



201301250107

Skagit County Auditor

After recording please return to:

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5 10:18AM

Geraldine C. Parker
1415 Alpine View Place
Mount Vernon, WA 98274

RECORDING COVER PAGE

DOCUMENT TITLE: AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

GRANTOR: VERNON L. PARKER

GRANTEE: GERALDINE C. PARKER

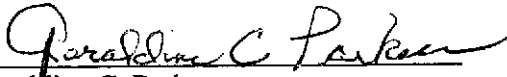
REFERENCE NUMBERS OF RELATED DOCUMENTS: 201006150033 and
201301030044

**AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT
OF
VERNON L. PARKER AND GERALDINE C. PARKER**

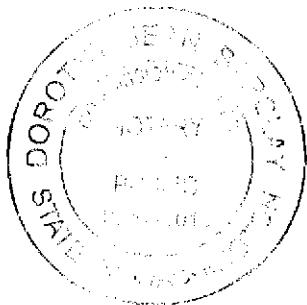
State of Washington)
) ss.
County of Skagit)

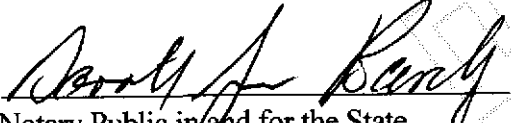
Geraldine C. Parker, being first duly sworn, deposes and says:

1. I am the surviving spouse of Vernon L. Parker, who died on December 11, 2012. A certified copy of Vernon L. Parker's death certificate is attached to this Affidavit and is incorporated by this reference.
2. Vernon L. Parker and I, as husband and wife, executed a Community Property Agreement on February 19, 1974, which provided for the disposition of all community property as between ourselves. The original Community Property Agreement is attached to this Affidavit and is incorporated by this reference.
3. The Community Property Agreement was validly executed, and was in full force and effect on the date of Vernon L. Parker's death.
4. By virtue of the Community Property Agreement, all property owned by Vernon L. Parker passed to me as sole owner.
5. There are no unpaid creditors of Vernon L. Parker, nor unpaid funeral expenses or expenses of last illness. No state or federal estate tax is due on his estate.
6. This Affidavit is made to induce a title company to issue its policies of title insurance on real property passing to the surviving spouse, and to induce financial institutions to transfer funds or securities, by virtue of said Community Property Agreement, and in reliance upon the representations set forth above.


Geraldine C. Parker

Subscribed and sworn to before me this 22 day of January, 2013 by Geraldine C. Parker.




Notary Public in and for the State
of Washington, residing at Sea to Sky
My Commission Expires: 12/14/2013



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Skagit County Auditor

Affidavit Regarding Community Property Agreement

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2012-016630

DATE ISSUED: 12/14/2012

FEE NUMBER: 0000000029

GIVEN NAMES: VERNON LEROY
LAST NAME: PARKER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 11, 2012
HOUR OF DEATH: 04:22 A.M.
SEX: MALE
AGE: 85 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: SEATTLE, KING CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: GERALDINE C. WILBERDING

OCCUPATION: MANAGER
INDUSTRY: PULP & PAPER MILL
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? YES

INFORMANT: GERALDINE C. PARKER
RELATIONSHIP: SPOUSE
ADDRESS: 1415 ALPINE VIEW PLACE MOUNT VERNON, WA 98273

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1415 ALPINE VIEW PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 1415 ALPINE VIEW PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER: CHESTER ARTHUR PARKER
MOTHER: DOROTHY IRENE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: QUEEN ANNE CREMATORY
CITY, STATE: SEATTLE, WA
DISPOSITION DATE: DECEMBER 14, 2012

FUNERAL FACILITY: CREMATION SOCIETY NORTHWEST
ADDRESS: 520 WEST RAVE STREET
CITY, STATE, ZIP: SEATTLE WA 98119
FUNERAL DIRECTOR: ANTONIO B. PERICI

CAUSE OF DEATH:
A. MYELODYSPLASTIC SYNDROME - BLOOD / ANEMIA
INTERVAL: 16 MONTHS

B.
INTERVAL:

C.
INTERVAL:

D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
CONGESTIVE HEART FAILURE

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: UNKNOWN
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? UNKNOWN
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: RYAN GUANZON, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1400 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: DECEMBER 12, 2012



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

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: DECEMBER 12, 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 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: <input checked="" type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution
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1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Maiden 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.
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8.	9.
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10.	11.
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12.	13.
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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.

Most changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Numident Report (Social Security Administration)	School Transcripts (Official)
	Hospital /Medical Record	Military Record (DD-274)	Voter's Registration Card (if it bears an effective date)
	Life Insurance Policy	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Record	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 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.
- Child (under 18)**
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
- Adult (18 years or older)**
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - 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 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 January 2012



201301250107
Skagit County Auditor

CERTIFIED

DEC 14 2012

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

XX00025284

COMMUNITY PROPERTY AGREEMENT

THIS IS AN AGREEMENT dated the 19th day of February,
1974, between VERNON L. PARKER and GERALDINE C. PARKER,
husband and wife, pursuant to the provisions of RCW 26.16.120, provid-
ing for agreements between husband and wife for the fixing of the
status and disposition of community property to take effect upon the
death of either. It Is Hereby Agreed as follows:

1. All property of whatsoever nature or description, whether
real, personal or mixed, and wheresoever situated, now owned or here-
after acquired by the parties, or either of them, in any manner,
shall be considered and is hereby declared to be community property.
For the purpose of constituting all property community property, each
party to this agreement transfers, conveys and quit claims to the
other an undivided one-half (1/2) interest in and to any and all
separate property presently owned or which may be hereafter acquired.

2. Upon the death of either of the parties hereto, absolute
ownership and title to all community property, as defined in the
preceding paragraph, shall immediately vest in the survivor of them.

3. The entry of a Decree of Divorce between the parties hereto
shall automatically terminate this agreement.

4. In the event of mental incompetency of one of the parties
hereto or for any other valid reason, either party may petition the
Superior Court to amend or terminate this agreement and the Court
shall have the right to take such action as it deems best.

IN WITNESS WHEREOF, the parties hereto have executed this
agreement the day and year first above written.

Vernon L. Parker
Husband

Geraldine C. Parker
Wife

STATE OF WASHINGTON)
ss.
County of Snohomish)

On this day personally appeared before me VERNON L. PARKER
and GERALDINE C. PARKER, husband and wife, to me known to be the
individuals described in and who executed the foregoing instrument,
and acknowledged that they signed the same as their free and volun-
tary act and deed, for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto fixed my hand and official
seal this 19th day of February, 1974.

Barclay D. Miller
Notary Public in and for the State
of Washington, residing at Everett.