



RETURN TO:

1. **NAME OF DECEDENT.** That affiant is the surviving spouse of WILLIAM ANTHONY REINERT, who died at Burlington, Skagit County, Washington, on March 26, 2012. That at that time they were residents of Burlington, Skagit County, Washington. That certified copy of Certificate of Death issued by the Washington State

Department of Health is attached hereto, marked Exhibit "A" and by reference made a part hereof.

2. **EXECUTION OF AGREEMENT.** That on August 2, 1976, and while husband and wife, the affiant and the said WILLIAM ANTHONY REINERT executed an agreement entitled "Community Property Agreement." That since the execution thereof, the said agreement has not been altered, modified, revoked, renounced or abandoned in any way, nor has any instrument inconsistent therewith or contradictory thereto been executed. That the said Community Property Agreement is attached hereto, marked Exhibit "B" and by reference made a part hereof.

3. **PAYMENT OF DEBTS.** That all expenses of last illness, burial and funeral and costs of administration have been paid or provided for.

4. **STATUS OF PROPERTY.** That as of the time as a result of the execution of said agreement, and at all times subsequent thereto, all property, real and personal, owned by them, or in which they had any interest, became and remained community property.

5. **INHERITANCE AND ESTATE TAXES.** That said estate is not subject to state inheritance taxes or federal estate tax, being below current exemptions in effect as of the date of death.

6. **REAL ESTATE.** That all of the real estate listed and described on Exhibit "C," attached hereto and by reference made a part hereof, was at the time of death the community property of the decedent and has now passed to the affiant, as his surviving spouse.

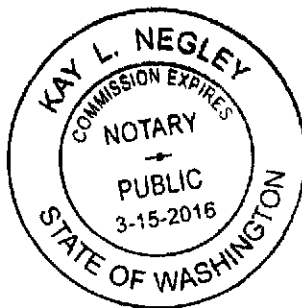
7. **PURPOSES OF AFFIDAVIT.** This affidavit is made to induce all title insurance companies dealing with said real property to issue policies of title insurance upon real estate passing to the



surviving spouse, and all companies or entities dealing with any property to transfer such property to the surviving spouse, and affiant herein, by virtue of said community property survivorship agreement, and in reliance upon the representations of fact herein above set forth. This affidavit is further executed for the purpose of giving notice of the existence and effectiveness of the Community Property Agreement.

Margaret A. Reinert  
MARGARET ANN REINERT

SIGNED AND SWORN to before me May 14, 2012.



Kay L. Negley  
Printed name: KAY L. NEGLEY  
Notary Public in and for the State of  
Washington, residing at Mount Vernon.  
My appointment expires: 3-15-2016



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2012-003523

DATE ISSUED: 03/29/2012

FEE NUMBER: 0000000029

GIVEN NAMES: WILLIAM ANTHONY  
LAST NAME: REINERT

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MARCH 26, 2012  
HOUR OF DEATH: 05:17 P.M.  
SEX: MALE  
AGE: 83 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: SEGUIN, KANSAS

MARITAL STATUS: MARRIED  
SPOUSE: MARGARET ANN KOEPERICH

OCCUPATION: TELEPHONE CABLE SPLICER  
INDUSTRY: TELECOMMUNICATIONS  
EDUCATION: HIGH SCHOOL GRADUATE OR GEO COMPLETED  
US ARMED FORCES? YES

INFORMANT: MARGARET ANN REINERT  
RELATIONSHIP: WIFE  
ADDRESS: 216 S ANACORTES, BURLINGTON, WA, 98233

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 216 S ANACORTES  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 216 S ANACORTES  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 53 YEARS

FATHER: CARL MATTHEW REINERT  
MOTHER: BERTHA [REDACTED]

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: BURLINGTON CEMETERY  
CITY, STATE: BURLINGTON, WA  
DISPOSITION DATE: MARCH 30, 2012

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME  
ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON WA 98273  
FUNERAL DIRECTOR: KIRK S. DUFFY

CAUSE OF DEATH:  
A. DEBILITY  
INTERVAL: ~1 YEAR  
B.  
INTERVAL:  
C.  
INTERVAL:  
D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
PARKINSONISM, DYSPHAGIA, ABDOMINAL AORTIC ANEURYSM, ATRIAL FIBRILLATION, HYPERTENSION

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK?  
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONE



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MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: JOHANNA SANTOS MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 1400 E. KINCAID ST.  
CITY, STATE, ZIP: MOUNT VERNON WA 98274  
DATE SIGNED: MARCH 27, 2012

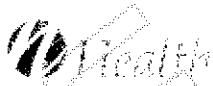
CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NJA #188

ATTENDING PHYSICIAN:  
JOHANNA SANTOS MD

LOCAL DEPUTY REGISTRAR:  
MARIA VIVANCO  
DATE RECEIVED: MARCH 29, 2012

EXHIBIT "A"

DOH 06-003 (6/10)



# Affidavit for Correction

Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
(360) 236-4200

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: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution
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1. Name of record	2. Date of Event	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth or 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:

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"/> Funeral Director <input type="checkbox"/> Other (Specify)	Telephone Number:
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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 registered as received.

All changes must be established by documentary proof submitted with the affidavit.

Examples of documentary proof: Certificate of Naturalization, Hospital Records, Insurance Records, Marriage/Divorce Records, Medical Record, Military Record (DD 214), Birth Record, Passport, 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:

1. The parent(s), legal guardian (if the child is under 18) or the adult themselves (18 or older) may change the birth certificate.
2. The parent(s), legal guardian (if the child is under 18) or the adult themselves (18 or older) may change the birth certificate. For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name is Mary Ann Doe. If the affidavit says the name is Mary Ann Doe, then the proof must show the name is Mary Ann Doe.
3. The parent(s), legal guardian (if the child is under 18) or the adult themselves (18 or older) may change the birth certificate within five years of birth.
4. The parent(s), legal guardian (if the child is under 18) or the adult themselves (18 or older) may change the child's last name with an affidavit for correction, provided:
  - a. The parent(s), legal guardian (if the child is under 18) or the adult themselves (18 or older) must provide a certified copy of a court-ordered name change.
  - b. The parent(s), legal guardian (if the child is under 18) or the adult themselves (18 or older) may change the child's name or father's name (if present on the certificate) or any combination of the two.
  - c. The parent(s), legal guardian (if the child is under 18) or the adult themselves (18 or older) must provide a certified copy of a court-ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
5. Parents may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
6. Only the parent can be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)

### Death Certificates:

1. The physician or the medical examiner or coronator's 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 the death occurred within 10 days of death please contact the county health department where the death occurred to make changes.

### Marriage and Divorce (Exception Certificates):

1. The parent(s), legal guardian (if the child is under 18) or the adult themselves (18 or older) may change the birth certificate within five years of birth.
2. The parent(s), legal guardian (if the child is under 18) or the adult themselves (18 or older) may change the child's name or father's name (if present on the certificate) or any combination of the two.

DOH/CHS 023a 2/14/11



201205140114

Skagit County Auditor

**\*CERTIFIED\***

MAR 29 2012

Howard Leibrand M.D., Health Officer

VV00262795

COMMUNITY PROPERTY AGREEMENT

This agreement made and entered into this 2 day of August, 1976, by and between WILLIAM ANTHONY REINERT and MARGARET ANN REINERT, husband and wife, of Skagit County, Washington, pursuant to the provisions of RCW 26.16.120, providing for agreements between husband and wife for the fixing of the status and position of community property to take effect of the death of either, WITNESSETH:

That in consideration of the love and affection that each of the said parties has for each 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 or 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 aforementioned parties, title to all community property as herein defined shall immediately vest in fee simple in the survivor of them without the necessity of any probate or any other court proceedings subject only to such requirements for payment of inheritance taxes as the State of Washington may impose.

IN WITNESS WHEREOF: The said WILLIAM ANTHONY REINERT and MARGARET ANN REINERT, have hereunto set their hands the 2 day of August, 1976.

Margaret Ann Reinert

William Anthony Reinert

This certifies that on the 2nd day of August, 1976, personally appeared before me WILLIAM ANTHONY REINERT and MARGARET ANN REINERT, husband and wife, to me known to be the individuals who executed the foregoing instrument and acknowledged the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

Stacy Aubel  
NOTARY PUBLIC in and for the  
State of Washington, residing at  
Burlington Mt. Vernon

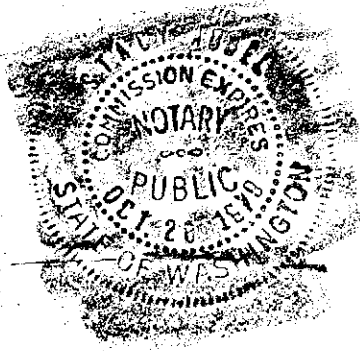


EXHIBIT "B"



201205140114  
Skagit County Auditor

Real property situate in Skagit County, Washington, described as follows:

Lots 10, 11 and 12, Block 52, amended plat of Burlington, according to the plat recorded in the office of the Auditor of Skagit County in Volume 3 of plats, page 17.

Tax Parcel No. P71643

EXHIBIT "C"



201205140114

Skagit County Auditor