



201611170018

Skagit County Auditor
11/17/2016 Page

1 of

\$80.00

8 10:15AM

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

DOCUMENT TITLE: Lack of Probate Affidavit/Affidavit in Support of
Community Property Agreement with Certificate of Death

REFERENCE NUMBER:

GRANTOR(S): Elizabeth J. Elwell (aka Betty J. Elwell)

GRANTEE(S): Public

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20165209

NOV 17 2016

LEGAL DESCRIPTION:

Amount Paid \$ *8*
Skagit Co. Treasurer
By *Mem* Deputy

Unit 19, STONEBRIDGE CONDOMINIUM, as recorded August 20, 2003,
under Auditor's File No. 200308200025, and the 4th AMENDED SURVEY
MAP and PLANS THEREOF as recorded October 11, 2002, under Auditor's
File No. 200210110206, records of Skagit County, Washington.

ASSESSOR PARCEL NO: 4775-000-019-0000 (P119608)

**LACK OF PROBATE AFFIDAVIT
AND
AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON)
)
COUNTY OF SKAGIT) ss.

ELIZABETH J. ELWELL (aka BETTY J. ELWELL), being first duly sworn, deposed and says:

1. That the undersigned Affiant is the surviving spouse of JOHN F. ELWELL, who passed away on July 29, 2015 in Skagit County, State of Washington, then being a legal resident of Mount Vernon, Washington.
2. Decedent and his surviving spouse executed a Community Property Agreement dated April 6, 2004, a copy of which is attached hereto since the original cannot be located.
3. The real property is commonly known as 2515 Stonebridge Way, Mount Vernon, Washington 98273 (Tax Parcel No. 4775-000-019-0000 (P119608)) and legally described as follows:

Unit 19, STONEBRIDGE CONDOMINIUM, as recorded August 20, 2003, under Auditor's File No. 200308200025, and the 4th AMENDED SURVEY MAP and PLANS THEREOF as recorded October 11, 2002, under Auditor's File No. 200210110206, records of Skagit County, Washington.

4. The heirs at law of decedent, including spouse, natural or adopted children, children of any predeceased child, brothers and sisters of decedent and any surviving parents are as follows:

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
ELIZABETH J. ELWELL (aka BETTY J. ELWELL) 2515 Stonebridge Way Mount Vernon, WA 98273	Spouse	Legal
CONSTANCE M. SHULTZ 4629 Park View Lane Mount Vernon, WA 98274	Stepdaughter	Legal
DANIEL L. HOWE 14908 NW 25th Ave. Vancouver, WA 98685	Stepson	Legal

STEPHEN M. HOWE
215 – 129th Ave. NE
Bellevue, WA 98005

Stepson

Legal

NANCY M. PAPPAS
5315 N. Anne Street
Coeur d'Alene, ID 83815

Daughter

Legal

5. All the debts of the decedent's and/or the marital community, including but not limited to, all expenses due to decedent's last illness, funeral and burial and all applicable federal and state succession or inheritance taxes, have been fully paid.

6. The decedent had never received, from the State of Washington, assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.

7. As of the date of death, the value of all community property of decedent was approximately \$ n/a. The value of all separate property of decedent was approximately \$ n/a. The combined assets of the decedent and JOHN F. ELWELL were under the State of Washington and Federal Estate Tax amount to require any Estate tax returns to be filed.

8. I, ELIZABETH J. ELWELL (aka BETTY J. ELWELL), affirm that I am the sole and rightful heir to the property legally described above.

9. That the transfer of this property is exempted from the real estate excise tax pursuant to RCW 458-61A-202(4).

DATED the 15th day of November, 2016.

Elizabeth J. Elwell
ELIZABETH J. ELWELL,
(aka BETTY J. ELWELL)

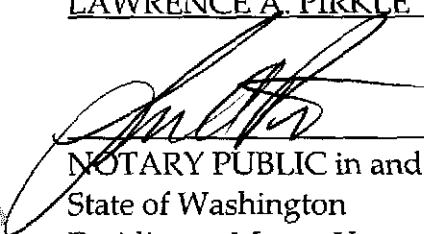
STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that ELIZABETH J. ELWELL (aka BETTY J. ELWELL) is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED the 15th day of November, 2016.



LAWRENCE A. PIRKLE


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

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-021166

DATE ISSUED: 07/31/2015

FEE NUMBER: 0000000029

GIVEN NAMES: JOHN FORREST
LAST NAME: ELWELL

SUFFIX: JR

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JULY 29, 2015
HOUR OF DEATH: 01:15 P.M.
SEX: MALE
AGE: 86 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: FORT LEWIS, PIERCE CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: ELIZABETH JEAN VAN HORN

OCCUPATION: AIR TRAFFIC CONTROLLER
INDUSTRY: AVIATION
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? YES

INFORMANT: ELIZABETH J ELWELL
RELATIONSHIP: WIFE
ADDRESS: 2515 STONEBRIDGE WAY, MOUNT VERNON, WA 98273

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 2515 STONEBRIDGE WAY
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 2515 STONEBRIDGE WAY
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER: JOHN FORREST ELWELL
MOTHER: GOLDIE RUTH [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: JULY 31, 2015

FUNERAL FACILITY: KERN FUNERAL HOME
ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON WA 98273
FUNERAL DIRECTOR: RODGER L. TRIAX

CAUSE OF DEATH:
A. CONGESTIVE HEART FAILURE
INTERVAL: YEARS
B. AORTIC STENOSIS
INTERVAL: YEARS
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:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

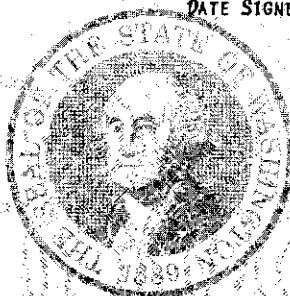
NUMBER(S): NONE
DATE(S): NONE

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

CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 227 FREEMAN DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON WA 98273
DATE SIGNED: JULY 30, 2015

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA 462
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MARIA VIVANCO
DATE RECEIVED: JULY 31, 2015





Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-235 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 on 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:	Printed name:
Date:	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

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

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 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

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). 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 (minor 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 422-031 January 2015

CERTIFIED

JUL 31 2015

H. Anderson

Skagit County Health Department
Howard Anderson M.D. Health Officer

0000034376

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 6th day of April, 2004, by and between JOHN F. ELWELL and ELIZABETH J. ELWELL, husband and wife, of King County, Washington, pursuant to the provisions of Section 26.16.120 of the Revised Code of Washington, permitting agreements between husband and wife fixing 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 us has for the other, and in consideration of the mutual benefits to be derived by each of us, it is hereby agreed, promised and covenanted as follows:

FIRST: That all property of whatsoever nature and description, whether real, personal or mixed, and wheresoever situated, now owned or hereafter acquired by either of us, including separate property, shall be considered and is hereby declared to be community property.

SECOND: That upon the death of either of us, title to all community property as defined in the preceding paragraph is to vest immediately in fee simple to the survivor.

IN WITNESS WHEREOF, we, JOHN F. ELWELL and ELIZABETH J. ELWELL have hereunto set our hands this 6th day of April, 2004.

Angie Marvel
WITNESS

[Signature]
WITNESS

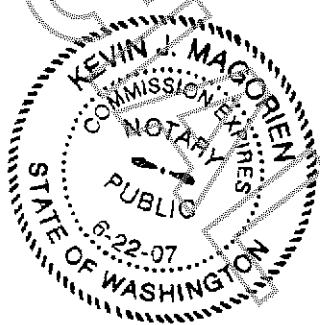
John F. Elwell
JOHN F. ELWELL

Elizabeth J. Elwell
ELIZABETH J. ELWELL

STATE OF WASHINGTON)
) ss.
COUNTY OF KING)

This certifies that on this 6th day of April, 2004, personally appeared before me JOHN F. ELWELL and ELIZABETH J. ELWELL, to me known to be the individuals described in and who executed the within and foregoing Community Property Agreement, and acknowledged that they executed 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.



Kevin J. Magorien

KEVIN J. MAGORIEN
NOTARY PUBLIC in and for the State of
Washington, residing at Seattle.
My Commission Expires: 6/22/2007