

Return Address:



201505180120

Skagit County Auditor

\$75.00

5/18/2015 Page

1 of

4 10:45AM

Document Title:

Community Property Agreement

Reference Number (if applicable):

Grantor(s):

☐ additional grantor names on page ____.

1) Daniel T. Monahan

2) _____

Grantee(s):

☐ additional grantor names on page ____.

1) Nancy L. Monahan

2) _____

Abbreviated Legal Description:

☐ full legal on page(s) ____.

Lot 3 SP93-43
07/35/02

Assessor Parcel /Tax ID Number:

☐ additional parcel numbers on page ____.

P116987

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 5th day of October, 2006, by and between the following parties, who are husband and wife:

Husband: **DANIEL T. MONAHAN**
Wife: **NANCY L. MONAHAN**

residing in the state of Washington, is as follows:

WITNESSETH:

WHEREAS, all of the property, real, personal, and mixed, owned by or in the possession of either of the parties hereto, wherever situated, is their community property; and,

WHEREAS, said parties are desirous of executing a Community Property Agreement, as provided by the laws of the state of Washington (RCW 26.16.120), now, therefore,

IT IS MUTUALLY AGREED by and between the parties hereto, in consideration of the love and affection that each of the said parties has for the other, and for and in consideration of the mutual benefits to be derived by the parties hereto, as follows:

1. That all of the property of whatsoever nature or description, whether real, personal or mixed, and wheresoever situated, now owned or hereafter acquired by them or either of them, 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 defined in the preceding paragraph shall immediately vest in fee simple in the survivor of them, to be held and disposed of by said survivor in such manner as he or she shall see fit.

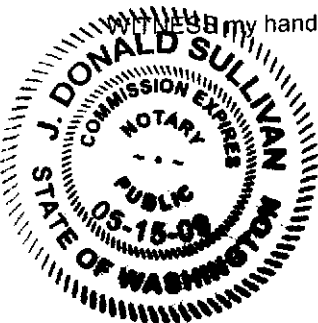
IN WITNESS WHEREOF, the parties have hereunto set their hands and seals on the day and year first written above.

Daniel T. Monahan
DANIEL T. MONAHAN, Husband

Nancy L. Monahan
NANCY L. MONAHAN, Wife

STATE OF WASHINGTON)
) ss.
COUNTY OF KING)

This is to certify that on this 5th day of October, 2006, before me, a Notary Public in and for the state of Washington, duly commissioned and sworn, personally appeared DANIEL T. MONAHAN and NANCY L. MONAHAN, husband and wife, to me known to be the individuals described in and who executed the foregoing Community Property Agreement, and acknowledged to me that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.



SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20151743
MAY 18 2015

Amount Paid \$
Skagit Co. Treasurer
By ML Deputy

[Signature]
NOTARY PUBLIC for the state of Washington, residing at
Seattle, Washington. My appointment expires 5/15/09

STATE OF WASHINGTON DEPARTMENT OF HEALTH

VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number 3223		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST DANIEL THOMAS MONAHAN						2. Death Date 03/22/2013	
3. Sex (M/F) M	4a. Age - Last Birthday 66	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) Seattle		8b. (State or Foreign Country) Washington		9. Decedent's Education Some College	
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., 624 SE 5th St.) (Include Apt. No.) 2617 Lake Youngs Ct SE						13b. City or Town Renton	
13c. Residence: County King		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 98058	
14. Estimated length of time at residence. 35 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Nancy Gisslin			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Railroad Conductor				18. Kind of Business/Industry (Do not use Company Name) Railroad			
19. Father's Name (First, Middle, Last, Suffix) John Raymond Monahan				20. Mother's Name Before First Marriage (First, Middle, Last) Veronica Bridget [REDACTED]			
21. Informant's Name Melissa Monahan		22. Relationship to Decedent Daughter		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 10532 63rd Dr NE Marysville, WA 98270			
24. Place of Death, if Death Occurred in a Hospital: Decedent's home				25. Facility Name (If not a facility, give number & street or location) 2617 Lake Young Ct.			
26a. City, Town, or Location of Death Renton		26b. State WA		27. Zip Code 98058		28. Method of Disposition Cremation	
29. Place of Final Disposition (e.g., cemetery, crematory, other place) Heritage [REDACTED]		30. Location: City/Town, and State Marysville, WA		31. Name and Complete Address of Funeral Facility American Cremation & Casket Al [REDACTED]		32. Date of Disposition 03/26/2013	
33. Funeral Director Signature <i>[Signature]</i>				34. Cause of Death (See instructions and examples) myocardial infarction			
35. 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. type 2 diabetes, hypertension, alcohol use				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"/> Undetermined <input type="checkbox"/> Accident <input type="checkbox"/> Pending <input type="checkbox"/> Suicide				39. 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"/> Pregnant at time of 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		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy) [REDACTED]		42. Hour of Injury (24hrs) [REDACTED]		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) [REDACTED]		44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street [REDACTED]				46. Describe how injury occurred [REDACTED]		47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician - To the best of my knowledge, death occurred at place and date, the cause(s) and manner stated. <i>[Signature]</i>				48b. 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. [REDACTED]			
49. Name and Address of Certifier - Physician, Medical Examiner, or Coroner Craig McGoran, MD 17900 Tall [REDACTED]				50. Hour of Death (24hrs) 1811		51. Name and Title of Attending Physician if other than Certifier [REDACTED]	
52. Date Signed (mm/dd/yyyy) 3/25/13		53. Title of Certifier MD		54. License Number 060 30 [REDACTED]		55. Medical Examiner/Coroner File Number [REDACTED]	
56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				57. Registrar Signature <i>[Signature]</i>			
58. Date Received (mm/dd/yyyy) MAR 27 2013				59. [REDACTED]			





Affidavit for Correction

Center for Health Statistics
P.O. Box 47811
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
-------------------	------------	----------	------	------------------

Use the section below for requesting any changes on the record.

Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
--------------------	-------------------	-------------------------------------

4. Father's Full Name (if married) (Husband for Marriage or Dissolution)	5. Mother's Full Maiden Name (if married) (Wife for Marriage or Dissolution)
--	--

The Record is incorrect or incomplete as follows:

The Record now shows:	The True fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as:	15. Telephone Number:
<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)	

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

15. Signature:	16. Date:	17. Address:
----------------	-----------	--------------

All vital records are registered as received.

Most changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Numerical Report (Social Security Administration)	School Transcripts (Official)
	Hospital/Medical Record	Military Record (DD Form 1300)	Voter's Registration Card (if it bears an effective date)
	Life Insurance Policy	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Record	Passport	We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18) or the adult themselves (if 18 or older) may change the birth certificate.
 - The proof(s) must match exactly 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, Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
 - Child (under 18)**
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
 - Adult (18 years or older)**
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.
4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form: DOH/CHS 021)

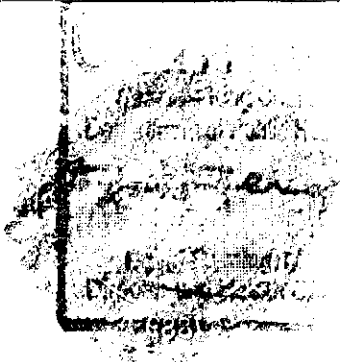
Death Certificates:

- Only the informant, the funeral director, or executor/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date, or place of birth or residence) may be changed by affidavit (with proof) by the person.
- 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 2012



XX00251107