



201207130027

Skagit County Auditor

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**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 : Lots 9 and 10, Block 26, Plat of Town of Sedro  
Tax Parcel # P75580

**AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT**

State of Washington )ss.  
County of Skagit )

Florence Jane Hansen, being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of Dennis Neil Hansen, who died at Mount Vernon, County of Skagit, State of Washington, on May 22, 2012 having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated February 1, 2008, 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:

Miscellaneous medical bills

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

**Lots 9 and 10, Block 26, "Plat of Town of Sedro", Skagit County, W. T. as per the plat, recorded in Volume 1 of Plats, Page 17, records of 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 9th day of July, 2012.

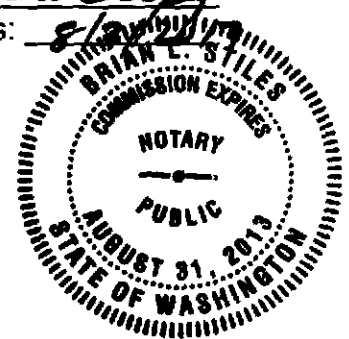
F. Jane Hansen  
Florence Jane Hansen

State of Washington )  
County of Skagit ) ss.

On this day personally appeared before me Florence Jane Hansen, 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 July 9, 2012.

Brian L. Stiles  
NOTARY PUBLIC in and for the  
State of Washington, residing at  
Sedro-Walley  
Commission Expires: 8/31/2013



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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 Dennis Neil Hansen and Florence Jane Hansen, 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, Dennis Neil Hansen and Florence Jane Hansen,  
husband and wife, have hereunto set their hands and seals on

February 1, 2008

Dennis Neil Hansen  
Dennis Neil Hansen

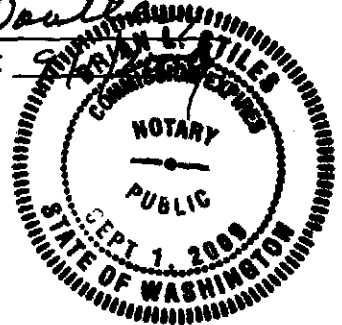
Florence Jane Hansen  
Florence Jane Hansen

STATE OF WASHINGTON ) ss.  
COUNTY OF SKAGIT )

This certifies that Dennis Neil Hansen and Florence Jane Hansen, 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 February 1, 2008

Brian L. Stiles  
NOTARY PUBLIC in and for the  
State of Washington, residing at  
Redo-Waugh  
Commission expires: Sept 1, 2009



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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2012-005913

DATE ISSUED: 05/23/2012

FEE NUMBER: 000000029

GIVEN NAMES: DENNIS NEIL  
LAST NAME: HANSEN

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MAY 22, 2012  
HOUR OF DEATH: 04:05 A.M.  
SEX: MALE  
AGE: 66 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: CARROLL, CARROLL CNTY, IOWA

MARITAL STATUS: MARRIED  
SPOUSE: FLORENCE JANE BOOS

OCCUPATION: FARMER  
INDUSTRY: AGRICULTURE  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES? NO

INFORMANT: FLORENCE JANE HANSEN  
RELATIONSHIP: SPOUSE  
ADDRESS: 439 STERLING STREET, SEDRO-WOOLLEY, WA 98284

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 439 STERLING STREET  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 13 YEARS

FATHER: LEO BRODER NEHLS HANSEN  
MOTHER: OPAL MAXINE [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MT. VERNON CEMETERY CREMATORY  
CITY, STATE, ZIP: MOUNT VERNON, WA  
DISPOSITION DATE: MAY 23, 2012

FUNERAL FACILITY: LEMLEY CHAPEL  
ADDRESS: 1008 THIRD ST  
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284  
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

CAUSE OF DEATH:  
A. CANCER OF PANCREAS, METASTATIC  
INTERVAL: 1 YEAR

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
CHRONIC OBSTRUCTIVE PULMONARY DISEASE, PULMONARY EMBOLISM, ANEMIA

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

LOCATION OF INJURY:

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

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

CERTIFIER NAME: STEVAN W. LUTHER, MD  
TITLE: PHYSICIAN  
ADDRESS: PO BOX 450  
CITY, STATE, ZIP: SEDRO-WOOLLEY WA 98284  
DATE SIGNED: MAY 23, 2012

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

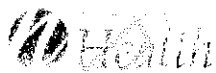
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CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
MARIA VIVANCO  
DATE RECEIVED: MAY 23, 2012

DOH 01-003 (6/10)



# Affidavit for Correction

Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
(360) 236-4300

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. 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: \_\_\_\_\_ 17. Address: \_\_\_\_\_

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, 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, Death Record. 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.
  - All 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 executor/administrator (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 2-14-11



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**\*CERTIFIED\***  
 MAY 23 2012  
 [Signature]  
 Skagit County Health Department  
 Howard Leibrand M.D., Health Officer

VV00360332