



201312100031

Skagit County Auditor
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\$77.00
6 12:30PM

WHEN RECORDED RETURN TO:
Mr. John Acker
11583 North Del Mar Drive
Anacortes, WA 98221

DOCUMENT TITLE(S):
Community Property Agreement

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTORS:
John Acker
~~Judy Acker~~
Judi

GRANTEES:
Public

ABBREVIATED LEGAL DESCRIPTION:

Lot 26 Rancho San Juan Del mar DIV 1

TAX PARCEL NUMBER(S):

P 68211

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT is made pursuant to RCW 26.16.120 by the undersigned parties who are husband and wife residing in the State of Washington. The parties hereby revoke all prior community property agreements, declare all property, whether real, personal, or mixed, and wherever situated, which they now own or may hereafter acquire, individually or jointly, to be community property, and desire that all such property shall pass as stated below upon the death of either to the survivor, by virtue of this Agreement.

NOW, THEREFORE, it is hereby agreed that in the event of the death of either of the parties while the other survives then the whole of said community property now owned, together with all other community property, real or personal, that may hereafter be acquired as declared above, shall at once vest in the surviving party. However, this Agreement shall not operate to pass any one or more items of property which a survivor after death refuses to take under this document and renunciation of one or more items of property by such survivor under this document shall cause such items to fail to pass by this Agreement, and such renounced items shall pass instead by Will or intestate descent either to the survivor or others. Death of a surviving party within ten (10) days of the death of the first party to die, terminates all rights, estates and interest of such survivor in property ostensibly received hereunder and renders this Agreement void and

JA
(Initials)

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JA
(Initials)

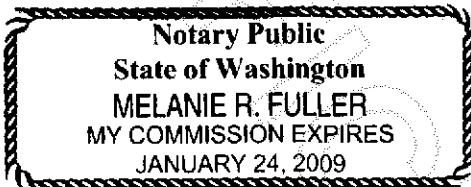


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John Acker and Judi Acker

signed this instrument and acknowledged it to be their free and voluntary act for the purposes mentioned in the instrument.

DATED this 18 day of March, 2008.



Melanie R. Fuller
NOTARY PUBLIC in and for
the State of Washington
residing at Alacortes WA

My appointment expires 1/24/09

f50/compop1

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-019071

DATE ISSUED: 10/21/2013

FEE NUMBER: 000000029

GIVEN NAMES: JUDI Z
LAST NAME: ACKER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: OCTOBER 11, 2013
HOUR OF DEATH: 03:05 P.M.
SEX: FEMALE
AGE: 70 YEARS
SOCIAL SECURITY NUMBER: 565-58-8285

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: JANUARY 19, 1943
BIRTHPLACE: LOS ANGELES, LOS ANGELES CNTY, CALIFORNIA

MARITAL STATUS: MARRIED
SPOUSE: JOHN F ACKER

OCCUPATION: ARTIST
INDUSTRY: ART
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: JOHN F ACKER
RELATIONSHIP: HUSBAND
ADDRESS: 11583 N DEL MAR DRIVE, ANACORTES, WA 98221

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 11583 N DEL MAR DRIVE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 11583 N DEL MAR DRIVE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 21 YEARS

FATHER: RICHARD ANTHONY ZIPPI
MOTHER: EDITH DANFORTH

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY
CITY, STATE: ANACORTES, WA
DISPOSITION DATE: OCTOBER 16, 2013

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.
ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES WA 98221
FUNERAL DIRECTOR: JAMES C. HADDON

- CAUSE OF DEATH:
- A. ENDOMETRIAL CANCER
INTERVAL: 16 MONTHS
 - B. INTERVAL:
 - C. INTERVAL:
 - D. INTERVAL:



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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:

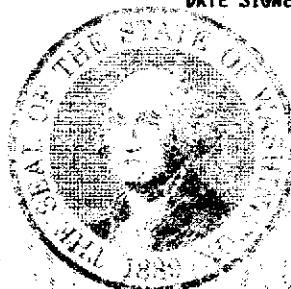
MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? UNKNOWN
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: THEODORE KIM, DO
TITLE: OSTEOPATH
CERTIFIER
ADDRESS: 1211 24TH STREET
CITY, STATE, ZIP: ANACORTES WA 98221
DATE SIGNED: OCTOBER 16, 2013

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA # 563
ATTENDING PHYSICIAN:
THEODORE KIM DO

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: OCTOBER 16, 2013

Affidavit for Correction

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

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

STATE OFFICE USE ONLY

Form header with fields: Person's Name, Sex, Date of Birth, Place of Birth, Affidavit Number

Form section: I am correcting the following information on the record. Last Name, Marriage, Dissolution, Date of Event, Place of Event

Form section: I am correcting the following information on the record. (For Birth), Spouse BA/Wife for Marriage or

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DOH/CHS 023a January 2013



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Skagit County Public Health Department
1100 North Washington Street, Olympia, WA 98501

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