

A large, stylized word "UNOPENED" is formed by a dotted line, with each letter having a different pattern. Below the word is a graphic of a key, also drawn with a dotted line. The key is oriented vertically and has a notched profile. At the bottom of the page, the text "Recorded by and return to" is followed by the name "STILES LAW INC., P.C." in a dotted font.



201704190031

Skagit County Auditor

4/19/2017 Page

\$78.00

1 of 6 1:36PM

Recorded by and return to:

STILES LAW INC., P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284

Legal: Town of Sedro N 1/2 Lots 18 to 20 Blk 106
Tax Parcel #: 4152-106-020-0009 / P76241

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON
COUNTY OF SKAGIT

) SS.
)

Karon Terwillegar, being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of Ernest Terwillegar, who died at Mount Vernon, County of Skagit, State of Washington, on March 20, 2017, having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated October 9, 2008, which agreement has been recorded simultaneously with this affidavit and a copy of the decedent's death certificate under the records of the Auditor for Skagit, Washington.
2. That there are no unpaid creditors of said decedent or the former marital community nor unpaid funeral expense or expense of last illness, except for:

NONE

3. Among other items of community property was the following described real estate:

Address: 1814 Township Street
Parcel ID: 4152-106-020-0009 / P76241

Town of Sedro N ½ Lots 18 to 20 Blk 106

4. This affidavit is made to induce any title company to issue its policies of title insurance on real property passing to the affiant as surviving spouse by virtue of said community property survivorship agreement in reliance upon the representations hereinabove set forth.

DATE: April 13, 2017

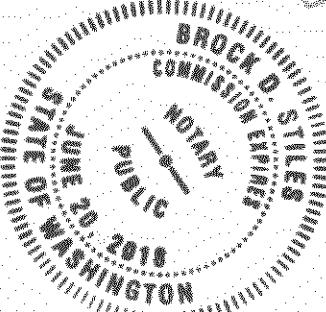
Karon Terwillegar
Karon Terwillegar

State of Washington) ss.
County of Skagit

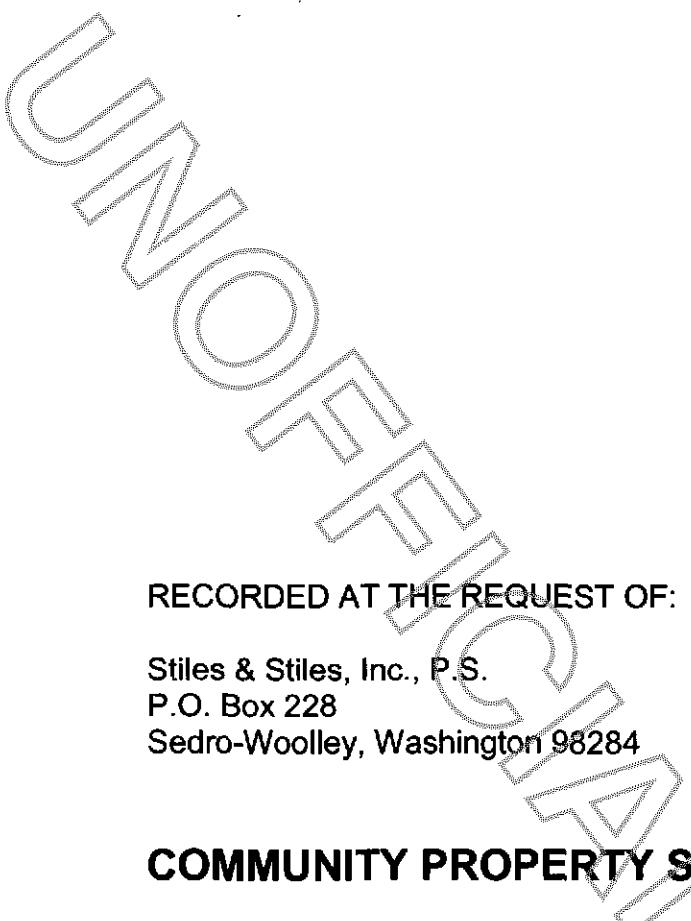
On this day personally appeared before me **Karon Terwillegar**, who executed the within and foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal on April 13, 2017.

Brock D. Miles
NOTARY PUBLIC in and for the State of Washington, residing at Sedro Woolley
Commission Expires: 6-20-18



DOCUMENT



RECORDED AT THE REQUEST OF:

Stiles & Stiles, Inc., P.S.
P.O. Box 228
Sedro-Woolley, Washington 98284

COMMUNITY PROPERTY SURVIVORSHIP AGREEMENT

THIS AGREEMENT made and entered into by and between Ernest Henry Terwillegar and Karon Kay Terwillegar, husband and wife, pursuant to the provisions of Section 26.16.120, Revised Code of Washington; providing for agreements between husband and wife for fixing of the status and disposition of community property to take effect upon the death of either.

W I T N E S S E T H:

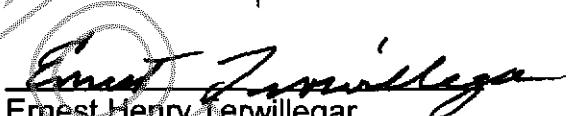
That, in consideration of the love and affection that each of the parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and promised as follows:

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

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

IN WITNESS WHEREOF, Ernest Henry Terwillegar and Karon Kay Terwillegar, husband and wife, have hereunto set their hands and seals on

October 9, 2008


Ernest Henry Terwillegar

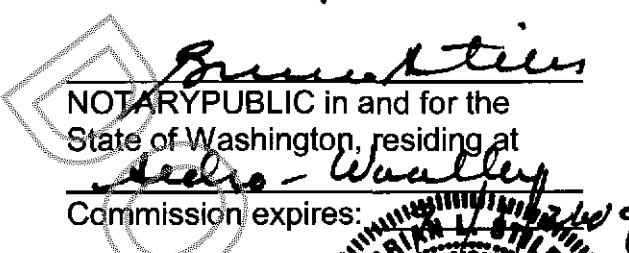

Karon Kay Terwillegar

STATE OF WASHINGTON) ss.
COUNTY OF SKAGIT)

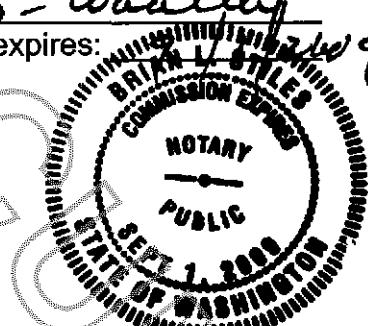
This certifies that Ernest Henry Terwillegar and Karon Kay Terwillegar, husband and wife, personally appeared before me and known to me to be the individuals described in and who executed the foregoing instrument and acknowledged the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

WITNESS my hand and official seal on

October 9, 2008

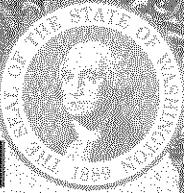
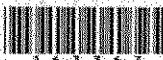

NOTARYPUBLIC in and for the
State of Washington, residing at

Commission expires:


BRIAN L. STILES
NOTARY
PUBLIC
COMMISSION EXPIRES
SEPTEMBER 1, 2009
STATE OF WASHINGTON

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-013475

DATE ISSUED: 03/22/2017

FEES NUMBER:

FIRST AND MIDDLE NAME(S): ERNEST HENRY
LAST NAME(S): TERWILLEGAR

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 20, 2017
HOUR OF DEATH: 01:00 PM
SEX: MALE
SOCIAL SECURITY NUMBER:

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

BIRTH DATE:
BIRTHPLACE: SEDRO-WOOLLEY, SKAGIT COUNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: KARON VAN WOERT

OCCUPATION: OWNER/OPERATOR
INDUSTRY: PLUMBING
EDUCATION: 8TH GRADE OR LESS
US ARMED FORCES: YES

INFORMANT: KARON TERWILLEGAR
RELATIONSHIP: WIFE
ADDRESS: 1814 TOWNSHIP STREET, SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:

A. ACUTE RESPIRATORY FAILURE WITH HYPOXIA

INTERVAL: 14 DAY

B. PNEUMONIA

INTERVAL: 21 DAYS

C.

INTERVAL:

D.

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ACUTE RENAL FAILURE

DATE OF INJURY:

HOUR OF INJURY: UNKNOWN

INJURY AT WORK: UNKNOWN

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 1814 TOWNSHIP STREET
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 50 YEARS

FATHER/PARENT: FORREST DALE TERWILLEGER
MOTHER/PARENT: CLELA O

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: UNION CEMETERY

CITY, STATE: SEDRO WOOLLEY, WASHINGTON
DISPOSITION DATE: MARCH 29, 2017

FUNERAL FACILITY: LEMLEY CHAPEL

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

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ALLEN L. JOHNSON, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 E. KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

DATE SIGNED: MARCH 22, 2017

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: ALLEN JOHNSON, MD

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: MARCH 22, 2017



Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

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

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

Required

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	<input type="checkbox"/> Self	<input type="checkbox"/> Guardian	<input type="checkbox"/> Informant
	Person on Record:	<input type="checkbox"/> Parent(s)	<input type="checkbox"/> Funeral Director	<input type="checkbox"/> Hospital
6. Name of Person Requesting Correction:				
7. Return Mailing Address:				

Telephone Number:	Email Address:
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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 2nd parent (if required):
Printed name:	Date:
Printed name:	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 Numrident 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, 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

CERTIFIED

MAR 22 2017

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

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

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