

After Recording Return To:

Betts Austin Johnson, pllc  
2200 Rimland Drive, Suite 230  
Bellingham, WA 98226



201610070147

Skagit County Auditor \$79.00  
10/7/2016 Page 1 of 7 2:19PM

DOCUMENT TITLE: AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT  
REFERENCE NO. OF RELATED DOCUMENT: N/A  
PARTIE(S): DOUGLAS E. REECE  
ABBREVIATED LEGAL DESCRIPTION(S): 1) Ptn Govt Lot 4, S25, T33N, R4E, W.M.  
TWP 33 R 04 SEC 25  
2) Ptn BNRR R/W AF#8702180078  
TWP 33 R 04 SEC 25  
LEGAL DESCRIPTION ON PAGE 2  
TAX PARCEL NUMBER(S): 1) P17244; and  
2) P17206

**AFFIDAVIT IN SUPPORT OF  
COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF WHATCOM )

I, DOUGLAS E. REECE, being first duly sworn on oath, depose and say:

1. I am one of the surviving descendants of Harold K. Reece who died at Sedro Woolley, Skagit County, State of Washington, on August 3, 2008, and Elizabeth Ann Reece who died at Bellingham, Whatcom County, State of Washington, on October 12, 2014 (see Certificates of Death attached hereto); having provided for the disposition of all community property as between them under a Community Property Agreement dated November 11, 1995, and recorded on July 31, 2015, in the Skagit County Auditor's office under Auditor's File No. 201507310021. I am also a co-Personal Representative of the Estate of Elizabeth Ann Reece.

2. There are no unpaid creditors of Harold K. Reece or Elizabeth Ann Reece or of their former marital community, nor any unpaid funeral expenses or expense of last illness.

3. The parties to the Community Property Agreement referred to above entered into no subsequent Wills or Agreements which would have the effect of abrogating or nullifying the above mentioned Community Property Agreement.

4. Among other items of community property is the real property commonly known as:

(a) 22661 Hull Road, Mount Vernon, Washington, and legally described as follows:

A tract of land in Government Lot 4, Section 25, Township 33 North, Range 4 East, W.M., described as follows:

Beginning at a point 827.64 feet south and 1309.81 feet east of the center of said Section 25, Said point being the southwest corner of Lot 10, "Hull's Waterfront Tracts," according to the plat recorded in Volume 7 of Plats, page 33, records of Skagit County, Washington; thence Southerly along a line which is 30 feet Easterly and parallel to the Easterly right of way line of the Northern Pacific Railroad to a point which is 877.64 feet south and 1314.35 feet east of the center of said Section 25, said point being the northwest corner of Lot 11 of said plat; thence east along the north line of said Lot 11 to the shore of Lake McMurray; thence northerly along said lake shore line to the south line of said Lot 10; thence west along said south line to the point of beginning.

(b) Parcel No. P17206 located in Mount Vernon, Washington, legally described as follows:

That portion of the Burlington Northern Railroad Company right-of-way, conveyed by deed recorded under Auditor's File No. 8702180078, records of Skagit County, Washington, lying easterly of the main tract centerline as recorded December 26, 1890 in Book 13 of deeds, page 566, and lying south of the westerly extension of the south line of Lot 10, Hull's Waterfront Tracts, according to the plat thereof recorded in Volume 7 of plats on page 33, records of Skagit County, Washington, and lying north of the westerly extension of the north line of Lot 11 of said plat.



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

2008 - 79183

1. Legal Name (Last, First, Middle, LAST, Suffix)				2. Death Date	
HAROLD KENNETH REECE				August 3, 2008	
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	
Male	79				
6. Birthplace (City, Town, or County)		7B. (State or Foreign Country)		8. Education	
Seattle		Washington		Tenth grade	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify			11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces? Yes
No			Caucasian		Yes
12. Residence: Number and Street (e.g., 524 SE 1 <sup>st</sup> St.) (Include Apt. No.)				13b. City or Town	
22661 Hull Road				Mount Vernon	
12a. Residence: County		13a. State or Foreign Country		13f. Zip Code + 4	13g. Inside City Limits? Yes No Unk
Skagit		Washington		98274	
14. Estimated length of time at residence		15. Marital Status at Time of Death		16. Surviving Spouse's Name (give name prior to last marriage)	
16 years		Married		Elizabeth Alexander	
17. Usual Occupation (indicate type of work done during most of working life. (do not use retired))			18. Kind of Business/Industry (do not use Company Name)		
Deputy Sheriff			Law Enforcement		
19. Father's Name (First, Middle, Last, Suffix)			20. Mother's Name Before First Marriage (First, Middle, Last)		
John Reece			Velma		
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or PO Box, City or Town, State, Zip	
Elizabeth Reece		Wife		22661 Hull Road Mount Vernon, WA 98274	
24. Place of Death, if Death Occurred in a Hospital				25. Facility Name (if not a facility, give number & street or location)	
ER - Out-Patient				United General Hospital	
26. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State	
Cremation		Mount Vernon Cemetery Crematory		Mount Vernon, Washington	
31. Name and Complete Address of Funeral Facility				32. Date of Disposition	
Lanley Chapel, Inc 1008 Third Street Sedro-Woolley, WA 98284				August 5, 2008	
33. Funeral Director Signature <i>Rich Lanley</i>					
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 vascular insufficiency without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Chronic obstructive pulmonary disease</i> Interval between Onset & Death <i>years</i>					
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. <i>Alzheimer's dementia</i> Interval between Onset & Death <i>years</i>					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above					
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		39. If female		40. Did tobacco use contribute to death?	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of 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. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street, City or Town, State, Zip				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				48b. Medical Examiner/Coroner	
<i>T.W. Martin, Jr. MD</i>					
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type & Title)				50. Hour of Death (24hrs)	
T.W. Martin, Jr. MD 1990 Hospital Dr. Ste 200 Sedro-Woolley, WA 98284				2141 hrs	
51. Name and Title of Attending Physician if other than Certifier (Type or Title)				52. Date Signed (mm/dd/yyyy)	
				August 5, 2008	
53. Title of Certifier		54. License Number		55. ME/Coroner File Number	
Physician		MD00014430		NJA-347	
57. Registrar Signature				58. Date Received (mm/dd/yyyy)	
<i>Maria H. Valencia, Deputy Registrar</i>				AUG - 8, 2008	

COPY



# 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	File Number	Initials	Date	Affidavit Number
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Required information must match current information on record

<b>Required</b>	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/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.
- |  |  |
|--|--|
| <p><b>Child under 18</b></p> <ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship</li> <li>• 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)*</li> <li>• After age one, a court order is required to change the last name</li> <li>• No proof is required to change the first or middle name*</li> <li>• To correct parent's information, one documentary proof is required.</li> <li>• To correct the sex of the child, one documentary proof from a medical provider is required</li> </ul> | <p><b>Adult (18 years or older)</b></p> <ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate</li> <li>• If the first or middle name is missing, three pieces of documentary proof are required</li> <li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li> <li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li> </ul> |
|--|--|

\*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

- 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.
- 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 (minor 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 (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

EE00028256

COPY

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-024130

DATE ISSUED: 10/30/2014

FEE NUMBER: 0000000057

GIVEN NAMES: ELIZABETH ANN  
LAST NAME: REECE

COUNTY OF DEATH: WHATCOM  
DATE OF DEATH: OCTOBER 12, 2014  
HOUR OF DEATH: 09:53 AM  
SEX: FEMALE  
AGE: 70 YEARS

PLACE OF DEATH: HOSPICE FACILITY  
FACILITY OR ADDRESS: WHATCOM HOSPICE HOUSE  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

SOCIAL SECURITY NUMBER:

RESIDENCE STREET: 3621 ILLINOIS LANE  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

INSIDE CITY LIMITS? YES  
COUNTY: WHATCOM  
TRIBAL RESERVATION? NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 2 YEARS

BIRTHDATE: [REDACTED]  
BIRTHPLACE: DENVER, COLORADO

FATHER: JAMES ALEXANDER  
MOTHER: MARY [REDACTED]

MARITAL STATUS: WIDOWED  
SPOUSE:

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: SAFE HARBOR FUNERAL SERVICE  
CITY, STATE, ZIP: BLAINE, WA  
DISPOSITION DATE: OCTOBER 27, 2014

OCCUPATION: REGISTERED NURSE  
INDUSTRY: HEALTHCARE  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES? NO

FUNERAL FACILITY: SAFE HARBOR FUNERAL SERVICE  
ADDRESS: 2750 PEACE PORTAL, SUITE 0  
CITY, STATE, ZIP: BLAINE WA 98230  
FUNERAL DIRECTOR: JASON E. LINDE

INFORMANT: DOUGLAS REECE  
RELATIONSHIP: SON  
ADDRESS: 3621 ILLINOIS LANE BELLINGHAM, WA 98226

CAUSE OF DEATH:  
A. BRAIN CANCER, UNKNOWN PRIMARY  
INTERVAL: 2 MONTHS

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

LOCATION OF INJURY:

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

CERTIFIER NAME: ERIC C. MILLER, ARNP  
TITLE: ARNP  
CERTIFIER  
ADDRESS: 2806 DOUGLAS  
CITY, STATE, ZIP: BELLINGHAM WA 98225  
DATE SIGNED: OCTOBER 16, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

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

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:  
HARRIET SOLUMAN  
DATE RECEIVED: OCTOBER 24, 2014

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

DDH 91-003 (9/14)

COPY



# Affidavit for Correction

Mail to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300  
www.doh.wa.gov

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:  Birth  Death  Marriage  Dissolution

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

4. Father/Parent Full Birth Name \_\_\_\_\_ 5. Mother/Parent Full Birth Name \_\_\_\_\_

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:  Self  Parent  Guardian  Informant  Funeral Director  Other (Specify) \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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: \_\_\_\_\_

(Printed Name)

All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

Birth Record	Full Nuptial Report (Social Security Administration)	School Transcripts (Official)
Certificate of Naturalization	Marriage/Divorce Record	Alien Registration (front and back)
Military Record (DD-214)	Life Insurance Policy	Hospital/Medical Record
Passport		

#### Birth Certificates

- Only a parent, 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 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
  - 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/parent full birth name, father/parent full birth 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 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.
  - To correct the sex of the child, submit one proof from a medical provider.
- 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, 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.
  - 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 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 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.

WHATCOMB COUNTY  
HEALTH DEPARTMENT  
DO NOT REPRODUCE

DOH 422-034 June 2014

OCT 30 2014

REC'D  
REC'D  
REC'D

BB00042067

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