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Mount Vernon, WA 98273
(360) 336-6587



201308220058

Skagit County Auditor

\$78.00

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7 12:38PM

DOCUMENT TITLE: Affidavit in Support of Community Property Agreement

REFERENCE NUMBER(S):

GRANTOR: Kathleen Ann Nicolaus Hartnett

GRANTEE: Public

LEGAL DESCRIPTION:

TPN: 4494-000-153-0000 (P83397)

Lot 153, "THUNDERBIRD EAST FIFTH ADDITION", as per plat recorded in Volume 14 of Plats, pages 38 and 39, records of Skagit County, Washington.

Situate in the City of Mount Vernon, County of Skagit, State of Washington.

**AFFIDAVIT IN SUPPORT
OF
COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

KATHLEEN ANN NICOLAUS HARTNETT, being first duly sworn, on oath, deposes and says:

1. This Affidavit provides information for the record regarding that certain Community Property Agreement dated the 6th day of May, 2013, executed by GARY PAUL HARTNETT and KATHLEEN ANN NICOLAUS HARTNETT, husband and wife, (the "Agreement") attached as Exhibit "A" incorporated herein by this reference. The statements set forth in this Affidavit are representations of fact which may be relied upon by all parties dealing with the property commonly known as 4500 Kiowa Drive, Mount Vernon, Washington, 98273 and more fully described as follows:

TPN: 4494-000-153-0000 (P83397)

Lot 153, "THUNDERBIRD EAST FIFTH ADDITION", as per plat recorded in Volume 14 of Plats, pages 38 and 39, records of Skagit County, Washington.

Situate in the City of Mount Vernon, County of Skagit, State of Washington.

2. GARY PAUL HARTNETT (the "Decedent") was one of the parties to the Agreement and died on July 30, 2013 in Skagit County, Washington. The Decedent's Death Certificate is attached as Exhibit "B" incorporated herein by this reference.

3. The parties to the Agreement were legally competent at the time of the Agreement and executed no subsequent Wills or agreement which would have the effect of abrogating or nullifying the Agreement.

4. The real property owned by the Decedent and the affiant is legally described above.

5. The Decedent left no separate property.

6. All obligations of the community composed of the Decedent and the affiant owing at the date of the Decedent's death have been paid in full, and all expenses of last illness and for funeral and burial services of the Decedent have been paid.

**Affidavit in Support of
Community Property Agreement
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**Lawrence A. Pirkle
Attorney at Law
(360) 336-6587**



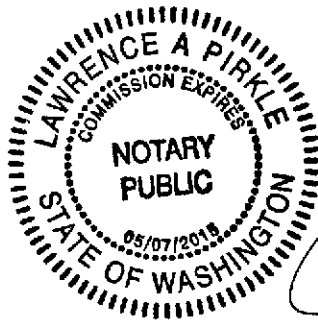
7. The Decedent was survived by the following persons:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
KATHLEEN ANN NICOLAUS HARTNETT 4500 Kiowa Drive Mount Vernon, WA 98273	Spouse	Legal
JOSEPH GARY HARTNETT 905 Dexter Ave., N., #218 Seattle, WA 98109	Son	Legal
ERIN KATHLEEN MATTHEWS 5787 Desert Mirage Court Sparks, NV 89436	Daughter	Legal

DATED this 20th day of August, 2013.

Kathleen Ann Nicolaus Hartnett
KATHLEEN ANN NICOLAUS HARTNETT

SIGNED AND SWORN to before me this 20th day of August, 2013.



LAWRENCE A. PIRKLE

NOTARY PUBLIC in and for the
State of Washington
Residing at Mount Vernon
My Commission Expires: 5/7/15

2013 3388
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

AUG 22 2013

Amount Paid \$ 0
Skagit Co. Treasurer
By MF Deputy

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Lawrence A. Pirkle
Attorney at Law
(360) 336-6587



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COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT is made on the date set forth below, between GARY PAUL HARTNETT and KATHLEEN ANN NICOLAUS HARTNETT, Husband and Wife, both of whom are domiciled in the State of Washington. In consideration of their mutual promises set forth below, the parties agree as follows:

A. *Revocation of Prior Agreements.* If before this date the parties have executed a community property agreement or any other agreement other than a Will or trust which is signed by both of them and which specifically provides for the disposition of their community property at the time either or both of them die, then any such agreement is terminated by this Agreement.

B. *Property Covered.* This Agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife. Any separate property of either, [now owned or hereafter acquired,] shall become and be considered community property upon the death of the party owning said separate property. All such community property is referred to in this Agreement as the "subject property."

C. *Vesting at Death.* On the death of either Husband or Wife, all of the subject property shall vest in the survivor of them.

D. *Disclaimer.* Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, and the interest disclaimed shall pass under the terms and conditions of any validly executed Will which the decedent may have executed, and in default thereof according to the laws of intestacy as governed by the statutes of the State of Washington then in effect.

E. *Automatic Revocation.* In the absence of other evidence indicating the party's intent to terminate this Agreement, it shall, nevertheless, be deemed mutually terminated and of no further force or effect upon either party's filing a petition, complaint or other pleading for dissolution of their marriage or divorce, or upon a court of competent jurisdiction dissolving the marriage or granting a decree of divorce or separate maintenance to either of them.

F. *Optional Revocation by One Party.* This Agreement may be terminated by either party acting alone by delivery of a written notice of revocation to the other party or the other party's legal representative, and by recording such revocation with the Skagit County, Washington, Recorder's Office where real property transactions in Skagit County, Washington are recorded.

If either party becomes disabled, the other party shall have the power to terminate this Agreement, and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. Such termination shall be effective upon the

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delivery of written notice thereof to the disabled spouse, and to the guardian, if any, of the person and of the estate of the disabled person. For the purpose of this paragraph, a spouse shall be deemed disabled if such spouse's regularly attending physician signs a statement declaring that such spouse is unable to manage his or her own affairs; or if such spouse has no regularly attending physician, if such a statement is signed by two qualified physicians who have adequately examined the disabled spouse. An adjudication of incompetence by a court of competent jurisdiction shall also be proof of a spouse's disability for purposes of this paragraph.

G. *Powers of Appointment.* This Agreement shall not affect any power of appointment now held by or hereafter given to either party, nor shall it obligate either of them to exercise any such power of appointment in any way.

H. *Survivorship.* As used herein, the term "survivor," or "survivorship" shall mean living for a period of thirty (30) days following the death of the first of the aforementioned parties to die.



GARY PAUL HARTNETT

5/6/13
Date



KATHLEEN ANN NICOLAUS HARTNETT

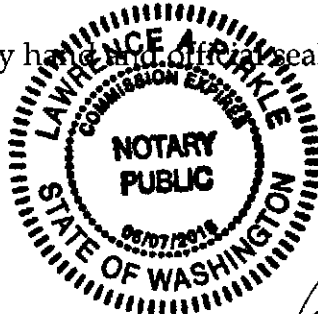
5-6-13
Date

STATE OF WASHINGTON)
COUNTY OF SKAGIT)

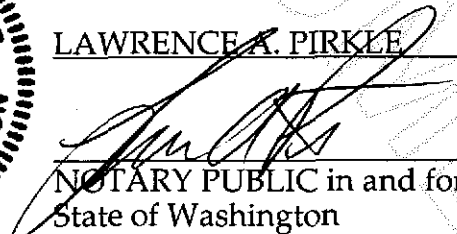
SS

On this day personally appeared before me, GARY PAUL HARTNETT and KATHLEEN ANN NICOLAUS HARTNETT, to me known to be the individuals described in and who executed the within and 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 6th day of May, 2013.



LAWRENCE A. PIRKLE



NOTARY PUBLIC in and for the
State of Washington
Residing at Mount Vernon
My Commission Expires: 5/7/15



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-013465

DATE ISSUED: 08/02/2013

FEE NUMBER: 0000000029

GIVEN NAMES: GARY PAUL
LAST NAME: HARTNETT

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: July 30, 2013
HOUR OF DEATH: 06:17 P.M.
SEX: MALE
AGE: 58 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: MARSHFIELD, WISCONSIN

MARITAL STATUS: MARRIED
SPOUSE: KATHLEEN ANN NICOLAUS

OCCUPATION: OPERATIONS MANAGER
INDUSTRY: SKAGIT GARDENS
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? NO

INFORMANT: KATHLEEN ANN HARTNETT
RELATIONSHIP: WIFE
ADDRESS: 4500 KIOWA DRIVE MOUNT VERNON WA 98273

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 4500 KIOWA DRIVE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 4500 KIOWA DRIVE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: GLEN HARTNETT
MOTHER: MARION [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: AUGUST 01, 2013

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME
ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON WA 98273
FUNERAL DIRECTOR: KIRK S. DUFFY

CAUSE OF DEATH:
A. MERKEL CELL CARCINOMA
INTERVAL: 2 YEARS

B. INTERVAL:
C. INTERVAL:
D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: INFORMANT ADDR

NUMBER(S): 2013064408
DATE(S): 08/02/2013

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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: ROGER P. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 2116 EAST SECTION STREET
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: JULY 31, 2013



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 441
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: JULY 31, 2013

DOH 01-003 (1/13)

This is a legal document. It expires in 1 year and is not alter.

STATE OF UTAH

State ID Number: _____ Social Number: _____ Status: _____ Date of Birth: _____

Use the section below for reviewing any changes to your record.

Record Type: _____ Birth _____ Death _____ Marriage _____ Divorce/Dissolution _____

1. Name on record: _____ Date of Birth: _____ Sex: _____

4. Father's Name: _____ Mother's Name: _____ Social Security Number: _____

6. _____ 8. _____ 10. _____ 12. _____

14. I represent the person(s) _____ Telephone Number: _____

I declare under penalty of perjury that the information provided is true and correct.

15. Signature: _____ Address: _____

All vital records are provided as received.

We guarantee the accuracy of the information provided. Examples of documentary proof: Certificate of Naturalization, Affidavit of Citizenship, Birth Certificate, Marriage License, Divorce Record, Insurance Policy, Birth Record, Adoption Record, Court Order, etc.

Birth Certificates

- Only a parent, legal guardian (if the child is under 18) or the adult who wishes to change the birth certificate.
- The information must match exactly the asserted true output. For example, if the child's name is Mary Ann Doe, then the name must show the name to be Mary Ann Doe, Mary A. Doe or M. A. Doe does not provide the name of 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).
 - Adult over 18:
 - Adult must submit affidavit of birth certificate change and proof of identity.
 - Proof of identity may be established by comparing this affidavit with other documents.
 - To change a person's name, a court order is required.
 - Proof of identity may be established by comparing this affidavit with other documents.
- This affidavit cannot be used to add a father or to a birth certificate. Use the Affidavit of Acknowledgment (Form 100-100-001).

Death Certificates

- Only the informant, the funeral director or executor can request a change of death certificate information. Proof is required to make changes if requested by someone other than the informant or funeral director. A certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than six 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.

Form 100-100-001 (Rev. 2013)

CERTIFIED

AUG 02 2013



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