

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



201505130080

Skagit County Auditor \$81.00  
5/13/2015 Page 1 of 10 3:50PM

**DOCUMENT TITLE:** Affidavit in Support of Community Property Agreement

**REFERENCE NUMBER:**

**GRANTOR(S):** Joan Marie McKean

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
20151672  
MAY 13 2015

**GRANTEE(S):** Public

Amount Paid \$0  
Skagit Co. Treasurer  
By *mm* Deputy

**LEGAL DESCRIPTION:**

Those portions of the South Half of the Southwest Quarter (S1/2 SW1/4) of Section 32, Township 33 North, Range 4 East W.M., described as follows:

**(P17578)**

(a) Beginning at the Southwest corner of the Southeast Quarter of the Southwest Quarter of said Section 32; thence North 363 feet to the Southwest corner of a tract (known as the Cemetery Lot) conveyed to the Scandinavian Graveyard Association by deed recorded October 28, 1903, in Volume 51 of Deeds, page 473; thence East 206.25 feet, more or less, to the Southeast corner of said tract; thence South to the South line of said Section 32; thence West to the point of beginning; EXCEPT County road along the South line thereof

**(P17647)**

(b) Beginning at the Southwest corner of the Southeast Quarter of the Southwest Quarter; thence North 660 feet; thence West 528 feet; thence South 660 feet to the South line of Section 32; thence East 528 feet, more or less, to the point of beginning; EXCEPT County road along the South line thereof.

SUBJECT TO: Easement granted to The Scandinavian Graveyard Association for the purpose of ingress and egress over and across the East 16.5 feet of portion described as parcel (a) herein by instrument dated March 15, 1963, recorded March 18, 1963, as Auditor's File No. 633363, to which record reference is made for full particulars.

**ASSESSOR PARCEL NO'S: 330432-0-001-0008 and 330432-3-011-0000**



2. TERRY G. McKEAN (the "Decedent") was one of the parties to the Agreement and died on April 20, 2015 in Skagit County, Washington. The Decedent's Death Certificate is attached as Exhibit "B" 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>
JOAN MARIE McKEAN 19253 County Line Road Stanwood, WA 98292	Spouse	Legal
JEFF R. McKEAN 292 E. Maude Street Port Hadlock, WA 98339	Son	Legal
MELISSA A. CARPENTER 21614 Lafayette Road Sedro Woolley, WA 98284	Daughter	Legal

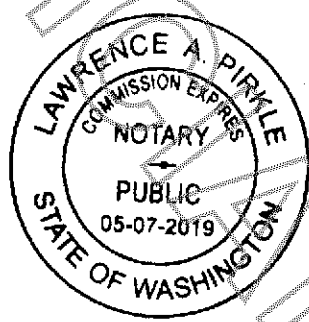
DATED this 4th day of May, 2015.

  
\_\_\_\_\_  
JOAN MARIE McKEAN

STATE OF WASHINGTON )  
 )  
COUNTY OF SKAGIT ) ss.

I certify that I know or have satisfactory evidence that JOAN MARIE McKEAN 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.

DATED this 4th day of May, 2015.



LAWRENCE A. PIRKLE

A handwritten signature in black ink, appearing to read "Lawrence A. Pirkle", written over a horizontal line.

NOTARY PUBLIC in and for the  
State of Washington  
Residing at Mount Vernon  
My appointment expires: 5/7/19

**COMMUNITY PROPERTY AGREEMENT**

AGREEMENT made this 6th day of June, 1996, between TERRY G. McKEAN ("Husband") and JOAN MARIE McKEAN ("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.

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.

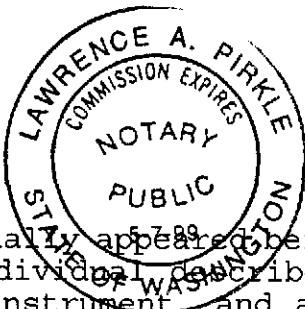
G. *Powers of Appointment.* This Agreement shall not affect any power of appointment now held by or hereafter given to either party, nor shall it obligate either of them to exercise any such power of appointment in any way.

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.

  
TERRY G. MCKEAN

  
JOAN MARIE MCKEAN

STATE OF WASHINGTON )  
 ) ss  
County of Skagit )



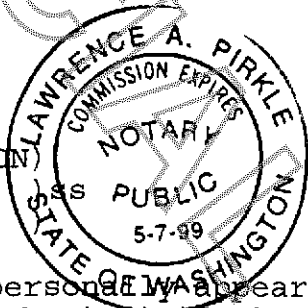
On this day personally appeared before me, TERRY G. MCKEAN, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 6th day of June, 1996.

Lawrence A. Pirkle

NOTARY PUBLIC in and for the  
State of Washington  
Residing at Mount Vernon  
My Commission Expires: 5/7/99

STATE OF WASHINGTON )  
 ) ss  
County of Skagit )



On this day personally appeared before me, JOAN MARIE MCKEAN, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 6th day of June, 1996.

Lawrence A. Pirkle

NOTARY PUBLIC in and for the  
State of Washington  
Residing at Mount Vernon  
My Commission Expires: 5/7/99

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

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

Date Issued : 4/27/2015

Local File Number <b>04296</b>		<b>Washington State Certificate of Death</b>		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST <b>Terry Glenn McKean</b>			2. Death Date <b>4-20-2015</b>		
3. Sex (M/F) <b>M</b>	4a. Age - Last Birthday <b>75</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	
7. Birthdate		8a. Birthplace (City, Town, or County) <b>Mount Vernon Washington</b>	8b. (State or Foreign Country) <b>Washington</b>		8. Decedent's Education <b>High School Graduate / GED</b>
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify <b>No</b>			11. Decedent's Race(s) <b>Caucasian</b>		12. Was Decedent ever in U.S. Armed Forces? <b>NO</b>
13a. Residence: Number and Street (e.g., 824 55 <sup>th</sup> St.) (Include Apt. No.) <b>19253 County Line Rd</b>			13b. City or Town <b>Stanwood</b>		13c. Zip Code + 4 <b>98292</b>
13d. Tribal Reservation Name (if applicable) <b>Skagit</b>		13e. State or Foreign Country <b>Washington</b>		13f. Zip Code + 4 <b>98292</b>	
14. Estimated length of time at residence. <b>43 years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Joan M. Gackowski</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Management</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Grocery Business</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Felix McKean</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Marie</b>		
21. Informant's Name <b>Joan McKean</b>		22. Relationship to Decedent <b>Wife</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>19253 County Line Rd Stanwood WA 98292</b>	
24. Place of Death, if Death Occurred in a Hospital: <b>Hospital Inpatient</b>			25. Facility Name (if not a facility, give number & street or location) <b>Harborview Medical Center 325 9th Ave Seattle WA 98104</b>		
26. Method of Disposition <b>Cremation</b>		27. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Hawthorne Crematory</b>		28. Location-City/Town, and State <b>Mount Vernon WA</b>	
29. Name and Complete Address of Funeral Facility <b>Gilbertson Funeral Home 27001 88th Ave NW Stanwood WA 98292</b>			30. Date of Disposition <b>04/23/2015</b>		
33. Funeral Director Signature X <i>[Signature]</i>					
Cause of Death (See instructions and examples)					
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) → <b>a. Respiratory Failure</b>				Interval between Onset & Death <b>Min</b>	
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>b. Renal Failure</b>				Interval between Onset & Death <b>days</b>	
Due to (or as a consequence of): <b>c. Open AAA Repair Complicated by renal Bypass graft Thrombosis</b>				Interval between Onset & Death <b>days</b>	
Due to (or as a consequence of): <b>d. Large Juxtarenal Aortic Aneurysm</b>				Interval between Onset & Death <b>months</b>	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>Acute Respiratory Distress syndrome</b>					
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"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input 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. Location of Injury: Number & Street: City or Town: County: State: Zip Code + 4:		45. Describe how injury occurred: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify):			
46a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. <i>Derek Nathans</i>			46b. 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.		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Derek Nathans MD Attending Vascular Surgery Seattle, WA 98104</b>			50. Hour of Death (24hrs) <b>1224</b>		51. Name and Title of Attending Physician if other than Certifier (Type or Print)
52. Date Signed (mm/dd/yyyy) <b>4-21-2015</b>			53. Title of Certifier <b>MD</b>		
54. License Number <b>MD 603726486</b>		55. Medical Examiner/Coroner File Number <b>15-33-3232</b>		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>			58. Date Received (mm/dd/yyyy) <b>APR 23 2015</b>		
59. Amendments					



# Affidavit for Correction

Mail to: 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
-------------------	------------	----------	------	------------------

**Required information must match current information on record**

Record Type:  Birth  Death  Marriage  Dissolution (Divorce)

1. Name on Record: \_\_\_\_\_ 2. Date of Event: \_\_\_\_\_ 3. Place of Event: \_\_\_\_\_

4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution): \_\_\_\_\_ 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution): \_\_\_\_\_

6. Name of Person Requesting Correction: \_\_\_\_\_ Relationship to Person on Record:  Self  Guardian  Informant  Hospital  Parent(s)  Funeral Director  Other (specify): \_\_\_\_\_

7. Return Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:**

The record now shows:	The true fact is:
8. _____	9. _____
10. _____	11. _____
12. _____	13. _____
14. _____	15. _____

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

16a. Signature: \_\_\_\_\_ 16b. Signature of 2<sup>nd</sup> parent (if required): \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS** - go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information

**Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof**

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

**Birth Certificates**

- Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate
- The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe
- Documentary proof must be five or more years old or established within five years of birth

**Child under 18**

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)\*
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name\*
- To correct parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

**Adult (18 years or older)**

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

\*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

**This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)**

**Death Certificates**

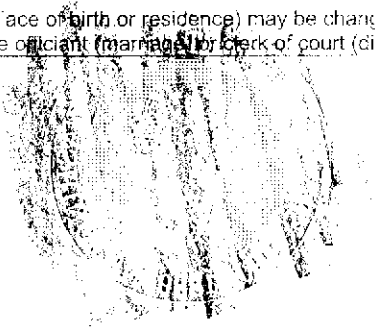
- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

**Marriage/Dissolution (Divorce) Certificates**

- Personal facts (spelling changes in name, date of birth or residence) may be changed by the person with one piece of documentary proof
- To change the date or place of marriage or dissolution, the officiant (minister) or clerk of court (dissolution) must complete and submit the affidavit

**CERTIFIED**

*Jeffrey S. Duchin*  
Jeffrey S. Duchin, MD  
10774  
Public Health  
Seattle & King County  
STATE OF WASHINGTON



CC00010774