

When Recorded Please Return To:  
LAWRENCE A. PIRKLE  
PO Box 1788  
Mount Vernon, WA 98273  
(360) 336-6587



201604260059  
Skagit County Auditor \$78.00  
4/26/2016 Page 1 of 6 3:39PM

DOCUMENT TITLE: Affidavit in Support of Community Property Agreement

REFERENCE NUMBER:

GRANTOR(S): Donna L. Mitchell

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
20161567  
APR 26 2016

GRANTEE(S): Public

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

LEGAL DESCRIPTION:

Lot One (1) Cummings third addition to Burlington, according to the recorded plat thereof on record in the office of the Auditor of Skagit County, Washington.

ASSESSOR'S TAX PARCEL NO: 4082-000-001-0002 (P72481)

**AFFIDAVIT IN SUPPORT  
OF  
COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON       )  
                                          ) ss.  
COUNTY OF SKAGIT       )

DONNA L. MITCHELL, being first duly sworn, on oath, deposes and says:

1. This Affidavit provides information for the record regarding that certain Community Property Agreement dated the 29th day of March, 1971, executed by GERALD E. MITCHELL and DONNA L. MITCHELL, husband and wife, (the "Agreement"), which is attached as Exhibit "A" and incorporated herein by this reference. 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 as set forth below.

2. GERALD E. MITCHELL (the "Decedent") was one of the parties to the Agreement and died on April 18, 2013 in Mount Vernon, Washington and his Death Certificate is attached as Exhibit "B" and 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 as follows:

**TPN: 4082-000-001-0002 (P72481)**

Lot One (1) Cummings third addition to Burlington, according to the recorded plat thereof on record in the office of the Auditor of Skagit County, Washington.

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.

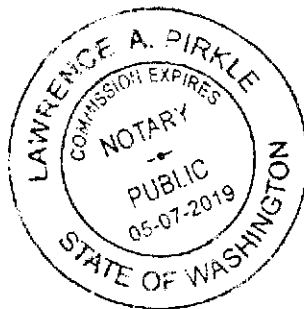
7. The Decedent was survived by the following persons:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
DONNA L. MITCHELL 1209 Curtis Street Burlington, WA 98233	Spouse	Legal
CYNTHIA LEE ARNOLD 13817 - 248th Avenue SE Monroe, WA 98272	Daughter	Legal
DEBRAH ANNA BLOODGOOD 1205 Shuler Avenue Burlington, WA 98233	Daughter	Legal

DATED this 25th day of April, 2016.

Donna L. Mitchell  
DONNA L. MITCHELL

SIGNED AND SWORN to before me this 25th day of April, 2016.



LAWRENCE A. PIRKLE

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

# Exhibit A

## COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 29<sup>th</sup> day of March, 1971, by and between GERALD E. MITCHELL and DONNA L. MITCHELL, husband and wife, of Burlington, Washington, pursuant to the provisions of Section 26.16.120, Revised Code of Washington, providing for agreements between husband and wife for the fixing of the status and disposition of community property to take effect upon the death of either,

WITNESSETH:

That, in consideration of the love and affection that each of said parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and promised as follows:

FIRST:

That all 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, including any separate property, shall be considered and is hereby declared to be community property and each hereby conveys and quit claims to the other his or her interest in any separate property he or she may now own or hereafter acquire so as to convert the same to community property.

SECOND:

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.

IN WITNESS WHEREOF, the said GERALD E. MITCHELL and DONNA L. MITCHELL, husband and wife, have hereunto set their hands and seals this 29<sup>th</sup> day of March, 1971.

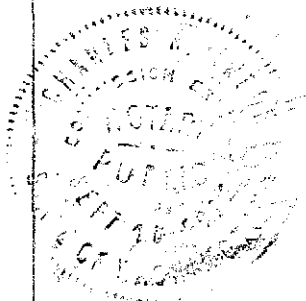
Gerald E. Mitchell  
Donna L. Mitchell

STATE OF WASHINGTON )  
COUNTY OF SKAGIT ) ss.

THIS CERTIFIES that on this 29<sup>th</sup> day of March, 1971, personally appeared before me GERALD E. MITCHELL and DONNA L. MITCHELL, to me known to be the individuals who executed the foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written.

Charles R. Swede  
Notary Public in and for the State  
of Washington, residing at  
Burlington.



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Exhibit B

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-097015

DATE ISSUED: 04/22/2013

FEE NUMBER: 0000000029

GIVEN NAMES: GERALD EARL  
LAST NAME: MITCHELL

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: APRIL 18, 2013  
HOUR OF DEATH: 07:10 A.M.  
SEX: MALE  
AGE: 86 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: URCHARD, ANTELOPE CNTY, NEBRASKA

MARITAL STATUS: MARRIED  
SPOUSE: DONNA NELSON

OCCUPATION: ASSISTANT POSTMASTER  
INDUSTRY: POSTAL SERVICE  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? YES

INFORMANT: DONNA MITCHELL  
RELATIONSHIP: WIFE  
ADDRESS: 1209 CURTIS STREET, BURLINGTON, WA 98233

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: MIRA VISTA CARE CENTER  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 1209 CURTIS STREET  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 50 YEARS

FATHER: ROY EARL MITCHELL  
MOTHER: GRACE [REDACTED]

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: BURLINGTON CEMETERY  
CITY, STATE: BURLINGTON, WA  
DISPOSITION DATE: APRIL 22, 2013

FUNERAL FACILITY: KERN FUNERAL HOME  
ADDRESS: 1122 S. 3RD STREET  
CITY, STATE, ZIP: MT. VERNON WA 98273  
FUNERAL DIRECTOR: REX E. WATT

CAUSE OF DEATH:  
A. UNSPECIFIED NATURAL CAUSES  
INTERVAL: IMMEDIATE

B.  
INTERVAL:

C.  
INTERVAL:

D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
LUNG CANCER, AORTIC STENOSIS, POLIOMYELITIS

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

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

CERTIFIER NAME: DALE R. ABBOTT, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: PO BOX 329  
CITY, STATE, ZIP: BURLINGTON WA 98233  
DATE SIGNED: APRIL 18, 2013



CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NJA-253

ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
MEL PEDROSA  
DATE RECEIVED: APRIL 19, 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 File Number	Fee Number	Initials	Date	Affidavit Number
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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
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1. Name on record:	2. Date of Event:	3. Place of Event. (City or County)
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4. Father's Full Name (For Birth); (Husband for Marriage or Dissolution)	5. Mother's Full Maiden Name (For Birth); (Wife for Marriage or Dissolution)
--------------------------------------------------------------------------	------------------------------------------------------------------------------

The Record is incorrect or incomplete as follows:

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

14. I represent the person as:	<input type="checkbox"/> Self	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Informant	Telephone Number:
	<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:
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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-284)	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.
- 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 executors/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-115 023a January 2012

**\*CERTIFIED\***

APR 22 2013

Skagit County Public Health Department  
Howard Leibbrand M.D., Health Officer

XX00238876