

After recording return to:
Carolyn S. McManus
18140 Moores Garden Road
Mount Vernon, Washington 98273



201510120058

Skagit County Auditor
10/12/2015 Page

\$79.00
1 of 7 11:13AM

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2015-4/102
OCT 12 2015

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

COMMUNITY PROPERTY AFFIDAVIT

Grantor: McManus, Timothy E., Estate of
Grantee: McManus, Carolyn S.
Abbreviated Legal Description
(Full Legal Description on page 3): Tract 27, Moore's Garden Plat
Assessor's Property Tax No.: 3958-000-027-0005; P67563
Reference No.: Statutory Warranty Deed-Auditor's File No. 8706220077

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

Carolyn S. McManus, being first duly sworn, upon oath, declares as follows:

1. Status. I am the surviving spouse of Timothy E. McManus, who died on September 25, 2015, at 18140 Moores Garden Road, Mount Vernon, Skagit County, Washington (the "Decedent"). A certified copy of his Certificate of Death is attached to this Affidavit as Attachment A.

2. Community Property Agreement. On April 5, 2015, Decedent and I, as husband and wife, validly executed a written Community Property Agreement (the "Agreement"), which has remained valid and in full force since its execution. The Agreement is attached to this Affidavit as Attachment B.

3. Purpose of Affidavit. The statements set forth in this Affidavit are representations of facts that may be relied upon by all parties dealing with the real property located in Skagit County, Washington, and more fully described as:

TRACT 27, "MOORE'S GARDEN PLAT", AS PER PLAT RECORDED IN
VOLUME 7 OF PLATS, PAGE 10, RECORDS OF SKAGIT COUNTY,
WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

SUBJECT TO RESTRICTIVE COVENANTS IMPOSED UPON SAID PROPERTY BY INSTRUMENT DATED JUNE 30, 1954, RECORDED JULY 23, 1954, UNDER AUDITOR'S FILE NO. 504323, AMENDMENT RECORDED NOVEMBER 5, 1973, UNDER AUDITOR'S FILE NO. 792954 (SAID AMENDMENT MAY BE NOTICE OF A GENERAL PLAN).

(the "real property") and all other assets owned by the Decedent at the time of his death.

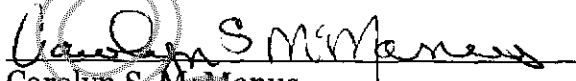
4. Real Property. During our marriage, Decedent and I, as husband and wife, acquired the real property by Statutory Warranty Deed dated June 22, 1987, which was recorded under Auditor's File Number 8706220077.

5. Community Property Subject to the Agreement. All of the Community Property is subject to the Agreement, all of its disposition is controlled by the Agreement, and all of it passed to me upon Decedent's death. Decedent owned no separate property at death.

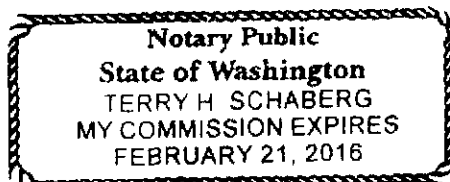
6. Decedent's Will and Probate. No proceedings have begun or are anticipated to have a Will of Decedent admitted to probate; to have a Personal Representative for Decedent appointed; or to set aside, cancel or revoke the Agreement.


7. Decedent's Debts and Expenses. All of the debts and expenses (including expenses of last illness, funeral, and burial) of Decedent and the liabilities and other obligations of the marital community have been paid in full.

Dated: October 11, 2015.


Carolyn S. McManus
18140 Moores Garden Road
Mount Vernon, Washington 98273

SUBSCRIBED AND SWORN TO before me on October 11, 2015.




Terry H. Schaberg
Notary Public in and for the State of
Washington
My Commission expires: 2/21/2016

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

ATTACHMENT A

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-026934

DATE ISSUED: 10/05/2015

FEE NUMBER: 0000000029

GIVEN NAMES: TIMOTHY EUGENE
LAST NAME: MCMANUS

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: SEPTEMBER 25, 2015
HOUR OF DEATH: 08:15 P.M.
SEX: MALE
AGE: 73 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: SOUTH GATE, LOS ANGELES CNTY, CALIFORNIA

MARITAL STATUS: MARRIED
SPOUSE: CAROLYN SUE DADY

OCCUPATION: NURSE
INDUSTRY: HEALTHCARE
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES? YES

INFORMANT: CAROLYN S. MCMANUS
RELATIONSHIP: SPOUSE
ADDRESS: 18140 MOORES GARDEN ROAD, MT. VERNON, WA 98273

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 18140 MOORES GARDEN RD
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 18140 MOORES GARDEN RD
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 982738710
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 28 YEARS

FATHER: FRANK EUGENE MCMANUS
MOTHER: THELMA JANE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HERITAGE CREMATORY
CITY, STATE: MARYSVILLE, WA
DISPOSITION DATE: OCTOBER 01, 2015

FUNERAL FACILITY: AMERICAN CREMATION AND CASKET ALLIANCE
ADDRESS: 3803 132ND PLACE NE
CITY, STATE, ZIP: MARYSVILLE WA 98271
FUNERAL DIRECTOR: JUDY A. JEWELL

CAUSE OF DEATH:
A. METASTATIC MELANOMA
INTERVAL: 26 YEARS
B.
INTERVAL:
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:

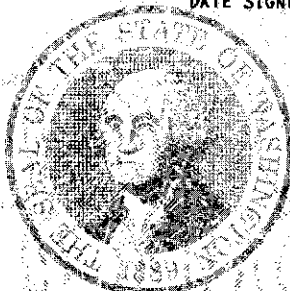
MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: JONATHAN C. GAMSON, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 2116 EAST SECTION STREET
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: SEPTEMBER 30, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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



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

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: SEPTEMBER 30, 2015

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: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
1. Name of 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: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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 foregoing is true and correct	
16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name:	Date:

INSTRUCTIONS - go to www.doh.wa.gov for more information

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

Requires 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

- 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 (prior spelling changes in name, date or place 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

DOH 422-034 January 2015

CERTIFIED

OCT 05 2015

Skagit County Health Department
Howard T. Ashland M.D. Health Officer

CC00228850

Community Property Agreement

Grantor (Husband): McManus, Timothy E.
Grantee (Wife): McManus, Carolyn S.

This Agreement is made this April 5, 2015, between Timothy E. McManus ("Husband") and Carolyn S. McManus ("Wife"), husband and wife, both of whom are domiciled in the State of Washington. In consideration of their mutual agreements set forth below, the parties agree as follows:

1. **Property Covered.** This Agreement shall apply to all community and separate property now owned or hereafter acquired by Husband and Wife or either of them (except for assets for which a separate beneficiary designation has been or is hereafter made by Husband or Wife and approved by the other spouse) even though some items may have been or may be purchased or acquired by one or the other or both or may have been or may be registered in the name of one or the other or both. All such property is declared to be community property of Husband and Wife and is referred to in this Agreement as the "described community property."

2. **Vesting at Death of a Spouse.** If Husband dies and Wife survives him, all of the described community property shall vest in the Wife as of the moment of Husband's death. If Wife dies and Husband survives her, all of the described community property shall vest in Husband as of the moment of Wife's death.

3. **Disclaimer.** Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, or with reference to specific parts, shares or assets thereof, in which event the interest disclaimed shall pass as if the provisions of paragraph 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternative disposition.

4. **Automatic Revocation.** The provisions of paragraph 2 shall be automatically revoked:

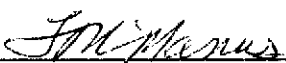
- a. Upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce; or
- b. Upon the establishment of a domicile out of the State of Washington by either party;
- c. Immediately prior to death, if the order of death cannot be ascertained; or
- d. Upon the application by either party for governmental medical assistance such as but not limited to Medicaid benefits.

5. **Optional Revocation by One Party.** If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 2 and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to attorney-in-fact or the guardian(s), if any, of the person and of the estate of the disabled person. For the purposes of this paragraph, a spouse shall be deemed disabled if a person duly licensed to practice medicine in the State of Washington signs a statement declaring that the person is unable to manage his or her own affairs.


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

7. **Revocation of Inconsistent Agreements.** To the extent this Agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

IN WITNESS WHEREOF, the said Timothy E. McManus and Carolyn S. McManus have hereunder set their signatures this April 5, 2015.



Timothy E. McManus
Husband



Carolyn S. McManus
Wife

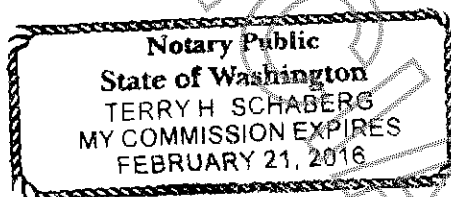
State of Washington)

) ss.

County of Skagit)

I certify that I know or have satisfactory evidence that Timothy E. McManus and Carolyn S. McManus are the persons who appeared before me, and said persons acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument. Witness my hand and official seal.

Dated: April 5, 2015.



Terry H. Schaberg
Terry H. Schaberg
Notary Public in and for the State of
Washington
My appointment expires 2/21/2016