



201310020038

Skagit County Auditor

\$78.00

10/2/2013 Page

1 of

7 11:32AM

After recording please return to:

Gary E. Ledford
22996 SR 530
Darrington, WA 98241

RECORDING COVER PAGE

DOCUMENT TITLE: AFFIDAVIT OF COMMUNITY PROPERTY AGREEMENT

REFERENCE NUMBER OF RELATED DOCUMENT: 200408300188

RE: TAX PARCELS: P18866 AND P18803

32-33-10

GRANTOR: GARY E. LEDFORD, AS THE SURVIVING SPOUSE
OF HAZEL ANN LEDFORD

GRANTEE: GARY E. LEDFORD

COMMUNITY PROPERTY AGREEMENT

GARY E. LEDFORD

and

HAZEL ANN LEDFORD

December 1996

Prepared by:

JOHN R. SULLIVAN
Attorney at Law
310 Dillard Ave., Suite B
Post Office Box 383
Concrete, WA 98237-0383
Phone (360) 853-8242



201310020038

COMMUNITY PROPERTY AGREEMENT

KNOW ALL MEN BY THESE PRESENTS:

THIS AGREEMENT, made and entered into this 12th day of December, 1996, by and between GARY E. LEDFORD and HAZEL ANN LEDFORD, husband and wife, residing in Skagit County, State of Washington, pursuant to the provisions of RCW Chapter 26.16.120, permitting agreements between husband and wife, for the fixing of the status and disposition of community property to take effect upon the death of either,

WITNESSETH:

THAT, in consideration of the love and affection that each of said 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 or description, whether real, personal or mixed and wheresoever situated, now owned or hereafter acquired by them or either 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 to the survivor of them.

IN WITNESS WHEREOF, the said GARY E. LEDFORD and HAZEL ANN LEDFORD, husband and wife, have hereunto set their hands and seals this 12th day of December, 1996.

Carla K. Cave-Schmidt
Witness

Mary E. Wertz
Witness

Gary E. Ledford
GARY E. LEDFORD


Hazel Ann Ledford
HAZEL ANN LEDFORD



STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

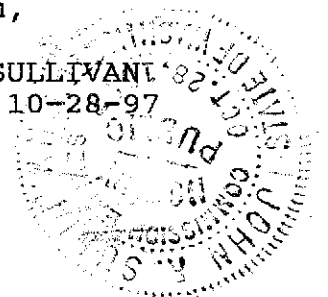
This is to certify on this 12th day of December, 1996, before me, JOHN R. SULLIVAN, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared GARY E. LEDFORD and HAZEL ANN LEDFORD to me known to be the individuals described in and who executed the within and foregoing instrument, and acknowledged to me that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written.



Notary Public in and for
the State of Washington,
residing at Rockport.

Printed Name: JOHN R. SULLIVAN
My commission expires: 10-28-97



201310020038

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: 100-12		Washington State Certificate of Death			State File Number:	
1. Legal Name (Last, First, Middle, Last, Suffix): Hazel Ann Ledford				2. Death Date: 02/02/2012		
3. Sex (M/F): F	4a. Age - Last Birthday: 64	4b. Under 1 Year: Months: 0 Days: 0	4c. Under 1 Day: Hours: 0 Minutes: 0	5. Social Security Number:	6. County of Death: Skagit	
7. Birthdate:		8a. Birthplace (City, Town, or County): Yancey County	8b. (State or Foreign Country): North Carolina	9. Decedent's Education: High School Graduate		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No			11. Decedent's Race(s): Caucasian		12. Was Decedent ever in U.S. Armed Forces? No	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.): 22996 State Route 530				13b. City or Town: Darrington		
13c. Residence: County: Skagit		13d. Tribal Reservation Name (if applicable):	13e. State or Foreign Country: Washington	13f. Zip Code + 4: 98241	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence: 38 years		15. Marital Status at Time of Death: Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): Gary Ledford		
17. Usual Occupation (indicate type of work done during most of working life. Do NOT use RETIRED): Homemaker				18. Kind of Business/Industry (Do not use Company Name): In own home		
19. Father's Name (First, Middle, Last, Suffix): Vester Pendegross			20. Mother's Name Before First Marriage (First, Middle, Last): Gaynell			
21. Informant's Name: Gary Ledford		22. Relationship to Decedent: Husband	23. Mailing Address: Number and Street or RFD No., City or Town, State, Zip: 22996 State Route 530 Darrington WA 98241			
24. Place of Death, if Death Occurred in a Hospital: ER						
25. Facility Name (if not a facility, give number & street or location): Skagit Valley Hospital				26a. City, Town, or Location of Death: Mount Vernon	26b. State: WA	27. Zip Code: 98274
28. Method of Disposition: Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place): Hawthorne Memorial Park		30. Location - City/Town, and State: Mount Vernon, WA		
31. Name and Complete Address of Funeral Facility: Hawthorne Funeral Home 1825 E. College Way Mount Vernon WA 98273-0398				32. Date of Disposition: 02/07/2012		
33. Funeral Director Signature: X <i>[Signature]</i>						
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.						
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. SEPTIC SHOCK		Interval between Onset & Death: 1/30/12 4 DAYS		
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b. SEPTICEMIA		Interval between Onset & Death: 1/30/12 4 DAYS		
		c. ENDOCARDITIS		Interval between Onset & Death: 1/30/12 4 DAYS		
		d.		Interval between Onset & Death:		
35. Other significant conditions contributing to death but not resulting in the underlying cause given above:				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
41. Date of Injury (mm/dd/yyyy):	42. Hour of Injury (24hrs):	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area):		44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		
45. Location of Injury: Number & Street: City or Town: _____ County: _____ State: _____ Zip Code + 4: _____				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify):		
46. Describe how injury occurred:				48. Certifying Physician - On the basis of personal knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Rajesh Bhole, Dr. 1215 Old Fairhaven Parkway Suite B Bellingham WA 98222				50. Hour of Death (24hrs): 0835		
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print):				52. Date Signed (mm/dd/yyyy): 2/6/2012		
53. Title of Certifier: Dr.		54. License Number: MD00044996	55. ME/Coroner File Number:		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature: <i>[Signature]</i> Deputy Registrar				58. Date Received (mm/dd/yyyy): FEB -7 2012		
59. Amendments:						



DORHCS 003 Rev 07/09/07



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: 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 shows:	The True fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) _____ Telephone Number: _____

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 Medical Record School Transcripts
 Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)
 Insurance Records Birth Record Alien Registration Card (front and back)
 Marriage/Divorce Records 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.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- 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).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - 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 2/14/11

CERTIFIED

FEB 07 2012



201310020038

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

VV00261142