

**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**



Skagit County Auditor

\$78.00

6/24/2013 Page

1 of

7 11:11AM

=====  
Grantor(s): Jack Edward Herman  
Grantee(s): Sarah Ann Herman  
Assessor's Tax Parcel #'s: 330408-3-012-0009 / P16543

**AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT**

State of Washington        )  
  )ss.  
County of Skagit            )

SARAH ANN HERMAN, being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of Jack Edward Herman, who died at Mount Vernon, County of Skagit, State of Washington, on April 17, 2013 having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated April 27, 2007, 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 real property located at 19286 Nelson Road, Mount Vernon, Washington 98274; described as follows:

(1.9400 ac) W 355FT OF N 248.45FT OF SE1/4 SW1/4 EX CDT 17 DK 3 RD

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.

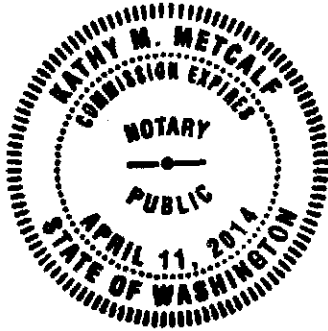
DATED: June 18 2013.

Sarah Ann Herman  
Sarah Ann Herman

State of Washington )  
  )ss.  
County of Skagit )

On this day personally appeared before me Sarah Ann Herman, 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 June 18, 2013



Kathy Metcalf  
NOTARY PUBLIC in and for the  
State of Washington, residing at  
Sedro Woolley  
Commission Expires: 4-11-2014



201306240134

**AGREEMENT CONCERNING STATUS AND DISPOSITION OF  
COMMUNITY AND SEPARATE PROPERTY**

THE PARTIES HERETO, JACK EDWARD HERMAN, hereinafter called "husband", and SARAH ANN HERMAN, hereinafter called "wife",

WITNESSETH: THAT whereas husband and wife are residents of Skagit County, Washington, and are the owners of certain community and separate property, and are desirous that said property, together with all after acquired property, shall pass without delay or expense upon the death of either to the survivor, now, therefore,

FOR AND IN CONSIDERATION OF ONE DOLLAR and love and affection that each of the parties bears for the other; and pursuant to the laws of the State of Washington, it is hereby agreed as follows:

I.

THAT upon the death of the first spouse hereto, each and every item of his or her separate property, if any, EXCEPT for a certain parcel of real property located in Perry County, Pennsylvania, more fully described below in Paragraph IV, shall be at the time of said death, conveyed, transferred, assigned, set over, deemed esteemed, constituted and regarded as the community property of both parties as husband and wife.

II.

IN THE EVENT of the death of husband while wife survives, then all community property, including such property that is converted into community property under the preceding paragraph, which the parties may then own, or be entitled to, shall at once vest in wife free from any and all claims of any other heirs of husband. In the event of the death of wife while husband survives, then all of the community property as defined herein, which the parties may then own or be entitled to, shall at once vest in husband free from any and all claims of any other heirs of wife.

III.

IF THE PARTIES hereto have executed, or in the future execute, a Last Will and Testament disposing of their respective interest in property, which for any reason may not be effectively disposed of by this agreement upon the death of one and the survival of the other, and also disposing of the property of the parties, or the survivor thereof in the event of a common disaster, or upon the subsequent death of the survivor of this agreement, then it is agreed neither this instrument nor said Will shall derogate from the force and effect of the other, PROVIDED HOWEVER, that in the event of any inconsistency between this agreement and the Will of either party in effect, upon such party's death while the other party survives, this agreement shall prevail.



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IV.

THE PARTIES hereto acknowledge that Sarah Ann Herman (also known of record as Sally Ann Herman) owns, as her separate estate, an interest in real property located in Jackson Township, Perry County, Pennsylvania, pursuant to deed from Frank Singer and Myrtle Singer, his wife, dated June 21, 1974, and recorded June 21, 1974, in Perry County Deed Book 237, pages 138-139, and more completely described as:

Bounded on the North by lands now or formerly of Rufus Bradfield; on the East by lands of same and lands now or formerly of Daniel Reber Estate; on the South by lands now or formerly of Lawrence Robinson; and on the West by lands now or formerly of WM. Cooney, containing 31 acres and 102 perches, more or less, having thereon erected a two story building.

Being the same piece, parcel or tract of land conveyed by Niles J. Keck and Orpha C. Keck, his wife, to Frank Singer and Myrtle E. Singer, his wife, by deed dated 20 March 1941, recorded in Perry County Deed Book 124, page 312.

The parties hereto agree and the above described Pennsylvania property shall not be subject to the provisions of this community property agreement. However, all other property of the parties shall be governed by the terms of this agreement.

IN WITNESS WHEREOF, we have hereunto set our hands and seals this 27 day of Sept, 2007.

Jack E Herman  
JACK EDWARD HERMAN

Sarah Ann Herman  
SARAH ANN HERMAN

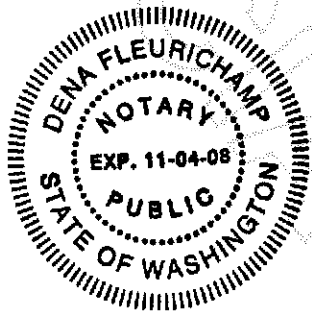


Skagit County Auditor \$78.00  
6/24/2013 Page 4 of 7 11:11AM

STATE OF WASHINGTON )  
 : SS  
COUNTY OF SKAGIT )

ON THIS DAY personally appeared before me JACK EDWARD HERMAN and SARAH ANN HERMAN, his wife, to me known to be the individuals described in the foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 27<sup>th</sup> day of April, 2007.



Dena Fleurichamp  
Dena Fleurichamp  
NOTARY PUBLIC in and for the State of  
Washington, residing at Sedro Woolley.

My commission expires: 11/4/2008



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-007236

DATE ISSUED: 04/24/2013

FEE NUMBER: 000000029

GIVEN NAMES: JACK EDWARD  
LAST NAME: HERMAN

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: APRIL 17, 2013  
HOUR OF DEATH: 07:20 P.M.  
SEX: MALE  
AGE: 84 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: MARCH 31, 1927  
BIRTHPLACE: PORT ANGELES, CLALLAM CNTY, WASHINGTON

MARITAL STATUS: MARRIED  
SPOUSE: SARAH ANN SINGER

OCCUPATION: CARPENTER  
INDUSTRY: CONSTRUCTION  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? YES

INFORMANT: SARAH ANN HERMAN  
RELATIONSHIP: WIFE  
ADDRESS: 19286 NELSON ROAD MOUNT VERNON, WA 98274

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 19286 NELSON ROAD  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 19286 NELSON ROAD  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
INSIDE CITY LIMITS? NO  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 48 YEARS

FATHER: OTTO HERMAN  
MOTHER: MARIE MAGDELINE

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MT. VERNON CEMETERY CREMATORY  
CITY, STATE: MOUNT VERNON, WA  
DISPOSITION DATE: APRIL 24, 2013

FUNERAL FACILITY: KERN FUNERAL HOME  
ADDRESS: 1122 S. 3RD STREET  
CITY, STATE, ZIP: MT. VERNON WA 98273  
FUNERAL DIRECTOR: REX E. WATT

CAUSE OF DEATH:

- A. CARDIAC ARREST  
INTERVAL: SECONDS
- B. PROBABLE VENTRICULAR FIBRILLATION  
INTERVAL: SECONDS
- C. CORONARY ARTERY DISEASE  
INTERVAL: YEARS
- D.  
INTERVAL:



201306240134

Skagit County Auditor \$78.00  
6/24/2013 Page 8 of 7 11:11AM

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
ISCHEMIC CARDIOMYOPATHY

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? UNKNOWN  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

ME/CORONER: MATTHEW F. SIAS  
TITLE: CORONER  
ME/CORONER  
ADDRESS: 700 S. 2ND STREET, ROOM 100  
CITY, STATE, ZIP: MOUNT VERNON WA 98273  
DATE SIGNED: APRIL 22, 2013

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: 062-13  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
MEL PEDROSA  
DATE RECEIVED: APRIL 23, 2013

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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





# 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 type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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 Maiden Name (For Birth); (Wife for Marriage or Dissolution): _____
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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: <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 forgoing 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; Hospital/Medical Record; Life Insurance Policy; Marriage/Divorce Record; Numident Report (Social Security Administration); Military Record (DD-214); Birth Records; Passport; School Transcripts (Official); 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**

- 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.

4. **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



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WARRANT

APR 2 2013

H. Gilman

Skagit County Public Health Department  
Howard Gilman, Director

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