

AFTER RECORDING MAIL TO:

JAMES L. KOTSCHWAR
Attorney at Law
265 NE Kettle Street
Post Office Box 1593
Oak Harbor, Washington 98277



201211020074

Skagit County Auditor

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Document Title:

COMMUNITY PROPERTY AGREEMENT WITH DEATH CERTIFICATE

Grantor:

Delmon Leroy Anderson

Grantee:

Public

Assessor's Property Tax Parcel Acct. No.

P61962

Abbreviated Legal Description:

Tract 6, Big Lake Waterfront Tracts, Map Book 4, Map Page 12

Complete legal description attached as Exhibit "A"

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2012 3512

NOV 02 2012

Amount Paid \$
Skagit Co. Treasurer
By *mm* Deputy

NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

COMMUNITY PROPERTY AGREEMENT

700
C

90008640

KNOW ALL PERSONS BY THESE PRESENTS:

This agreement, made and entered into this 23 day of April, 1990,
by and between Delmon Leroy Anderson
and Juanita Mae Anderson, husband and wife,
of Island County, State of Washington, pursuant to the provisions of
§26.16.120RCW, permitting agreements between husband and wife fixing 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 us has for each other, and in consideration of the mutual
benefits to be derived by each of us, it is hereby agreed, covenanted, and promised as follows:

I.

That all property of whatsoever nature or description whether real, personal or mixed and
wheresoever situated now owned or hereafter acquired by us or either of us, including separate
property, shall be considered and is hereby declared to be community property, and each of us
hereby conveys and quit claims to the other his or her interest in any separate property he or she
now owns or hereafter acquires so as to convert the same to community property.

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PAGE 1415
Delmon & Juanita Anderson
MAY 11 11 28 AM '90

II.

That upon the death of either of us, title to all community property as herein defined shall
immediately vest in fee simple in the survivor.

H.H. FERRER AUDITOR
ISLAND COUNTY WASH
Deputy DEPUTY

IN WITNESS WHEREOF, we Juanita Mae Anderson
and Delmon Leroy Anderson have hereunto set our hands
this 23 day of April, 1990.

Betta Meaux WITNESS Delmon Leroy Anderson SPOUSE
Susan M. McCauley WITNESS Juanita Mae Anderson SPOUSE



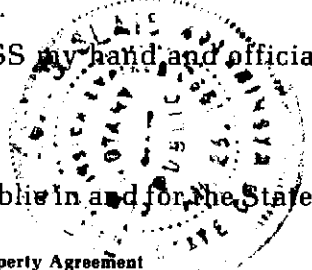
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STATE OF WASHINGTON,
County of Island } ss.

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This is to certify on this 23rd day of April, 1990, before me
Helene Agnes Nais a Notary Public in and for the State of Washington
duly commissioned and sworn, personally came Juanita Mae Anderson
and Delmon Leroy Anderson husband and wife, to me known to be the
individual described in and who executed the within 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.

WITNESS my hand and official seal the day and year in this certificate first above written.



Notary Public in and for the State of Washington, residing at Oak Harbor

My commission expires 1-29-92

4774 N. Jones Rd.
Oak Harbor 98277

EXHIBIT "A"

LEGAL DESCRIPTION:

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON:

That portion of Tract 6 of Big Lake Waterfront Tracts, Skagit County, Washington, as per plat recorded in Volume 4 of Plats, page 12, records of Skagit County, described as follows:

Beginning at the Northwest corner of said Tract 6;
thence Southerly along the Westerly line thereof 50 feet, more or less, to the Westerly extension of the Northerly line of an existing garage building (as said building existed on January 2, 1958);
thence Easterly along said line of said garage building and said line extended to a point 10 feet Easterly of the Northeast corner thereof;
thence Southerly along a line 10 feet East of and parallel to the East line of said garage building to a point on a line that is 75 feet Southerly of and parallel to the Northerly line of said Tract 6;
thence Easterly along said parallel line, and said line extended, to the Easterly line of said Tract 6;
thence Northerly along the Easterly line of said Tract to the Northeast corner thereof;
thence Westerly along the North line of said Tract to the point of beginning.



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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2012-010913

DATE ISSUED: 09/04/2012

FEE NUMBER: 000000029

GIVEN NAMES: DELMON LEROY
LAST NAME: ANDERSON

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 21, 2012
HOUR OF DEATH: 11:09 A.M.
SEX: MALE
AGE: 89 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: JULY 11, 1923
BIRTHPLACE: OAK HARBOR, ISLAND CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: JUANITA VAN DYK

OCCUPATION: BUSINESS OWNER
INDUSTRY: LAUNDRY/DRY CLEANING
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? NO

INFORMANT: JUANITA ANDERSON
RELATIONSHIP: WIFE
ADDRESS: 4774 JONES RD. OAK HARBOR, WA 98277

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: ISLAND HOSPITAL
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 4774 JONES ROAD
CITY, STATE, ZIP: OAK HARBOR, WASHINGTON 98277
INSIDE CITY LIMITS? NO
COUNTY: ISLAND
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 89 YEARS

FATHER: ANKER ANDERSON
MOTHER: EMILLIE CHRISTENSEN

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: BURLEY FUNERAL CHAPEL INC.
CITY, STATE: OAK HARBOR, WA
DISPOSITION DATE: AUGUST 29, 2012

FUNERAL FACILITY: BURLEY FUNERAL CHAPEL
ADDRESS: 30 SE ELY STREET
CITY, STATE, ZIP: OAK HARBOR WA 98277
FUNERAL DIRECTOR: JAMES C. HADDON

- CAUSE OF DEATH:
- A. SUDDEN CARDIAC ARREST
INTERVAL: 12 HOURS
 - B. BLUNT FORCE TRAUMA TO LOWER EXTREMITIES
INTERVAL: MONTHS
 - C. INTERVAL:
 - D. INTERVAL:



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OTHER CONDITIONS CONTRIBUTING TO DEATH:
RECENT HIP FRACTURE WITH REPAIR, REMOTE MOTOR VEHICLE ACCIDENT WITH MULTIPLE TRAUMA AND SURGICAL PROCEDURES

DATE OF INJURY: JANUARY 23, 2012
HOUR OF INJURY: 07:45 A.M.
INJURY AT WORK? NO
PLACE OF INJURY: ROADWAY

LOCATION OF INJURY: 4700 BLOCK OF JONES ROAD

CITY, STATE, ZIP: OAK HARBOR, WASHINGTON 98277
COUNTY: ISLAND

DESCRIBE HOW INJURY OCCURRED:
LOST CONTROL OF VEHICLE DURING ICE/SNOW CONDITIONS
AND CRASHED DOWN EMBANKMENT

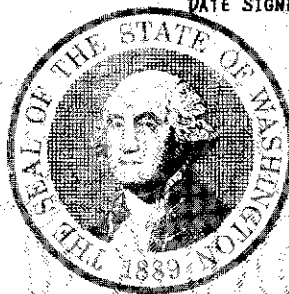
MANNER OF DEATH: ACCIDENT
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

ME/CORONER: ROBERT M. CLARK
TITLE: CORONER
ME/CORONER
ADDRESS: 700 S. 2ND STREET, ROOM 100
CITY, STATE, ZIP: MOUNT VERNON WA 98273
DATE SIGNED: AUGUST 31, 2012

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
DRIVER

ITEM(S) AMENDED: NONE

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

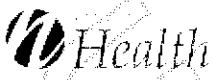


CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 145-12

ATTENDING PHYSICIAN:
TONY BARTLEY MD

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: SEPTEMBER 04, 2012

DOH 01-003 (6/10)



Affidavit for Correction

Center for Health Statistics
PO Box 47614
Olympia, WA 98504-7614
(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, Divorce, or 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 Funeral Director 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: _____

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 (adult and under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The parent(s) must truthfully identify the person and 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 Ann (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 18, the parent(s), or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a true name only with no subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age 18, 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 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:

- Persona factis) (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.



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Skagit County Auditor

CERTIFIED

SEP 04 2012

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

VV00363377