



201403180035

Skagit County Auditor

\$77.00

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RETURN TO:

JOAN JACOBSEN
883 Cook Road
Sedro-Woolley WA 98284

DOCUMENT TITLE: Affidavit re: Community Property Agreement

GRANTOR: ARNOLD M. JACOBSEN, deceased **GRANTEE:** JOAN JACOBSEN
JOAN JACOBSEN, surviving spouse

LEGAL DESCRIPTION:

Unit 5, KENDALL PLACE CONDOMINIUM, (a condominium), according to the Amended Declaration thereof recorded September 6, 2007, under Auditor's File Number 200709060103, records of Skagit County, Washington, And Survey Map and Plans thereof recorded under Auditor's File Number 27001240072, records of Skagit County, Washington.

Situated in Skagit County, Washington.

Parcel Number: P125656

Account Number: 76931

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

JOAN JACOBSEN, being first duly sworn, deposes and says:

THAT affiant is the surviving spouse of ARNOLD M. JACOBSEN who died at Mount Vernon, Washington on the 18 day of November, 2013, having provided for the disposition of all community property as between affiant and said deceased spouse under community Property Agreement dated July 29, 1988.

THAT there are no unpaid creditors of said decedent or of the former marital community nor unpaid funeral expenses or expense of last illness except as follows:

THAT the value of the community estate as of the date of death, including all real and personal property, was approximately \$113,500.00 and the value of all separate property of said decedent was \$5,000.00 as of the date of death.

Among other items of community property was the following described real estate:

Unit 5, KENDALL PLACE CONDOMINIUM, (a condominium), according to the Amended Declaration thereof recorded September 6, 2007, under Auditor's File Number 200709060103, records of Skagit County, Washington, And Survey Map and Plans thereof recorded under Auditor's File Number 27001240072, records of Skagit County, Washington.

Situated in Skagit County, Washington.



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Tax Parcel Number: P125656

Joan Jacobsen
JOAN JACOBSEN

On the 18 day of March, 2014 before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared JOAN JACOBSEN to me known to be the individual who executed the foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

Witness my hand and official seal hereto affixed the day and year first above-written



Shannon M. Shearer
Notary Public in and for the
State of Washington
My appointment expires 7-2-15
Residing at Mount Vernon



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COMMUNITY PROPERTY AGREEMENT

AGREEMENT by and between ARNOLD M. JACOBSEN and
JOAN JACOBSEN, husband and wife, of Snohomish
County, Washington.

In consideration of love and affection and of the mutual benefits to be derived from the parties hereto, it is hereby agreed as follows:

1. That all property of whatsoever nature or description, whether real, personal, or mixed, and wheresoever situated, now owned or hereafter acquired by the undersigned husband and wife, or either of them, including separate property, shall be considered and is hereby declared to be community property.

2. That upon the death of either of the parties hereto, title to all community property as herein defined shall vest immediately in the survivor.

EXECUTED at Lynnwood, Washington, this 29 day of July,
1988.

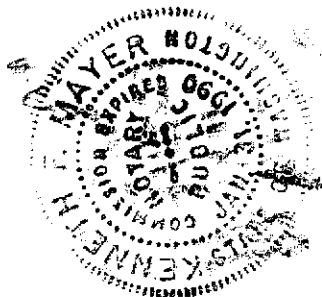
Arnold M. Jacobsen
ARNOLD M. JACOBSEN

Joan Jacobsen
JOAN JACOBSEN

STATE OF WASHINGTON)
ss.
COUNTY OF SNOHOMISH)

I certify that on the 29 day of July, 1988, personally appeared before me ARNOLD M. JACOBSEN and JOAN JACOBSEN, to me known to be the individuals described herein and who executed the foregoing instrument, and each acknowledged to me 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 the day and year first above written.



Kenneth J. Mayer
NOTARY PUBLIC in and for the State of
Washington, residing at Seattle.
My Appointment Expires: 1-31-91



201403180035

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-021785

DATE ISSUED: 11/21/2013

FEE NUMBER: 0000000029

GIVEN NAMES: **ARNOLD MARTIN**
LAST NAME: **JACOBSEN**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **NOVEMBER 18, 2013**

HOUR OF DEATH: **06:04 P.M.**

SEX: **MALE**

AGE: **86 YEARS**

SOCIAL SECURITY NUMBER: **078-22-8569**

HISPANIC ORIGIN: **NO, NOT HISPANIC**
RACE: **WHITE**

BIRTHDATE: **MARCH 15, 1927**
BIRTHPLACE: **STATEN ISLAND, NEW YORK**

MARITAL STATUS: **MARRIED**
SPOUSE: **JOAN WYATT**

OCCUPATION: **DRAFTSMAN / TECHNICAL WRITER**
INDUSTRY: **AEROSPACE COMPANY**
EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**
US ARMED FORCES? **YES**

INFORMANT: **JOAN JACOBSEN**
RELATIONSHIP: **SPOUSE**
ADDRESS: **883 COOK RD. SEDRO WOOLLEY WA 98284**

PLACE OF DEATH: **HOSPITAL**
FACILITY OR ADDRESS: **SKAGIT VALLEY HOSPITAL**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98274**

RESIDENCE STREET: **883 COOK RD**
CITY, STATE, ZIP: **SEDRO WOOLLEY, WASHINGTON 98284**
INSIDE CITY LIMITS? **YES**
COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **5 YEARS**

FATHER: **ARNE INGOLF JACOBSEN**
MOTHER: **AGNES RASMUSEN**

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **HAWTHORNE MEMORIAL PARK CREMAT**
CITY, STATE: **MOUNT VERNON, WA**
DISPOSITION DATE: **NOVEMBER 21, 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. **ACUTE HYPOXIC RESPIRATORY FAILURE**
INTERVAL: **DAYS**

B. **PNEUMONIA**
INTERVAL: **DAYS**

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: **NONE**

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



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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: **DORIEN MCABEE, DO**
TITLE: **OSTEOPATH**
CERTIFIER
ADDRESS: **1400 E. KINCAID STREET**
CITY, STATE, ZIP: **MOUNT VERNON WA 98274**
DATE SIGNED: **NOVEMBER 19, 2013**



CASE REFERRED TO ME/CORONER: **NO**
FILE NUMBER: **632**
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: **NOVEMBER 20, 2013**

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 Aff. No.	Fee Number	Title	Date	Affidavit Number
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1. I am a decision maker for requesting any changes on the record.

2. I am requesting a change in: ☐ Birth ☐ Marriage ☐ Dissolution

3. Name of Person: 4. Date of Event: 5. Place of Event: (City or County)

6. Person's Full Name (For Birth), Spouse B/Wife for Marriage or Dissolution

7. The Record is Incomplete or Incomplete as follows:

8. The True fact is:

9. I am requesting a change in: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Other (Specify)

10. Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

11. Signature: 12. Date: 13. Address:

All vital records are registered as follows:

Examples of the following: Certificate of Naturalization, Naturalization Report (Social Security Administration), School Transcripts (Official)

Birth Certificate, Hospital Medical Record, Military Record (DD 214), Voter's Registration Card (if it bears an effective date)

Life Insurance Policy, Birth Record, Alien Registration Card (front and back)

Marriage/Dissolution Record, Passport

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.

2. For purposes of this affidavit, 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.

3. Only a parent, legal guardian can change the birth certificate.

4. If the first and/or middle name is misspelled, two pieces of documentary proof are required.

5. To correct birth date, place of birth or parent's information, one documentary proof is required.

6. Proof must be five (or more) years old or have been established within five years of birth.

7. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)

8. Only the informant, the funeral director or executor/administrator (if evidence confirming such position is presented) may change the non-medical information.

9. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

10. Personal details (other spelling changes in name, date, or place of birth or residence) may be changed by affidavit (with proof) by the person.

11. 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 2013



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NOV 21 2013
Howard Leibrand M.D., Health Officer

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