



Skagit County Auditor

Page 1 of 3

5. PHILLIP L. NEWTON, JR. and RITA C. NEWTON own real property situated at 2522 Stonebridge Way, Mount Vernon, Washington 98273, bearing the legal description as follows:

Unit 24, STONEBRIDGE CONDOMINIUM, according to the SIXTH AMENDED DECLARATION THEREOF recorded August 20, 2003, under Auditor's File Number 200308200025, AND FOURTH AMENDED SURVEY MAP AND PLANS THEREOF recorded October 11, 2002 under Auditor's File Number 200210110206, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

Tax Parcel No. P119613.

6. All debts of the decedent and/or the marital community, including, but not limited to all expenses due to decedent's last illness, funeral and burial have been fully paid. There are no federal or state succession or inheritance taxes due on account of the death of PHILLIP L. NEWTON, JR..

7. The decedent had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.

8. As of the date of death, the value of all community property of the decedent was approximately \$ 320.00. The value of all separate property of the decedent was approximately \$ -0-.

9. The statements set forth in this affidavit are representations of fact that may be relied upon by all parties dealing with said real property and the personal property of the decedent.

DATED this 13 day of March 2013.

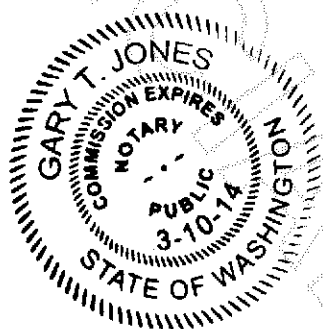
Rita C. Newton
RITA C. NEWTON



STATE OF WASHINGTON)
)
COUNTY OF SKAGIT)

On this day personally appeared before me RITA C. NEWTON, to me known to be the individual described in and 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 this 13th day of March 2013.



Gary T. Jones
NOTARY PUBLIC in and for
The state of Washington
Residing at: Mount Vernon
My commission expires: 3/10/2014



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-002228

DATE ISSUED: 02/15/2013

FEE NUMBER: 0000310213

GIVEN NAMES: PHILLIP LINDSEY
LAST NAME: NEWTON

SUFFIX: JR

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 02, 2013
HOUR OF DEATH: 06:30 A.M.
SEX: MALE
AGE: 85 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: FLORENCE, LAUDERDALE CNTY, ALABAMA

MARITAL STATUS: MARRIED
SPOUSE: RITA CHEATHAM

OCCUPATION: LIEUTENANT COLONEL
INDUSTRY: MILITARY
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? YES

INFORMANT: RITA NEWTON
RELATIONSHIP: SPOUSE
ADDRESS: 2522 STONEBRIDGE WAY MOUNT VERNON, WA 98273

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 2522 STONEBRIDGE WAY
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 2522 STONEBRIDGE WAY
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER: PHILLIP NEWTON SR
MOTHER: VIRGINIA [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATOR
CITY, STATE: SEATTLE, WA
DISPOSITION DATE: FEBRUARY 06, 2013

FUNERAL FACILITY: NEPTUNE SOCIETY
ADDRESS: 19324 - 40TH AVE W, STE A
CITY, STATE, ZIP: LYNNWOOD WA 98036
FUNERAL DIRECTOR: ED J. SUDDERTH

CAUSE OF DEATH:
A. RENAL FAILURE
INTERVAL: DAYS
B. RENAL DISEASE
INTERVAL: YEARS
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
ADULT FAILURE TO THRIVE, CHRONIC PAIN

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



201303130118
Skagit County Auditor

3/13/2013 Page 4 of 9 3:02PM

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

CERTIFIER NAME: WAYNE S. MARTIN, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: PO BOX 468
CITY, STATE, ZIP: BURLINGTON WA 98233
DATE SIGNED: FEBRUARY 05, 2013



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

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: FEBRUARY 06, 2013

DOH 01-003 (12/11)



Affidavit for Correction

Center for Health Statistics
P.O. Box 47614
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.
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.

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-214)	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:

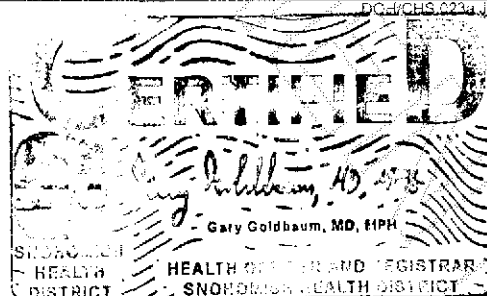
- Personal fact(s) (minor spelling changes in name, date, or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023a January 2012



201303130118

Skagit County Auditor



XX00083342

10.10.2013

COMMUNITY PROPERTY AGREEMENT

AGREEMENT made in Skagit County, Washington, this 28 day of May, 2003, between PHILLIP L. NEWTON, JR., ("Husband") and RITA C. NEWTON ("Wife"), husband and wife, both of whom are domiciled in the State of Washington, in consideration of their mutual covenants set forth below, the parties declare as follows:

1. Property Covered. This Agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife, except for property for which a separate beneficiary designation has been or is hereafter made by Husband or Wife and approved in writing by the other spouse. Even though some items may have been or may be purchased or acquired by one or the other or both, or may have been or may be registered in the name of one or the other or both, all such property is referred to in this Agreement as the "described community property."

2. Vesting at Death of a Spouse. If Husband dies and Wife survives him, all of the described community property shall vest in Wife as of the moment of Husband's death. If Wife dies and Husband survives her, all of the described Community property shall vest in Husband as of the moment of Wife's death.

3. Disclaimer. Upon the death of either spouse, the surviving spouse may disclaim

any interest passing under this Agreement in whole or in part, or with reference to specific parts, shares, or property, in which event the interest disclaimed shall pass as if the provisions of section 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition, applicable to the disclaimed interest.

4. Automatic Revocation. The provisions of section 2 above shall be automatically revoked:

- a. Upon the filing by either party of a petition, complaint, or other pleading for separation, dissolution, or divorce; or
- b. Upon the establishment of a domicile out of the State of Washington by either party; or
- c. Immediately prior to death, if the order of death cannot be ascertained.

5. Optional Revocation by One Party. If either party becomes disabled, the other party shall have the power to terminate the provisions of section 2 above, and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardian(s), if any, of the person and of the estate of the disabled person. For purposes of this paragraph, a spouse shall be deemed disabled if a person duly licensed to practice medicine in the state of Washington signs a statement declaring that the person is unable to manage his or her own affairs.

6. Powers of Appointment. This Agreement shall not affect any power of appointment now held by or hereafter given to Husband or Wife or both of them, nor shall it obligate Husband or Wife or both of them to exercise any such power of appointment in any way.

7. Revocation of Inconsistent Agreements. To the extent this Agreement is inconsistent with the provisions of any Community Property Agreement, Will, or other arrangement previously made by the parties which affect the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

IN WITNESS WHEREOF, the said PHILLIP L. NEWTON, JR. and RITA C. NEWTON have hereunto set their signatures this 28th day of May, 2003.

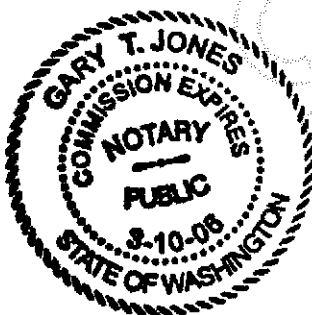
Phillip L. Newton
PHILLIP L. NEWTON, JR.

Rita C. Newton
RITA C. NEWTON

STATE OF WASHINGTON)
) ss
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that PHILLIP L. NEWTON, JR. and RITA C. NEWTON, are the persons who appeared before me, and said persons acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act, for the uses and purposes mentioned in the instrument.

Dated: May 28, 2007



Signature: [Signature]

Printed Name: GARY T. JONES

Notary Public

My Appointment Expires: 3/10/2006



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