



201706090063

Skagit County Auditor

\$80.00

6/9/2017 Page

1 of

8 10:39AM

RETURN TO:

Patrick M. Hayden
Attorney at Law
P.O. Box 454
Sedro-Woolley, WA 98284

DOCUMENT TITLE(S) (or transactions contained herein):

1. COMMUNITY PROPERTY AFFIDAVIT

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S) (Last name, first name and initials):

1. Johnson, Evelyn S.

GRANTEE(S) (Last name, first name and initials):

1. Johnson, Marvin R. Sr.

LEGAL DESCRIPTION (Abbreviated: i.e., lot, block, plat or quarter, quarter, section, township and range).

**1996 Moduline Ardmore, 52X28, Serial Number 116028 BSP Carriage Estates
Mobile Home Park, Space Number 4. Manufactured Home only.**

Situated in the County of Skagit, State of Washington.

ASSESSOR'S PARCEL/TAX I.D. NUMBER:

8009-000-004-0000/P112002

COMMUNITY PROPERTY AFFIDAVIT

STATE OF WASHINGTON)

: ss.

COUNTY OF SKAGIT)

MARVIN R. JOHNSON, SR., being first duly sworn, upon oath, declares as follows:


1. Status. I am Marvin R. Johnson, Sr., the surviving spouse of Evelyn S. Johnson, who died on May 19, 2017, at Mount Vernon, Skagit County, Washington. A certified copy of her Certificate of Death is attached to this Affidavit.
2. Purpose of Affidavit. I am making this Affidavit and the representations made in it to induce any party dealing with the Community Property Agreement (the "Agreement") referenced in the following paragraph and any property, real, personal, or mixed, subject to the Agreement to rely upon the Agreement and all of its terms and provisions.
2. Community Property Agreement. On May 8, 2017, Decedent and I, as husband and wife, validly executed a written Community Property Agreement, which has remained valid and in full force since its execution. It is recorded with the Skagit County Auditor with this Community Property Affidavit.
3. Community Property Subject to the Agreement. Decedent's and my Community Property is listed in an attachment to this Affidavit. All of the Community Property is subject to the Agreement, and all of its disposition is controlled by the Agreement.
4. Decedent's Will & Probate. No proceedings have begun to have a Will of Decedent admitted to probate, to have a Personal Representative for Decedent appointed, or to set aside, cancel, or revoke the Agreement.

5. Character of Decedent's Estate. At her death, Decedent's estate consisted solely of her one-half share of Community Property subject to the Agreement. Decedent owned no separate property at death. All community property vested in myself as the surviving spouse.


6. Decedent's Debts & Expenses. All of the debts and expenses (including expenses of last illness, funeral, and burial) of Decedent have been paid in full.

7. Community Liabilities. All liabilities and other obligations of the marital community have been paid in full.

Dated: 5/31, 2017.


Marvin R. Johnson, Sr.
925 Carriage Court
Sedro Woolley, WA 98284

SUBSCRIBED & SWORN TO before me on: May 31, 2017.


Patrick M. Hayden
NOTARY PUBLIC in and for the State of
Washington, residing at Sedro Woolley.
My appointment expires on: 4.27.2021

Attachment to
COMMUNITY PROPERTY AFFIDAVIT

Community Property Subject to the
Community Property Agreement

Real Estate

8009-000-004-0000/P112002

1996 Moduline Ardmore, 52X28, Serial Number 116028 BSP Carriage Estates
Mobile Home Park, Space Number 4. Manufactured Home only.

Situated in the County of Skagit, State of Washington.

UNNOTED

ORIGINAL

COMMUNITY PROPERTY AGREEMENT
OF
MARVIN JOHNSON AND EVELYN S. JOHNSON

THIS AGREEMENT, is made on the date set forth below, between **Marvin Johnson** and **Evelyn S. Johnson**, Husband and Wife, both of whom are domiciled in the State of Washington. In consideration of their mutual promises set forth below, the parties agree as follows:

1. Property Covered. This agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife (except for assets for which a separate beneficiary designation has been or is hereafter made by Husband or Wife and approved by the other spouse) even though some items may have been or may be purchased or acquired by one or the other or both or may have been or may be registered in the name of one or the other or both or may have been registered in the name of one or the other or both. If Husband dies and Wife survives, any separate property of Husband which is owned by Husband at the time of his death (except for assets for which Husband has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of his death, and if Wife dies and Husband survives, any separate property of Wife which is owned by Wife at the time of her death (except for assets for which Wife has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of her death. All such property is regarded to in this Agreement as the "subject property."

2. Vesting at Death. On the death of either Husband or Wife, all of the subject property shall vest in the survivor of them.

3. Disclaimer. Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, and the interest disclaimed shall pass under the terms and conditions of any validly executed will which the decedent may have executed, and in default thereof according to the laws of intestacy as governed by the statutes of the State of Washington then in effect.

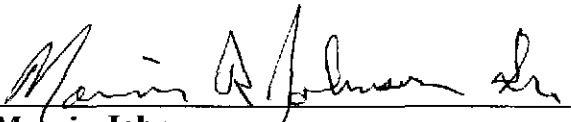
4. Automatic Revocation. In the absence of other evidence indicating the party's intent to terminate this Agreement, it shall, nevertheless, be deemed mutually terminated and of no further force or effect upon either party's filing a petition, complaint or other pleading for dissolution of their marriage or divorce, or upon a court of competent jurisdiction dissolving the marriage or granting a decree of divorce or separate maintenance to either of them.

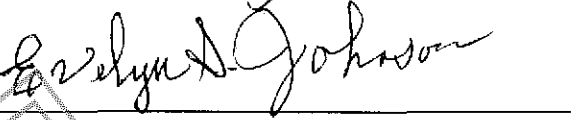
MAJ
E. S. J.

5. Optional Revocation by One Party. If either party becomes disabled, the other party shall have the power to terminate this Agreement, and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. Such termination shall be effective upon the delivery of written notice thereof to the disabled spouse, and to the guardian, if any, of the person and of the estate of the disabled person. For the purpose of this paragraph, a spouse shall be deemed disabled if such spouse's regularly attending physician signs a statement declaring that such spouse is unable to manage his or her own affairs; or if such spouse has no regularly attending physician, if such a statement is signed by two qualified physicians who have adequately examined the disabled spouse. An adjudication of incompetence by a court of competent jurisdiction shall also be proof of a spouse's disability for purposes of this paragraph.

6. Survivorship. As used herein, the term "survivor", "survive", or "survivorship" shall mean living for a period of thirty days following the death of the first of the aforementioned parties to die.

DATED this 8 day of May, 2017.

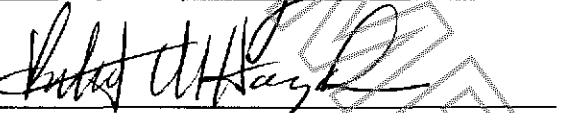

Marvin Johnson


Evelyn S. Johnson

STATE OF WASHINGTON)
: ss.
COUNTY OF SKAGIT)

This is to certify that on the date set forth below, before me, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally came **Marvin Johnson** and **Evelyn S. Johnson**, to me known to be the individuals described in and who executed the within instrument, and acknowledged to me that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

Witness my hand and official seal this 8 day of May, 2017.


Notary Public in and for the State of
Washington residing at Sedro Woolley
My Commission Expires: 4.27.21
Print Name Patrick W. Hayden

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-022919

DATE ISSUED: 05/23/2017
FEE NUMBER:

FIRST AND MIDDLE NAME(S): EVELYN SUE
LAST NAME(S): JOHNSON

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 19, 2017
HOUR OF DEATH: 03:13 PM
SEX: FEMALE AGE: 77 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: CROSSNORE, AVERY COUNTY, NORTH CAROLINA

MARITAL STATUS: MARRIED
SPOUSE: MARVIN RAY JOHNSON

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: 8TH GRADE OR LESS
US ARMED FORCES: NO

INFORMANT: MARVIN RAY JOHNSON
RELATIONSHIP: HUSBAND
ADDRESS: 925 CARRIAGE COURT, SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:
A: METASTATIC MULTIPLE MYELOMA
INTERVAL: YEARS

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: 925 CARRIAGE COURT
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 21 YEARS

FATHER/PARENT: WENDELL WAITSEL JOHNSON
MOTHER/PARENT: BERNICE MARIE [REDACTED]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: UNION CEMETERY

CITY, STATE: SEDRO WOOLLEY, WASHINGTON
DISPOSITION DATE: MAY 27, 2017

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

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: ROBERT W. COONEY, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
DATE SIGNED: MAY 20, 2017

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

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: MAY 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 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 nd parent (if required):
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 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, 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*

MAY 23 2017

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



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