

Filed for Record at the Request of:

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Attorney at Law, P.S.  
1101 Eighth Street, Suite A  
Anacortes, WA 98221



Skagit County Auditor \$78.00  
12/2/2016 Page 1 of 6 10:26AM

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
2016 5443  
DEC 02 2016

Amount Paid \$ 78  
Skagit Co. Treasurer  
By *MAM* Deputy

DOCUMENT TITLE: Community Property Affidavit  
GRANTOR: Steven M. Clark, Deceased, Janet B. Clark, Surviving Spouse  
GRANTEE: Janet B. Clark, an unmarried woman  
ABBREV. LEGAL DESCRIPTION: DAVIS FIRST TO ANA. LTS 1 TO 4 BLK 4  
ASSESSOR'S TAX/PARCEL ID NO.: 3785-004-004-0003 / P57134

### COMMUNITY PROPERTY AFFIDAVIT

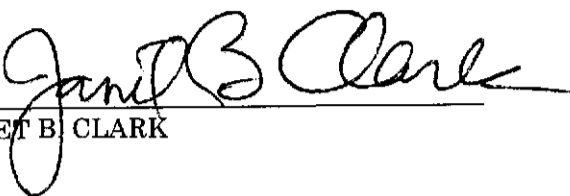
STATE OF WASHINGTON )  
) ss  
COUNTY OF SKAGIT )

JANET B. CLARK, being first duly sworn, upon oath deposes and says:

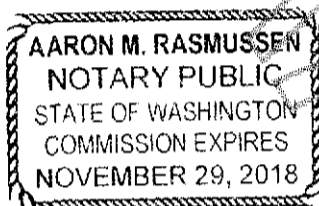
1. I am the lawful surviving spouse of STEPHEN M. CLARK ("Decedent"), who died November 25, 2015 at Anacortes, Washington. At that time and at all times referenced in this document, both of us were residents of Anacortes, Skagit County, Washington.
2. On April 19, 2009, Decedent and I, while married, executed an agreement entitled "Community Property Agreement" ("the Agreement") which is attached hereto. The Agreement provides that all property owned at the time of the Agreement or thereafter acquired by either or both spouses is community property, and that such property vests in the survivor immediately upon the death of either spouse. We were legally competent at the time of the Agreement and have executed no subsequent Wills or other instruments that would have the effect of abrogating or nullifying the Agreement.
3. At the time of and as a result of the Agreement, and at all subsequent times, all real and personal property in which Decedent or I had any interest was community property.
4. Among the items that Decedent and I held as community property at the time of Decedent's death was the following described real estate, situated in the County of Skagit, State of Washington:  
  
LOTS 1 THROUGH 4, BLOCK 4, DAVIS' FIRST ADDITION TO THE CITY OF ANACORTES, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 3 OF PLATS, PAGE 49, RECORDS OF SKAGIT COUNTY, WASHINGTON.
5. All expenses of Decedent's last illness, funeral, and costs of administration have been paid, and there are no unpaid creditors of Decedent or of the former marital community. Decedent's estate was not subject to state or federal transfer taxes, because its fair market value as of the date of Decedent's death was below the applicable exemption thresholds in effect at that time.
6. Decedent executed a Will on the same date that the Agreement was executed, April 19, 2009. The Will designates me as the beneficiary of 100% of Decedent's estate. No proceedings have occurred, nor are any proceedings contemplated, to probate decedent's estate. I am aware of no objection or proceeding relating to the estate of the decedent.

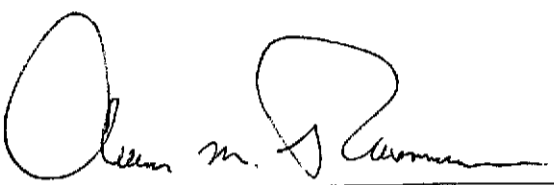
7. This affidavit is made to induce any and all title insurance companies to issue policies of title insurance on real property passing to me as the surviving spouse of Decedent, whether acquired as community property or converted to community property by operation of the Agreement, in reliance upon the representations herein set forth.

DATED this 29 day of November, 2016.

  
JANET B. CLARK

SUBSCRIBED and SWORN (or affirmed) to before me this 29 day of November, 2016.



  
NOTARY PUBLIC in and for the State of  
Washington, residing at Anacortes.  
My appointment expires 11-29-18.

## COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT is made by and between STEPHEN M. CLARK and JANET B. CLARK, husband and wife ("the Spouses"), both of whom are domiciled in the State of Washington. In consideration of their mutual agreements set forth below, the Spouses hereby agree as follows:

A. Status of Property. All property of whatever nature or description; whether real, personal, or mixed and wherever located; now owned, or hereafter acquired by the Spouses or either of them, shall be considered and hereby is declared to be community property.

B. Disposition of Property. Upon the death of one of the Spouses survived by the other Spouse, all the then-existing community property of the Spouses, real and personal, shall vest in and become the sole property of the surviving Spouse in fee simple.

C. Termination. This Agreement may be terminated upon mutual, written agreement of the Spouses or their acting Attorney(s)-in-fact. In the absence of other evidence indicating the Spouses' intent to terminate this Agreement, it shall, nevertheless, be deemed mutually terminated and of no further force or effect upon the occurrence of one or more of the following events:

- (1) Upon either Spouse filing a petition, complaint, or other pleading for legal separation, dissolution of the marriage, or to have the marriage declared invalid.
- (2) Immediately prior to death if both Spouses should die simultaneously or under circumstances where the order of death cannot be ascertained.

D. Optional Revocation by One Spouse. If either Spouse becomes incapacitated, the other Spouse shall have the power to revoke this agreement. The termination shall be effective upon the delivery of written notice thereof to the incapacitated Spouse and to the guardians, if any, of the person and of the estate of the incapacitated person. For purposes of this paragraph, a Spouse shall be deemed incapacitated upon receipt by the other Spouse of written notice, signed by the incapacitated Spouse's duly-licensed attending physician or by two duly-licensed physicians who have examined the incapacitated Spouse, declaring that the incapacitated Spouse is unable to manage his or her own affairs.

E. 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 B had been revoked as to such interest, with the surviving Spouse entitled to the benefits provided by any alternate disposition.



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-034023

DATE ISSUED: 12/01/2015

FEE NUMBER: 000000029

GIVEN NAMES: STEPHEN M  
LAST NAME: CLARK

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: NOVEMBER 25, 2015  
HOUR OF DEATH: 05:15 P.M.  
SEX: MALE  
AGE: 68 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: EVANSVILLE, VANDERBURGH CNTY, INDIANA

MARITAL STATUS: MARRIED  
SPOUSE: JANET BARCLAY

OCCUPATION: ENGLISH TEACHER  
INDUSTRY: PUBLIC EDUCATION  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES? NO

INFORMANT: JANET B. CLARK  
RELATIONSHIP: SPOUSE  
ADDRESS: 1102 G STREET, ANACORTES, WA, 98221

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 1102 G STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1102 G STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 30 YEARS

FATHER: JOSEPH RALPH CLARK  
MOTHER: MARY JUNE [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM  
CITY, STATE, ZIP: BLAINE, WA  
DISPOSITION DATE: DECEMBER 02, 2015

FUNERAL FACILITY: WHATCOM CREMATION & FUNERAL  
ADDRESS: 4202 GLIDE MERIDIAN #106  
CITY, STATE, ZIP: BELLINGHAM WA 98226  
FUNERAL DIRECTOR: TIM D. POWELL

CAUSE OF DEATH:  
A. NON SMALL CELL LUNG CANCER  
INTERVAL: 1 YEAR

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:

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: MARK S. BACKMAN, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 1213 24TH STREET, SUITE 100  
CITY, STATE, ZIP: ANACORTES WA 98221  
DATE SIGNED: NOVEMBER 27, 2015

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NJA 714

ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
MEL PEOROSA  
DATE RECEIVED: DECEMBER 01, 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
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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 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"/> Parent(s)	<input type="checkbox"/> Funeral Director	<input type="checkbox"/> Other (specify)	
7. Return Mailing Address:					
Telephone Number:			E-mail 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 - legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate
  - The parent(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, the name can be changed once to either parents' name or combination of 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 change the sex of the child, one documentary proof from a medical professional is required.</li> <li>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.</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> |
|---|--|

**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 history (other 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 (magistrate/clerk of court (dissolution) must complete and submit the affidavit

DOH 422-032 January 2015

**\*CERTIFIED\***

DEC 01 2015

*Howard L. Brand*  
**Howard L. Brand M.D., Health Officer**

CC00229615