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Skagit County Auditor

\$76.00

6/30/2017 Page

1 of

4 9:52AM

WHEN RECORDED RETURN TO:

ELDER LAW OFFICES OF BARRY M. MEYERS, P.S.
2828 Northwest Avenue
Bellingham, WA 98225-2335

**AFFIDAVIT IN SUPPORT OF
COMMUNITY PROPERTY AGREEMENT**

GRANTOR(S): WAYNE EUGENE KRUSE and JUDYRAE KRUSE
GRANTEE: WAYNE EUGENE KRUSE
REFERENCE NUMBER OF
RELATED DOCUMENTS: N/A
PARCEL NUMBER: P66330
ABBREVIATED LEGAL: LAKE CAVANAUGH SUB DIV 1 LOT 54 BLK 1

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

WAYNE EUGENE KRUSE, being first duly sworn on oath, deposes and says:

1. This Affidavit is for the purpose of supplying information for record pertaining to the Community Property Agreement executed by WAYNE EUGENE KRUSE and JUDYRAE KRUSE, husband and wife, dated July 9, 2013. The Community Property Agreement is being recorded simultaneously with this Affidavit and also for the Estate of JUDYRAE KRUSE, deceased, one of the parties to said Agreement. It is intended that the statements set forth herein shall be considered representations of fact which may be relied upon by all parties.

2. JUDYRAE KRUSE died on April 4, 2017 in Stanwood, Snohomish County, Washington, and was at the time of her death a resident of Stanwood, Snohomish County, Washington. (See Certified Copy of the Death Certificate Attached Hereto)

AFFIDAVIT IN SUPPORT OF
COMMUNITY PROPERTY
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ELDER LAW OFFICES OF BARRY M. MEYERS, P.S.
2828 Northwest Avenue
Bellingham, WA 98225
Phone: (360) 647-8846 Fax: (360) 647-8854

3. The parties to the Community Property Agreement entered into no subsequent Wills or Agreements which would have the effect of abrogating or nullifying the above mentioned Community Property Agreement.

4. The decedent left no separate estate.

5. Among other items of community property is the real property commonly known as 34046 North Shore Drive, Mount Vernon, Washington, and legally described as follows:

LOT 54, BLOCK 1, AND LOT 31, BLOCK 2, LAKE CAVANAUGH
SUBDIVISION, DIVISION #1, AS PER PLAT RECORDED IN VOLUME 5 OF
PLATS, PAGES 37 TO 43, INCLUSIVE, UNDER AUDITOR'S FILE NO. 393244,
RECORDS OF SKAGIT COUNTY, WASHINGTON.

6. All obligations of the community owing at the date of death of decedent have been paid in full or provided for, and all expenses of last illness and for funeral and burial services have been paid or provided for.

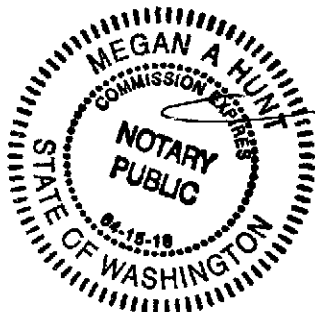
7. The decedent is survived by his spouse, WAYNE EUGENE KRUSE, who resides at 34046 North Shore Drive, Mount Vernon, Washington.

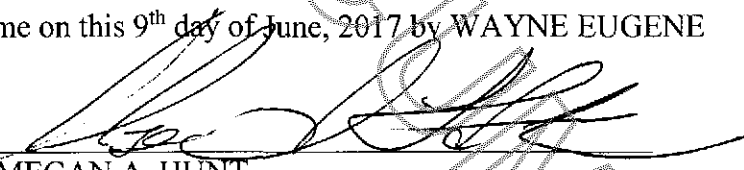
8. No inheritance tax or estate tax is due to either the State of Washington or to the United States.

Dated this 9th day of June, 2017.


WAYNE EUGENE KRUSE

Subscribed and sworn before me on this 9th day of June, 2017 by WAYNE EUGENE KRUSE.




MEGAN A. HUNT
Notary Public in and for the
State of Washington
Residing in Stanwood
My Commission Expires: 04/15/2018

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-015857

LOCAL FILE NUMBER: 1498

DATE ISSUED: 05/04/2017

FEE NUMBER: 310517

FIRST AND MIDDLE NAME(S): JUDYRAE HARDESTY
LAST NAME(S): KRUSE

COUNTY OF DEATH: SNOHOMISH
DATE OF DEATH: APRIL 04, 2017
HOUR OF DEATH: 09:30 PM
SEX: FEMALE AGE: 74 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: SEATTLE, KING COUNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: WAYNE EUGENE KRUSE

OCCUPATION: JOURNALIST
INDUSTRY: NEWSPAPER
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: WAYNE EUGENE KRUSE
RELATIONSHIP: SPOUSE
ADDRESS: 34046 NORTH SHORE DR, MOUNT VERNON, WA 98274

CAUSE OF DEATH:
A: LUNG CANCER
INTERVAL: 1 YEAR
B: TOBACCO USE
INTERVAL: UNKNOWN
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: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: JOSEPHINE SUNSET HOME
CITY, STATE, ZIP: STANWOOD, WASHINGTON 98292

RESIDENCE STREET: 34046 NORTH SHORE DRIVE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 21 YEARS

FATHER/PARENT: MARSDEN EDWARD HARDESTY
MOTHER/PARENT: LOLA GERTRUDE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: APRIL 05, 2017

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036
FUNERAL DIRECTOR: JOAN A. BIRMINGHAM

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

CERTIFIER NAME: H EDWIN STICKLE, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1990 HOSPITAL DRIVE, SUITE 100
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
DATE SIGNED: APRIL 05, 2017

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

LOCAL DEPUTY REGISTRAR: JULIE MARTIN
DATE RECEIVED: APRIL 05, 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

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:
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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 foregoing is true and correct

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	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)

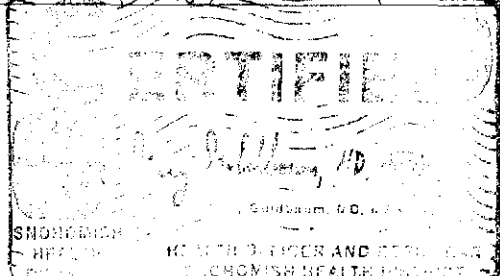
Death Certificates

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



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



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