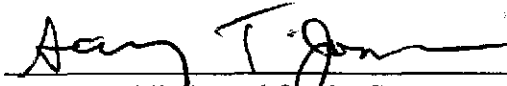

EDNA LOUISE TAYLOR

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

On this day personally appeared before me WILLIAM MICHAEL TAYLOR, and EDNA LOUISE TAYLOR, to me known to be the individuals described in and who executed the foregoing instrument, and acknowledged to me 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 2nd day of August 2011.




Notary Public in and for the State
of Washington, residing at: Mount Vernon
My Commission Expires: 3/10/2014

