



201702270077

Skagit County Auditor

\$78.00

2/27/2017 Page

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6 9:30AM

AFTER RECORDING RETURN TO:

**McGrane & Schuerman
298 South Main, Suite 304
Colville, WA 99114**

**AFFIDAVIT OF SURVIVORSHIP
RE: COMMUNITY PROPERTY**

Tax Parcel No. P38971

Abbreviated Legal: TAX 6AB BAAP ON S LI OF THE B.D. MINKLER RD 175 WHICH IS 1601.9' W & 153.8' N OF THE 1/16 COR ON THE E LI OF THE NE1/4 OF SEC 13 TH W ALG THE S LI OF SD D.B. MINKLER RD 200.0' TH S TO THE N SHORE LI OF MINKLER LAKE TH E'LY ALG THE SHORE LI OF SD LAKE TO A PT THAT BEARS S 0 DEG 02' W FR THE POB TH N 0 DEG 02' E TO THE POB EXC ANY PTN THEREOF LYING W OF A LI THAT IS 1772' W OF & PARL TO THE E LI OF SD SEC 13 & S OF THAT CERTAIN TR CONVEYED UND AUD. FILE NO. 529458 & ALSO EXC THAT PTN OF SD PREMISES IF ANY LYING WITHIN THE BDY OF THE FOL DESC TR BEG ON THE S LI OF THE B.D. MINKLER RD AT A PT 600' W OF THE E LI OF SD SEC TH S PARL WITH THE E LI OF THE SEC A DIST OF 633' TH W'LY PARL WITH SD MINKLER RD 1000' TH N PARL WITH THE E LI OF THE SEC TO THE S LI OF SD RD TH E'LY ALG SD RD LI TO THE POB TOGETHER WITH TAX 4B N 125FT OF W 125FT OF FDT BAAP W HIS 600FT W OF E LI 35-5 ON S LI MINKLER RD#175 TH IN SLY DIR PLT E TWP LI 633FT TH W'LY PLT SD MINKLER RD 1000FT TH N'LY PLT E TWP LI TO RD TH ALG SD RD TPB

STATE OF WASHINGTON)
) ss.
COUNTY OF STEVENS)

ETHEL RAE ADAMS, being first duly sworn on oath, deposes and states:

I am the surviving spouse of RICHARD RAY ADAMS, who died in Mount Vernon, Washington on the 9th day of October, 2016.

During our marriage, we entered unto a Community Property Agreement dated the 4th day of November, 2013, which agreement is recorded contemporaneously herewith.

AFFIDAVIT OF SURVIVORSHIP RE: COMMUNITY PROPERTY - 1

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Our Community Property Agreement provides that, upon death of either spouse, title to all community property shall immediately vest in the survivor.

The community estate as of the date of death, including all real and personal property, less any expenses, is solvent.

The purpose of this Affidavit of Survivorship is to describe all real property owned by my deceased husband, Richard Ray Adams and myself, or in which he and I had an interest at the date of his death in the State of Washington and which would pass to me as the surviving spouse, which includes the following described real Washington State property:

On August 7, 1975, my husband and I acquired, the following described real property as community property, to-wit:

Parcel No.: P38971

Parcel "A"

The North 125 feet of the West 125 feet of that portion of the Northwest 1/4 of the Northeast 1/4 of Section 13, Township 35 North, Range 5 East W.M., described as follows:

Beginning at a point on the South line of the State Highway (also known as the B. D. Minkler Road) 600 feet West of the East line of said Section: thence South parallel with the East line of said Section 633 feet; thence Westerly parallel with the Southerly line of said Highway 1000 feet; thence North parallel with the East line of said Section to said Highway to the southerly line of said Highway; thence Easterly along said Highway to the point of beginning.

Parcel "B"

That portion of the West 1/2 of the Northeast 1/4 of Section 13, Township 35 North, Range 5 East W.M., described as follows:

Beginning at a point on the Southerly line of the B. D. Minkler Road No. 175, which is 1,601.9 feet West and 153.6 feet North of the 1/16th corner on the East line of the Northeast 1/4 of said Section 13; thence Westerly along the Southerly line of said Road 200 feet to the Northeast corner of that certain tract conveyed to Robert C. Tyler et ux by deed recorded May 4, 1956 under Auditor's File No. 535571; thence

South to the North shore line of Minkler Lake; thence Easterly along the shore line of Minkler Lake to a point that bears South 0°02' West from the point of beginning; thence North 0°02' East to the point of beginning;

EXCEPT that portion of said premises, if any, lying West of a line that is 1772 feet West of and parallel to the East line of said Section and South of that certain tract conveyed to Floyd Hendrix by deed recorded January 3, 1956, as Auditor's File No. 529458, and EXCEPT that portion of said premises, if any, lying within the boundaries of the following described tract:

Beginning on the Southerly line of the B. D. Minkler Road at a point 600 feet West of the East line of said Section; thence South parallel with the East line of said Section 633 feet; thence Westerly parallel with the said Minkler Road 1000 feet; thence North parallel with the East line of said Section to the Southerly line of the Minkler Road; thence Easterly along said road to the point of beginning.

Situate in the County of Skagit, State of Washington.

The original
A copy of the Death Certificate of Richard Ray Adams is attached hereto and incorporated hereby this reference.

No probate has been filed.

The full value of the above described real property does not exceed the exempt inheritance tax limits allowed by the State of Washington or under federal law and no inheritance tax is due.

All creditors of the Decedent, Richard Ray Adams, including those who have claims for expenses of last illness and funeral, have been paid in full.

The Decedent did not receive assistance from the State of Washington, Department of Social and Health Services for subsistence or medical care.

This affidavit is made as an inducement to any title insurer or to any person, firm or corporation interested in the property described herein, to treat said property as having passed to me, Ethel Rae Adams, as the surviving spouse named herein, for myself, my heirs, executors, administrators, and assigns, and I covenant to indemnify

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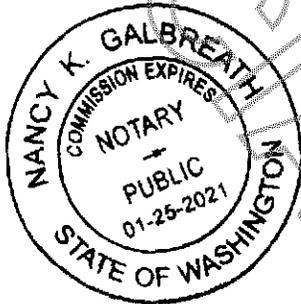
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any such person, firm or corporation for any loss arising from the reliance on a misstatement of fact herein.

DATED this 25th day of January, 2017.

Ethel R. Adams
Ethel Rae Adams

SUBSCRIBED and sworn to before me this 25th day of January, 2017.



Nancy K. Galbreath
NOTARY PUBLIC in and for the State
of Washington residing in Burlington.
My Commission expires 1-25-2021.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-041258

DATE ISSUED: 10/13/2016

FEE NUMBER: 000000029

GIVEN NAMES: RICHARD RAY
LAST NAME: ADAMS

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: OCTOBER 09, 2016
HOUR OF DEATH: 01:35 P.M.
SEX: MALE
AGE: 86 YEARS

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

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 29700 LYMAN HAMILTON HWY
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 41 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

FATHER/PARENT: ALBERT RAY ADAMS
MOTHER/PARENT: EVELYN [REDACTED]

BIRTHDATE: [REDACTED]
BIRTHPLACE: LIBERAL, KANSAS

MARITAL STATUS: MARRIED
SPOUSE: ETHEL MOE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: OCTOBER 13, 2016

OCCUPATION: TRUCK DRIVER
INDUSTRY: LONG HAUL TRUCKING
EDUCATION: 9-12TH GRADE, NO DIPLOMA
US ARMED FORCES? YES

FUNERAL FACILITY: LEMLEY CHAPEL
ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
FUNERAL DIRECTOR: RICK B. LEMLEY

INFORMANT: ETHEL ADAMS
RELATIONSHIP: SPOUSE
ADDRESS: 29700 LYMAN HAMILTON HWY SEDRO-WOOLLEY, WA 98284

- CAUSE OF DEATH:
- A. IGG4-RELATED SCLEROSING DISEASE
INTERVAL: WEEKS
 - B. INTERVAL:
 - C. INTERVAL:
 - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
SYSTOLIC HEART FAILURE

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:

CERTIFIER NAME: RICO ROMANO, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1990 HOSPITAL DRIVE, SUITE 200
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
DATE SIGNED: OCTOBER 12, 2016

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

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:
CHERYL PETERSON
DATE RECEIVED: OCTOBER 12, 2016

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



DOH 01-303 (10/15)



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 OFFICIAL USE ONLY

State File Number: _____ Fee Number: _____ Initials: _____ Date: _____ Affidavit Number: _____

Required

Required information must match current information on record

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Report: _____ 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 Report: Self Guardian Informant Hospital Parent(s) Funeral Director 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 Parent (if required): _____

Printed name: _____ Date: _____ Printed Name: _____ Date: _____

INSTRUCTIONS go to _____ 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 Numeral 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 case (ed) fact(s). For example, if the affidavit for the change 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, no 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, signature from both parents (date of birth certificate not 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 executor/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, adult 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 (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 official (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-032 October 2015

CERTIFIED

OCT 13 2016

King County Health Department
Howard Lebrand M.D., Health Officer

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