



201209140025

Skagit County Auditor

9/14/2012 Page 1 of 6 10:36AM

**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: Anderson-Hilde Plat Lot 11
Tax Parcel #: P79654

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

State of Washington)ss.
County of Skagit)

Margaret A. Miller, being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of James D. Miller, who died at Sedro-Woolley, County of Skagit, State of Washington, on August 21, 2012 having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated July 30, 2012, 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

Parcel P79654
Anderson-Hilde Plat Lot 11
804 Dana Dr. Sedro-Woolley, 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 12th day of September, 2012.

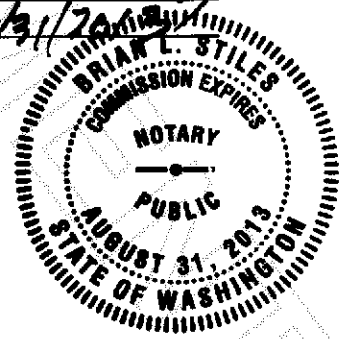
Margaret A. Miller
Margaret A. Miller

State of Washington)
County of Skagit) ss.

On this day personally appeared before me Margaret A. Miller, 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 September 12, 2012.

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



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 James D. Miller and Margaret A. Miller, 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.



201209140025
Skagit County Auditor

IN WITNESS WHEREOF, James D. Miller and Margaret A. Miller, husband and wife, have hereunto set their hands and seals on

July 30, 2012

James D. Miller
James D. Miller

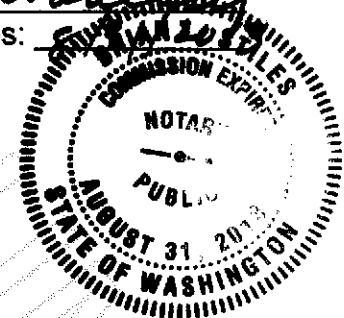
Margaret A. Miller
Margaret A. Miller

STATE OF WASHINGTON) ss.
COUNTY OF SKAGIT)

This certifies that James D. Miller and Margaret A. Miller, 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 July 30, 2012

[Signature]
NOTARY PUBLIC in and for the
State of Washington, residing at
[Signature]
Commission expires: [Signature]



201209140025
Skagit County Auditor

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2012-010436

DATE ISSUED: 08/29/2012

FEE NUMBER: 000000029

GIVEN NAMES: JAMES DOUGLAS
LAST NAME: MILLER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: August 21, 2012
HOUR OF DEATH: 11:07 P.M.
SEX: MALE
AGE: 70 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: PORTLAND, MULTNOMAH CNTY, OREGON

MARITAL STATUS: MARRIED
SPOUSE: MARGARET ANNE WHITLAM

OCCUPATION: REGISTERED NURSE
INDUSTRY: HEALTH CARE
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? YES

INFORMANT: MARGARET MILLER
RELATIONSHIP: WIFE
ADDRESS: 804 DANA DRIVE SEDRO-WOOLLEY, WA 98284

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 804 DANA DRIVE
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 804 DANA DRIVE
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 25 YEARS

FATHER: RAYMOND MARTIN MILLER
MOTHER: CLARA GENEVIVE [REDACTED]

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

FUNERAL FACILITY: LEMLEY CHAPEL
ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
FUNERAL DIRECTOR: TOBI G. STIDMAN

CAUSE OF DEATH:
A. STAGE 4 LUNG CANCER METASTASES OF PLEURA, PERICARDIUM, SKELETON, MEDIASTINAL NODES
INTERVAL: 4 MONTHS

B. INTERVAL:
C. INTERVAL:
D. INTERVAL:



201209140025
Skagit County Auditor

OTHER CONDITIONS CONTRIBUTING TO DEATH:

9/14/2012 Page 5 of 6 10:38AM

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: HOUSHANG SHETABI, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 2000 HOSPITAL DRIVE
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
DATE SIGNED: AUGUST 23, 2012

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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



CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 483
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: AUGUST 23, 2012



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/Territory Number	File Number	Initials	Date	Affidavit Number
------------------------	-------------	----------	------	------------------

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 forgoing 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 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 16 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true facts. 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 of 18, 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.
- Parents may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- Use of Sperm Donor should be added to 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 facts) (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.

DC-4/CHS 023a 2/14/11



201209140025
Skagit County Auditor

9/14/2012 Page 6 of 6 10:36AM

CERTIFIED

AUG 29 2012

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

VV00363240