



Skagit County Auditor  
8/19/2016 Page

1 of

\$79.00  
7 12:52PM

**After recording please return to:**

Shirley Spencer  
306 Snohomish Drive  
La Conner, WA 98257

**RECORDING COVER PAGE**

DOCUMENT TITLE: Affidavit of Community Property Agreement

GRANTORS: Walter R. Spencer and Shirley R. Spencer

GRANTEE: The Public

RELATED DOCUMENTS: Skagit Auditor #8911210014.

TAX PARCEL #: P129139

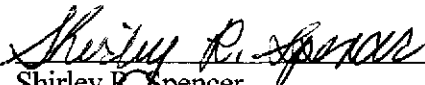
ABBR. LEGAL: Lot 306, Shelter Bay.

**AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT  
OF  
WALTER R. SPENCER AND SHIRLEY R. SPENCER**

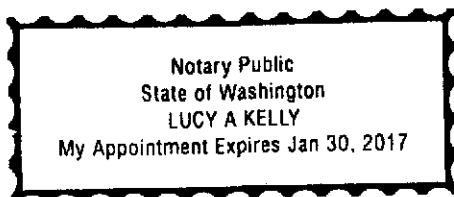
State of Washington    )  
                                      )  
County of Skagit        )     ss.

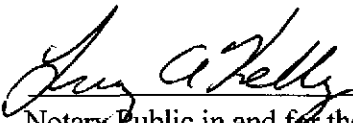
Shirley R. Spencer, being first duly sworn, deposes and says:

1. I am the surviving spouse of Walter R. Spencer, who died on June 17, 2016.
2. Walter R. Spencer and I, as husband and wife, executed a Community Property Agreement on October 21, 2015, which provided for the disposition of all community property as between ourselves. The original Community Property Agreement is attached to this Affidavit and will be recorded with the Skagit County Auditor's Office.
3. The Community Property Agreement was validly executed, and was in full force and effect on the date of Walter R. Spencer's death.
4. By virtue of the Community Property Agreement, all property owned by Walter R. Spencer passed to me as sole owner.
5. There are no unpaid creditors of Walter R. Spencer, nor unpaid funeral expenses or expenses of last illness. No state or federal estate tax is due on his estate.
6. This Affidavit is made to induce a title company to issue its policies of title insurance on real property passing to the surviving spouse, and to induce financial institutions to transfer funds or securities, by virtue of said Community Property Agreement, and in reliance upon the representations set forth above.

  
Shirley R. Spencer

Subscribed and sworn to before me this 11<sup>th</sup> day of August, 2016 by Shirley R. Spencer.



  
Notary Public in and for the State  
of Washington, residing at La Conner  
My Commission Expires: 1-30-2017

## Community Property Agreement

THIS AGREEMENT is made October 21, 2015, at La Conner, Washington, between Walter R. Spencer ("Husband") and Shirley R. Spencer ("Wife"), husband and wife, both of whom are domiciled in the state of Washington, pursuant to Section 26.16.120 of the Revised Code of Washington. In consideration of their mutual agreements set forth below, the parties agree as follows:

1. Status of Property. All property (including, but not limited to, property owned at the time of their marriage, property received up to the date of this Agreement by gift, bequest, legacy, devise or inheritance, or proceeds, income, rents, issues, profits, gains and appreciation from such property) of whatsoever nature and description, whether real or personal, wherever situated, now owned by Husband and Wife, or by either of them, or hereafter acquired during the existence of the marital community, is and shall be considered community property.

2. Disposition of Community Property at Death. If one spouse dies and the other spouse survives by ten (10) days, all of the described community property shall vest in the surviving spouse as of the moment of death of the first spouse to die.

3. Exception to Agreement. Either spouse may, with the written agreement of the other spouse, reserve separate property and dispose of it outside of this Agreement by making a separate beneficiary designation for a particular asset, such as an IRA, life insurance policy, or annuity, but not by Will. This exception shall apply only to such designations made after the date of this Agreement.

4. 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 references to specific parts, shares or assets thereof. Any interest so 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 other disposition.

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

6. Optional Revocation By One Party. If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 2. The Termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardian(s), 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 two licensed physicians state in writing that the spouse is unable to manage his or her own affairs.

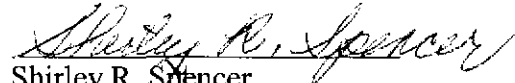
7. Termination. This Agreement shall terminate under any of the following circumstances:

- (i) The mutual agreement of the parties in writing.
- (ii) The provisions of Paragraph 2 shall be deemed mutually terminated upon the earlier to occur of (a) the termination of the marital community, or (b) the filing by either party of a petition for dissolution of their marriage, for divorce or for the annulment of their marriage (the Termination). Following such Termination, property thereafter acquired by Husband or Wife shall be the acquiring spouse's separate property, and the income, rents, issues, profits, gains and appreciation attributable to property which was their community property shall be their respective separate property in equal shares. Any property which was community property at the Termination shall not cease to be such merely by reason of the Termination.
- (iii) Immediately prior to death if neither party survives the other by ten (10) days.

8. Independent Counsel. Husband and Wife each recognize that he or she has a right to be represented by independent counsel in arriving at this Agreement. Each of them hereby waives said right and states that he or she has had an adequate, fair and full disclosure of all assets now owned and the value of each involved in this Agreement.

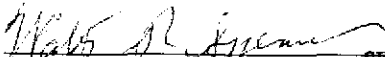
DATED as first stated above.

  
Walter R. Spencer  
Husband

  
Shirley R. Spencer  
Wife


#### Acknowledgement of Advice as to Retention of Separate Counsel


We have both been advised that the foregoing document may have a significant effect on how our property is owned and who may receive assets at our deaths. We have been advised by our attorney, Felicia Value, to obtain separate counsel to review our respective rights and the effects of this Agreement and all matters incident to it. We each decline to obtain such separate counsel, and acknowledge that we nevertheless enter into this Agreement freely and voluntarily.

  
Walter R. Spencer  
Husband

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

20163644  
AUG 19 2016

Amount Paid \$  
Skagit Co. Treasurer  
By  Deputy

  
Shirley R. Spencer  
Wife

STATE OF WASHINGTON )

: ss

County of Skagit )

I certify that I know or have satisfactory evidence that Walter R. Spencer and Shirley R. Spencer are the persons who appeared before me, and said persons each acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated

October 21, 2015

Becky R Bell

Notary Public in and for the State  
of Washington, residing at La Conner

My Commission Expires: 24/18/2019



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-025027

DATE ISSUED: 06/21/2016

FEE NUMBER: 000000029

GIVEN NAMES: WALTER R  
LAST NAME: SPENCER

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JUNE 17, 2016  
HOUR OF DEATH: 01:30 P.M.  
SEX: MALE  
AGE: 89 YEARS

SOCIAL SECURITY NUMBER: 537-20-9139

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: JUNE 15, 1927  
BIRTHPLACE: ANACORTES, SKAGIT CNTY, WASHINGTON

MARITAL STATUS: MARRIED  
SPOUSE: SHIRLEY ROBERTS

OCCUPATION: COMMERCIAL FISHERMAN  
INDUSTRY: FISHING  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? YES

INFORMANT: SHIRLEY SPENCER  
RELATIONSHIP: WIFE  
ADDRESS: 306 SNOHOMISH DRIVE LACONNER, WA 98257

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: ISLAND HOSPITAL  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 306 SNOHOMISH DRIVE  
CITY, STATE, ZIP: LACONNER, WASHINGTON 98257  
INSIDE CITY LIMITS? NO  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 26 YEARS

FATHER/PARENT: ROSS SPENCER  
MOTHER/PARENT: JESTA OWEN

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMAT  
CITY, STATE: MOUNT VERNON, WA  
DISPOSITION DATE: JUNE 20, 2016

FUNERAL FACILITY: ALPHA-OMEGA BURIAL & CREMATION  
ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON WA 98273  
FUNERAL DIRECTOR: KIRK S. DUFFY

CAUSE OF DEATH:  
A. HEALTHCARE-ACQUIRED ACUTE BACTERIAL PNEUMONIA DUE TO PSEUDOMONAS AERUGINOSA  
INTERVAL: 4 DAYS

B. CHRONIC OBSTRUCTIVE PULMONARY DISEASE  
INTERVAL: DECADES

C.  
INTERVAL:

D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
CORONARY ARTERY DISEASE, ACUTE MYOCARDIAL INFARCTION

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK?  
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

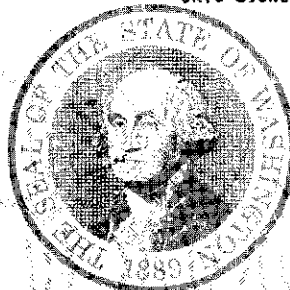
MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? YES  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: CHARLES V. KOTAL  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 912 32ND STREET, SUITE A  
CITY, STATE, ZIP: ANACORTES WA 98221  
DATE SIGNED: JUNE 20, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

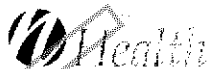


CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: 406

ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
MEL PEDROSA  
DATE RECEIVED: JUNE 20, 2016

DOH 01-003 (10/15)



# Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504 /814  
360-236-4330

## STATE OFFICE USE ONLY

State File Number: \_\_\_\_\_ Fee Number: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Affidavit Number: \_\_\_\_\_

### Required information must match current information on record

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record: _____	2. Date of Event: _____	3. Place of Event: _____	
	4. Father/Parent Full Legal 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 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/Dissolution 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

1. 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.
2. 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.
3. 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, 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

1. 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). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

#### Marriage/Dissolution (Divorce) Certificates

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

DOH 422-034 October 2015

**CERTIFIED**

JUN 21 2016

*Howard Leong*  
Signature of Notary Public  
Howard Leong, Notary Public

GG00004977