



201402260009

When Recorded Please Return To:
LAWRENCE A. PIRKLE
1220 Memorial Hwy., Suite A
Mount Vernon, WA 98273
(360) 336-6587

Skagit County Auditor \$81.00
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DOCUMENT TITLE: Affidavit in Support of Community Property Agreement

REFERENCE NUMBER(S):

GRANTOR(S): NORA E. SCHMIDT

GRANTEE(S): PUBLIC

ABBREVIATED LEGAL DESCRIPTION:

Parcel 1

That portion of Block 1, Plat of Bingham Acreage, Skagit County, as recorded in Volume 4 of Plats, page 24, records of Skagit County.

Parcel 2

That portion of Government Lot 3, Section 23, Township 35 North, Range 10 East W.M., records of Skagit County.

ASSESSOR PARCEL / TAX ID NUMBER:

Parcel 1

3864-001-000-0312 (P62151) & 3864-001-000-0205 (P62149) & 3864-001-000-2003 (P6218)

Parcel 2

351023-0-006-0004 (P45484)

2. EMANUEL R. SCHMIDT (the "Decedent") was one of the parties to the Agreement and died on January 5, 2014 in Skagit County, Washington. The Decedent's Death Certificate is attached as Exhibit "C" 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. .

7. The Decedent was survived by the following persons:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
NORA E. SCHMIDT 22596 Buchanan Street Mount Vernon, WA 98273	Spouse	Legal
LYNN ADELE HAMILTON 1309 Hwy. 20 Burlington, WA 98233	Daughter	Legal
LORE ELLEN SCHMIDT 22596 Buchanan Street Mount Vernon, WA 98273	Daughter	Legal

DATED this 24th day of February, 2014.


NORA E. SCHMIDT



SIGNED AND SWORN to before me this 24th day of February, 2014.



LAWRENCE A. PIRKLE

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

2014 595
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

FEB 26 2014

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



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Exhibit "A"

COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 20th day of June, 2000, between EMANUEL R. SCHMIDT ("Husband") and NORA E. SCHMIDT ("Wife"), 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.

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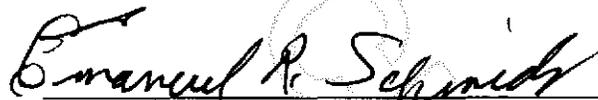
F. *Optional Revocation by One Party.*

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 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 survive," or "survivorship" shall mean living for a period of thirty (30) days following the death of the first of the aforementioned parties to die.



EMANUEL R. SCHMIDT



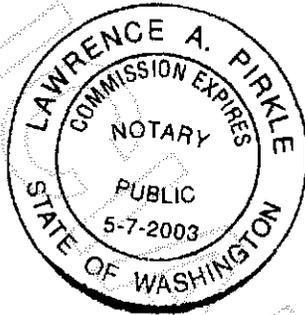
NORA E. SCHMIDT



STATE OF WASHINGTON)
) ss
County of Skagit)

On this day personally appeared before me, EMANUEL R. SCHMIDT and NORA E. SCHMIDT, 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 20th day of June, 2000.



Lawrence A. Pirkle
[Signature]
NOTARY PUBLIC in and for the
State of Washington
Residing at Mount Vernon
My Commission Expires: 5/7/03



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Exhibit "B"

The land referred to is situated in the County of Skagit, State of Washington, and is described as follows:

PARCEL "A":

That portion of Block 1, "BINGHAM ACREAGE, SKAGIT COUNTY, WASHINGTON," as per plat recorded in Volume 4 of Plats, page 24, records of Skagit County, Washington, described as follows:

Beginning at the Northwest corner of the Northeast $\frac{1}{4}$ of Section 11, Township 34 North, Range 4 East, W.M.;
thence North $89^{\circ}30'50''$ East along the North line of said subdivision, a distance of 40.00 feet;
thence South $0^{\circ}38'50''$ West along a line which is parallel to and 40.00 feet Easterly of the West line of said subdivision, a distance of 30.00 feet to the true point of beginning;
thence continuing South $0^{\circ}38'50''$ West, a distance of 253.00 feet;
thence North $89^{\circ}30'50''$ East, a distance of 240.79 feet;
thence North $0^{\circ}38'30''$ East, a distance of 253.00 feet to a point on the South line of the County road;
thence South $89^{\circ}30'50''$ West along the South line of said County road, a distance of 240.79 feet, to the true point of beginning.

Situate in the County of Skagit, State of Washington.

PARCEL "B":

That portion of Block 1, "BINGHAM ACREAGE, SKAGIT COUNTY, WASHINGTON," as per plat recorded in Volume 4 of Plats, page 24, records of Skagit County, Washington, described as follows:

Beginning at the Northwest corner of the Northeast $\frac{1}{4}$ of Section 11, Township 34 North, Range 4 East, W.M.;
thence North $89^{\circ}30'50''$ East along the North line of said subdivision, a distance of 40.00 feet;
thence South $0^{\circ}38'50''$ West along a line which is parallel to and 40 feet Easterly of the West line of said subdivision, a distance of 283 feet to the true point of beginning of this description;
thence continuing South $0^{\circ}38'50''$ West a distance of 197.03 feet;
thence North $89^{\circ}30'50''$ East a distance of 501.42 feet;
thence North a distance of 450 feet to a point on the South line of the County road;
thence South $89^{\circ}30'50''$ West along the South line of the County road, which line is parallel to and 30 feet Southerly of the North line of said subdivision, a distance of 255.55 feet;
thence South $0^{\circ}38'50''$ West a distance of 253 feet;
thence South $89^{\circ}30'50''$ West, a distance of 240.79 feet to the true point of beginning.

Situate in the County of Skagit, State of Washington.



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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-000197

DATE ISSUED: 01/08/2014

FEE NUMBER: 000000029

GIVEN NAMES: EMANUEL ROLAND
LAST NAME: SCHMIOT

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 05, 2014
HOUR OF DEATH: 08:30 P.M. PRESUMED
SEX: MALE
AGE: 93 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: LANDER, FREMONT CNTY, WYOMING

MARITAL STATUS: MARRIED
SPOUSE: NORA ELLEN MCGEE

OCCUPATION: COOK
INDUSTRY: STATE HOSPITAL
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YES

INFORMANT: NORA SCHMIOT
RELATIONSHIP: WIFE
ADDRESS: 22596 BUCHANAN STREET, MOUNT VERNON, WA 98273

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 22596 BUCHANAN STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 22596 BUCHANAN STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 53 YEARS

FATHER: JACOB SCHMIOT
MOTHER: ELIZABETH [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE, ZIP: MOUNT VERNON, WA
DISPOSITION DATE: JANUARY 08, 2014

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

- CAUSE OF DEATH:
- A. UNSPECIFIED NATURAL CAUSES
INTERVAL: DAYS
 - B. INTERVAL:
 - C. INTERVAL:
 - D. INTERVAL:



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OTHER CONDITIONS CONTRIBUTING TO DEATH:
DEMENTIA, DEBILITY

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

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: JANUARY 06, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 005-13
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: JANUARY 07, 2014

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



Affidavit for Correction

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 336-4300

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

STATE OFFICE USE ONLY

State File Number: Fee Number: In file: Date: Affidavit Number:

Use the section below for registering any changes on the record

Record type: Birth, Death, Marriage, Dissolution
1. Name of record: 2. Date of event: 3. Piece of event:

4. Father's name: 5. Mother's name:

The record is incorrect or incomplete as follows:

6. 7. 8. 9. 10. 11. 12.

14. Represented person as: 15. Parent: 16. Guardian: 17. Birth date: 18. Birth certificate number:

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

19. Signature: 20. Date: 21. Address:

(Printed Name)

All 421 words are spelled correctly. Birth changes will be made only by an authorized person listed on this affidavit. We do not need separate affidavits for each change. We will receive both a birth certificate and a documentary proof.

Examples of documentary proof: Birth certificate, Marriage license, Divorce decree, Social Security card, Driver's license, Life insurance policy, Hospital discharge record, etc.

- 1. Only the adult(s) named on the affidavit or the record holder may change the birth certificate.
2. Only the adult(s) named on the affidavit or the record holder may change the birth certificate.
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10. Only the adult(s) named on the affidavit or the record holder may change the birth certificate.

1. Only the adult(s) named on the affidavit or the record holder may change the non-medical information on the birth certificate.
2. Only the adult(s) named on the affidavit or the record holder may change the non-medical information on the birth certificate.

1. Only the adult(s) named on the affidavit or the record holder may change the non-medical information on the birth certificate.

CERTIFIED

JAN 08 2014

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

ZZ00026603

