

After recording return to:

J. Bruce Smith  
BARRON SMITH DAUGERT, PLLC  
PO Box 5008  
Bellingham, WA 98227



201704120006

Skagit County Auditor \$78.00  
4/12/2017 Page 1 of 6 10:43AM

**SKAGIT COUNTY WASHINGTON**  
**REAL ESTATE EXCISE TAX**  
20171463  
APR 12 2017

Amount Paid \$0  
Skagit Co. Treasurer  
By *Wam* Deputy

GRANTOR(S): PATRICIA KARLBERG, Surviving Spouse of ROBERT H. KELLER, Deceased

GRANTEE(S): PATRICIA KARLBERG, Surviving Spouse

ABBREVIATED LEGAL DESCRIPTION: S 8, T 35N, R 11E: (CONSERVATION EASTMENT) 1 AC DAF  
BEG ON CASCADE RIV 960 FT M/L OF WHERE RIVER INT N & S C/L SEC 8 & EXT N 209FT TH  
W 209FT TH S 209FT TH E 209F T TO POB IN THE E1/2 OF FDT PTN SE1/4 LY S OF HWY & N  
OF RIV EXC FDT BAT SE C LT 1 TH N ALG E LI THOF TO S LI OF HWY TH WLY ALG S LI OF  
HWY TO N LI OF LT TH W ALG N LI TAP 200FT W OF N & S C/L LT 1 TH N TO S LI OF HWY TH  
WLY ALG HWY 820FT TH S TO S LI LT 2 TH E ALG S LI OF LT 2 & 1 TPOB EXC TH PTN IF ANY  
REMAINDER OF PROP LY E OF FENCE LI 960FT M/L E OF N & S C/L

ADDITIONAL LEGAL DESCRIPTION ON PAGE(S) 1 AND 2 OF DOCUMENT.

ASSESSOR'S TAX/PARCEL NUMBER(S): P45975

**QUIT CLAIM DEED**

THE GRANTOR, PATRICIA KARLBERG, Surviving Spouse of ROBERT H. KELLER, Deceased, in consideration of love and affection, quit claims to PATRICIA KARLBERG, Surviving Spouse, the following described real estate, situated in the County of Skagit, State of Washington:

THE EAST 860 FEET OF THAT PORTION OF GOVERNMENT LOT 1, SECTION 8, TOWNSHIP 35 NORTH, RANGE 11 EAST, W.M. LYING SOUTH OF THE CASCADE HIGHWAY AS CONVEYED TO THE STATE OF WASHINGTON BY DEED RECORDED AUGUST 2, 1926, UNDER AUDITOR'S FILE NO. 196233, RECORDS OF SKAGIT COUNTY, WASHINGTON AND LYING NORTHERLY OF THE CASCADE RIVER AS IT EXISTED ON DECEMBER 28, 1992.

TOGETHER WITH AN EXCLUSIVE EASEMENT FOR INGRESS, EGRESS AND UTILITIES, OVER, ACROSS AND UNDER A 30.00 FOOT WIDE STRIP OF LAND, 15.00 FEET EACH SIDE OF THE FOLLOWING DESCRIBED CENTERLINE:

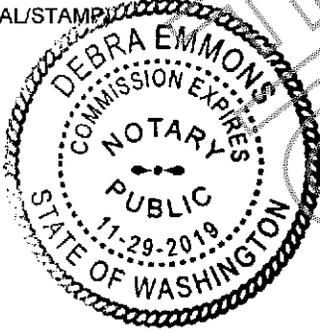
BEGINNING AT THE SOUTHEAST CORNER OF THE SOUTHEAST QUARTER OF SECTION 8, TOWNSHIP 35 NORTH, RANGE 11 EAST, W.M.; THENCE SOUTH 88°50'35" WEST ALONG THE SOUTH LINE OF SAID SUBDIVISION FOR 1,036.86 FEET; THENCE NORTH 0°09'25" WEST FOR 1,341.53 FEET TO THE TRUE POINT OF BEGINNING OF SAID EASEMENT CENTERLINE, SAID POINT LYING ON THE "AS



STATE OF WASHINGTON )  
 ) ss:  
COUNTY OF WHATCOM )

I certify that I know or have satisfactory evidence that ROBERT H. KELLER, JR. and PATRICIA E. KARLBERG are the persons who appeared before me, and said persons acknowledged that they signed this COMMUNITY PROPERTY AGREEMENT, and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

(SEAL/STAMP)



Dated: December 13, 2016.

*Debra Emmons*

NOTARY PUBLIC

Residing in: Bellingham

My Commission Expires: 11/29/2019



After Recording Return To:

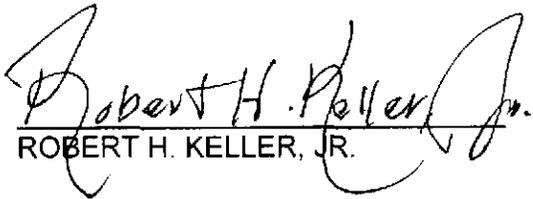
Barron Smith Daugert, PLLC  
P.O. Box 5008  
Bellingham, WA 98227-5008

DOCUMENT TITLE: **COMMUNITY PROPERTY AGREEMENT**  
REFERENCE NUMBER OF RELATED DOCUMENT:  
GRANTORS: **ROBERT H. KELLER, JR. AND PATRICIA E. KARLBERG**  
GRANTEES: **ROBERT H. KELLER, JR. AND PATRICIA E. KARLBERG**

**COMMUNITY PROPERTY AGREEMENT**

THIS AGREEMENT is made this 13<sup>th</sup> day of December, 2016, between ROBERT H. KELLER, JR. ("Husband") and PATRICIA E. KARLBERG ("Wife"), husband and wife, both of whom are domiciled in the State of Washington. In consideration of their mutual agreements set forth below, the parties agree as follows:

1. Status of Property. All of the property of either Husband or Wife is their community property is community property, except for retirement accounts in Husband's name alone, which shall remain his separate property.
2. Disposition on Death. Upon the death of either Husband or Wife, all of the decedent spouse's interest in community property shall vest in the surviving spouse.

  
ROBERT H. KELLER, JR.

  
PATRICIA E. KARLBERG

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-009714

DATE ISSUED: 03/01/2017  
FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): ROBERT HAROLD  
LAST NAME(S): KELLER JR

COUNTY OF DEATH: WHATCOM  
DATE OF DEATH: FEBRUARY 26, 2017  
HOUR OF DEATH: 07:48 PM  
SEX: MALE AGE: 82 YEARS  
SOCIAL SECURITY NUMBER: 532-34-0898

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

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

RESIDENCE STREET: 500 WILSON AVE  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225  
INSIDE CITY LIMITS: YES COUNTY: WHATCOM  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 38 YEARS

BIRTH DATE: AUGUST 21, 1934  
BIRTHPLACE: PORTLAND, OREGON

FATHER/PARENT: ROBERT HAROLD KELLER SR  
MOTHER/PARENT: GLADYS WATERS

MARITAL STATUS: MARRIED  
SPOUSE: PATRICIA ELSBETH MALCHESKI LYMPUS

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: GREENACRES MEMORIAL PARK

OCCUPATION: COLLEGE PROFESSOR  
INDUSTRY: HIGHER EDUCATION  
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE  
US ARMED FORCES: NO

CITY, STATE: FERNDALE, WASHINGTON  
DISPOSITION DATE: MARCH 02, 2017

INFORMANT: PATRICIA ELSBETH KARLBERG  
RELATIONSHIP: SPOUSE  
ADDRESS: 500 WILSON AVE, BELLINGHAM, WA 98225

FUNERAL FACILITY: MOLES FAREWELL TRIBUTES - BELLINGHAM

ADDRESS: 2465 LAKEWAY DR  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98229  
FUNERAL DIRECTOR: BRIAN L. FLOWERS

CAUSE OF DEATH:

A: PROSTATE CANCER METASTATIC TO BONE  
INTERVAL: YEARS

B:  
INTERVAL:

C:  
INTERVAL:

D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: DISSEMINATED  
INTRAVASCULAR COAGULATION, ACUTE ANEMIA

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: NO  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: THERESE A. LANDRY, ARNP  
TITLE:  
CERTIFIER ADDRESS: 2806 DOUGLAS  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225  
DATE SIGNED: FEBRUARY 28, 2017

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LEEANN IMPERO  
DATE RECEIVED: FEBRUARY 28, 2017



# 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 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**

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.

<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>
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\*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 (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 422-034 October 2015

*[Signature]*  
 STEVEN M.D.  
 STEVEN M.D.  
 WASHINGTON



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