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Document Title: Affidavit in Support of Community Property Agreement
Reference Number: 201502020023
Grantor: Robert Don Morgan
Grantee: Donna Joyce Morgan
Legal Description: PORTALIS ISLAND HOMES CONDOMINIUM, ACRES 0.14, UNIT 8, AF#200412080101.
Tax Parcel No.: P122163

STATE OF WASHINGTON)
) ss.
COUNTY OF SNOHOMISH)

1. **Community Property Agreement.** This Affidavit provides information for the record regarding that certain Community Property Agreement dated May 8, 1973, and executed by Robert Don Morgan and Donna Joyce Morgan, husband and wife, (the "Agreement"). The Agreement was recorded in the office of the County Auditor in Skagit County, Washington on February 2, 2015 under auditor's file number 201502020023. The statements set forth in this Affidavit are representations of fact which may be relied upon by all parties dealing with the real

estate located in Skagit County, Washington and more fully described on **Exhibit A** attached and made a part hereof.

2. **Decedent.** Robert Don Morgan (the "Decedent") was one of the parties to the Agreement who died on January 1, 2015 in King County, Washington. A true and correct copy of the Death Certificate is attached hereto as **Exhibit B**.

3. **Other Proceedings.** No proceedings have been instituted to have a Will admitted to probate or to set aside or cancel the Agreement.

4. **Community Property.** All of the real and personal property of the Decedent and the Affiant consisted of community property. The community property of the Decedent included certain residential real estate located at 4920 Portalis Way, Anacortes, WA 98221, Skagit County, Washington, legally described on **Exhibit A** attached hereto.


5. **Separate Property.** The Decedent left no separate property.

6. **Debts.** 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. **Heirs.** The Decedent was survived by Affiant, Donna Joyce Morgan, and their two children, Brian Morgan and Shelley Swenson.

8. **No Subsequent Agreements.** The parties to the Agreement were legally competent at the time of the Agreement and executed no Wills or other Agreements which would have the effect of abrogating or nullifying the Agreement.

EXECUTED this 12th day of February, 2015.

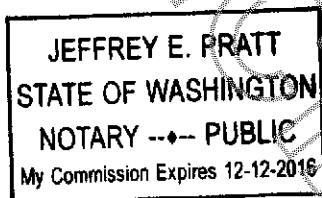

Donna Joyce Morgan

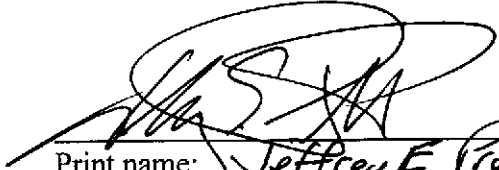


STATE OF WASHINGTON)
): ss
COUNTY OF SNOHOMISH)

I certify that I know or have satisfactory evidence that Donna Joyce Morgan is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

SUBSCRIBED AND SWORN this 12th day of February, 2015.




Print name: Jeffrey E. Pratt
Notary Public in and for the State
of Washington, residing at Snohomish
My Commission Expires: 12-12-2016



201502170124

EXHIBIT A – Real Property Legal Description

Unit 8, "PLANS OF PORTALIS ISLAND HOMES CONDOMINIUM". Recorded December 8, 2004 as Auditor's File No. 200412080101 pursuant to "DECLARATION FOR PORTALIS HOMES CONDOMINIUM", recorded December 8, 2004, as Auditor's File No. 200412080102, records of Skagit County, Washington.

SUBJECT TO all applicable easements, restrictions and other exceptions.



201502170124



EXHIBIT B – Death Certificate

(see next page)

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Public Health - Seattle & King County Vital Statistics CERTIFIED COPY OF DEATH CERTIFICATE

Date Issued : 1/13/2015

Local File Number 11		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Robert Don Morgan		2. Death Date 1/1/2015			
3. Sex (M/F) Male	4a. Age - Last Birthday 88	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death King
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Tacoma	8b. (State or Foreign Country) WA	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) White		12. Was Decedent ever in U.S. Armed Forces? Yes	
13a. Residence: Number and Street (e.g., 824 SE 8 th St.) (Include Apt. No.) 17044 NE 139th Street		13b. City or Town Redmond		13c. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
13d. Residence: County King	13e. Tribal Reservation Name (if applicable)	13f. State or Foreign Country WA	13g. Zip Code + 4 98052		
14. Estimated length of time at residence. 29 Years	15. Marital Status at Time of Death Married	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Donna Martin			
17. Usual Occupation (Indicate type of work done during most of working life. Do not use retired.) Self-Employed		18. Kind of Business/Industry (Do not use Company Name) Services			
19. Father's Name (First, Middle, Last, Suffix) Robert Morgan		20. Mother's Name Before First Marriage (First, Middle, Last) Jacqueline [REDACTED]			
21. Informant's Name Donna Morgan		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 17044 NE 139th Street Redmond, WA 98052	
24. Place of Death, If Death Occurred in a Hospital: Inpatient		25. Facility Name (If not a facility, give number & street or location) Swedish Medical Center - Issaquah Campus			
26. Method of Disposition Cremation		27. Place of Final Disposition (Name of cemetery, crematory, other place) Washelli Crematory		28. City, Town, or Location of Death Issaquah	
29. Name and Complete Address of Funeral Facility Cascade Memorial 13620 NE 20th St. Suite A Bellevue, WA 98005		30. Location: City/Town, and State Seattle, WA		31. Date of Disposition 1/7/2015	
32. Funeral Director Signature 					
33. Cause of Death (See instructions and examples) Enter the <u>chain of events</u> - 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. V. fib arrest		Due to (or as a consequence of): b. Hypoxic Respiratory Failure		Interval between Onset & Death Hours	
Underlying Cause (Disease or injury that initiated the events resulting in death) LAST c. Myocardial Infarction		Due to (or as a consequence of):		Interval between Onset & Death Days	
Other significant conditions contributing to death, but not resulting in the underlying cause given above CAD, more on chronic renal failure		Due to (or as a consequence of):		Interval between Onset & Death Days	
34. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		35. 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"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Date of Injury (mm/dd/yyyy):		38. Hour of Injury (24hrs)		39. Place of Injury (e.g., Decedent's home, construction site, restaurant, woodland, great)	
40. Location of Injury: Number & Street: City or Town: County: State: Zip Code: 4:		41. Describe how injury occurred: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
42. Certifying Physician: (To the best of my knowledge, death occurred at the time, date, and place stated in the cause(s) and manner stated.) [Signature]		43. Medical Examiner/Coroner: (On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.) [Signature]			
44. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) 751 NE Blakely Dr., Issaquah, WA 98029		45. Name and Title of Attending Physician (if other than Certifier) (Type or Print)		46. Hour of Death (24hrs) 1047	
47. Title of Certifier MD		48. License Number W2049451		49. MFC/Coroner File Number	
50. Registrar Signature 		51. Date Received (mm/dd/yyyy): JAN 6 2015		52. Was case referred to MFC/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
53. Amendments					



201502170124

Skagit County Auditor

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