201304110030
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: SW ¼ of the SW ¼ of Section 10, Township 35 N., Range 6 E, W.M.
Tax Parcel #: P40938 / 350610-0-003-0008

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

State of Washington)ss.
County of Skagit)

Darlene A. Mailliard, being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of Richard C. Mailliard, who died at Sedro-Woolley, County of Skagit, State of Washington, on July 22, 2012, having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated August 19, 2004, 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:

> Lot 1 of Skagit County Short Plat No. 29-78, approved May 23, 1978, and recorded May 25, 1978, in Volume 2 of Short Plats, page 217, under Auditor's File no. 880182, records of Skagit County, Washington, being a portion of the Southwest ¼ of the Southwest ¼ of Section 10, Township 35 North, Range 6 East, W.M., 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.

Date: April 5, 2013

Darlene A. Mailliard
Darlene A. Mailliard

State of Washington)
County of Skagit) ss.

On this day personally appeared before me Darlene A. Mailliard, 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 April 5th, 2013.

BROCK D. STILES
COMMISSION EXPIRES
NOTARY
PUBLIC
JUNE 19, 2014
STATE OF WASHINGTON

Brock D Stiles
NOTARY PUBLIC in and for the
State of Washington, residing at
Sedro-Woolley
Commission Expires: 6-19-14

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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 Richard C. Mailliard and Darlene A. Mailliard , 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.

W I T N E S S E T H:

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.

IN WITNESS WHEREOF, the said Richard C. Mailliard and Darlene A. Mailliard , husband and wife, have hereunto set their hands and seals this 19th of August, 2004.

Richard C. Mailliard

Darlene A. Mailliard

STATE OF WASHINGTON) ss.
COUNTY OF SKAGIT)

This certifies that Richard C. Mailliard and Darlene A. Mailliard , 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 this 19 of August, 2004

KATHY M. METCALF NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES APRIL 12, 2006

Kathy M. Metcalf
NOTARYPUBLIC in and for the State of Washington, residing at Sedro Woolley
Commission expires: 4-12-2006

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2012-008908

DATE ISSUED: 08/06/2012

FEE NUMBER: 0000000029

GIVEN NAMES: RICHARD CHARLES
LAST NAME: MAILLIARD

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JULY 22,2012
HOUR OF DEATH: 01:14 P.M.
SEX: MALE
AGE: 79 YEARS
SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: FEBRUARY 27,1933
BIRTHPLACE: MEADVILLE, CRAWFORD CNTY, PENNSYLVANIA

MARITAL STATUS: MARRIED
SPOUSE: DARLENE AGNES SNOOZY

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

INFORMANT: DARLENE MAILLIARD
RELATIONSHIP: SPOUSE
ADDRESS: 32648 COCKREHAM ISLAND ROAD SEDRO-WOOLLEY, WA 98284

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 32648 COCKREHAM ISLAND ROAD
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 32648 COCKREHAM ISLAND ROAD
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 44 YEARS

FATHER: ALBERT EDWARD MAILLIARD
MOTHER: MARGARET SARAH

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MT. VERNON CEMETERY CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: JULY 25,2012

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

CAUSE OF DEATH:
A. VENTRICULAR FIBRILLATION
INTERVAL: MINUTES
B. PROFOUND METABOLIC ACIDOSIS
INTERVAL: HOURS
C. INTESTINAL OBSTRUCTION
INTERVAL: HOURS
D. METASTATIC ADENOCARCINOMA OF THE COLON
INTERVAL: 4 WEEKS

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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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? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: RICO ROMANO, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1990 HOSPITAL DRIVE, SUITE 200
CITY,STATE,ZIP: SEDRO WOOLLEY WA 98284
DATE SIGNED: JULY 24,2012

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

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

ITEM(S) AMENDED: NONE

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

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: JULY 25,2012

DOH 01-003 (6/10)

Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

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

STATE OFFICE USE ONLY

State File Number	Fee 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:

The Record now states:	The True fact is:
6.	7.
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, Hospital Records, Insurance Records, Marriage/Divorce Records, Medical Record, Military Record (DD 214), Birth Record, Passport, School Transcripts, Voter's Registration Card (if it bears an effective date), Alien Registration Card (front and back), We do not accept: Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:
1. Only a parent, legal guardian if the child is under 18), or the adult themselves (18 or older) may change the birth certificate.
2. The proof submitted must clearly prove the requested 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, not just Mary or M. A. Doe does not prove the name is Mary Ann Doe.
3. Proof must be from when the child is born or have been established within five years of birth.
4. Up to one time, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
   - This is the only change. Subsequent changes will require a certified copy of a court ordered name change.
   - The new last name may be that of the mother, father, father's name (if present on the certificate) or any combination of the two.
   - Also, any other last name changes will require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
5. 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).
6. This affidavit cannot be used to add a father to a birth certificate. **(Use the paternity affidavit – form DOH/CHS 021)**

Death Certificates:
1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. 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:
1. 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.
2. To change the date or place of marriage or dissolution, the official (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023a 2/14/11

CERTIFIED
AUG 06 2012
Skagit County Public Health Department
Howard Leibrand M.D., Health Officer

VV00362302