

When Recorded Please Return To:
LAWRENCE A. PIRKLE
PO Box 1788
Mount Vernon, WA 98273
(360) 336-6587



201707200064

Skagit County Auditor

7/20/2017 Page

1 of

\$81.00

9 12:56PM

QUIT CLAIM DEED

THE GRANTOR, LOIS A. VANDER MEULEN, surviving spouse of ANDREW VANDER MEULEN (Deceased), for and in consideration of transfer to surviving spouse pursuant to a Lack of Probate Affidavit in Support of Community Property Agreement, attached hereto and incorporated herein by this reference (WAC 458-61A-202 (6)(a)), conveys and quit claim to **GRANTEE**, LOIS A. VANDER MEULEN, a single person, as her separate property, the following described real estate, situated in the County of Skagit, State of Washington, together with all after acquired title of the grantor therein.

Assessor's Parcel No: 340433-0-007-0100

The South 12 feet of Lot 1 and all of Lot 2, Short Plat No. 91-082, approved April 8, 1992, recorded April 8, 1992 in Volume 10 of Short Plats, page 75, under Auditor's File No. 9204080024, and being a portion of the SW 1/4 of Section 33, Township 34 North, Range 4 East, W.M.

TOGETHER WITH AND SUBJECT TO: All covenants, conditions, restrictions, reservations agreements, easements and assessments of record, if any.

Dated the 12th day of July, 2017.

Lois A. Vander Meulen
LOIS A. VANDER MEULEN,
Surviving Spouse of Andrew Vander Meulen

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20170720

JUL 20 2017

Amount Paid \$

Skagit Co. Treasurer

By MB

Deputy

NOTARY PUBLIC in and for the
State of Washington,
Residing at Mount Vernon
My appointment expires: 5/7/19

**LACK OF PROBATE AFFIDAVIT
IN
SUPPORT OF COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON)
)
COUNTY OF SKAGIT) ss.

LOIS VANDER MEULEN, being first duly sworn, deposed and says:

1. That the undersigned Affiant is the surviving spouse of ANDREW VANDER MEULEN, who passed away on May 2, 2017, in Skagit County, State of Washington, then being a legal resident of Mount Vernon, Washington. ANDREW VANDER MEULEN's Certificate of Death is attached as Exhibit A, incorporated herein by this reference. The parties had a Community Property Agreement dated March 10, 2011, which is attached as Exhibit B, incorporated herein by this reference.

2. The real property is commonly known as 17910 Mountain Ridge Drive, Mount Vernon, Washington 98274 (TPN: 340433-0-007-0100 / P104684) and legally described as follows:

The South 12 feet of Lot 1 and all of Lot 2, Short Plat No. 91-082, approved April 8, 1992, recorded April 8, 1992 in Volume 10 of Short Plats, page 75, under Auditor's File No. 9204080024, and being a portion of the Southwest 1/4 of Section 33, Township 34 North, Range 4 East, W.M.

Situated in Skagit County, Washington.

TOGETHER WITH AND SUBJECT TO: All covenants, conditions, restrictions, reservations agreements, easements and assessments of record, if any.

3. The heirs at law of decedent, including spouse, natural or adopted children, children of any predeceased child, brothers and sisters of decedent and any surviving parents are as follows:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
LOIS VANDER MEULEN PO Box 753 Mount Vernon, WA 98273	Spouse	Legal
SHARLEEN DEL HUDSON 11014 - 35th NE Seattle, WA 98125	Daughter	Legal

DEBRA JAN VANDER MEULEN 522 Sorenson Street Buckley, WA 98321	Daughter	Legal
LINDA RAE GUDMUNSON 22009 Mt. Vernon – Big Lake Rd. Mount Vernon, WA 98274	Daughter	Legal
KIMBERLY RENAE LEMASTER 24821 SE 224th Street Maple Valley, WA 98038	Daughter	Legal
KARRIE ELLEN ARMSTRONG 526 Yale Avenue N, #610 Seattle, WA 98038	Daughter	Legal
SUSAN CAROL SEAR 47 Windflower NE Comstock Park, MI 49321	Step-Daughter	Legal
JOAN MARLENE ENOCKSON 434 E. Garfield Street Laurens, IA 50554	Step-Daughter	Legal
SCOTT BRIAN TIEMERSMA 1059 Cherrywood Lane NE Grand Rapids, MI 49505	Step-Son	Legal
JAN MARIE ROBERTSON 16324 Jungquist Road Mount Vernon, WA 98273	Step-Daughter	Legal

4. All the debts of the decedent's and/or the marital community, including but not limited to, all expenses due to decedent's last illness, funeral and burial and all applicable federal and state succession or inheritance taxes, have been fully paid.

5. The decedent had never received, from the State of Washington, assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.

6. As of the date of death, the value of all community property of decedent was approximately \$ n/a. The value of all separate property of decedent was approximately \$ n/a. The combined assets of the decedent and ANDREW VANDER MEULEN were under the State of Washington and Federal Estate Tax amount to require any Estate tax returns to be filed.

7. I, LOIS VANDER MEULEN, affirm that I am the sole and rightful heir to the property legally described above.

8. That the transfer of this property is exempted from the real estate excise tax pursuant to WAC 458-61A-202 (6)(a).

DATED the 12th day of July, 2017.

Lois Vander Meulen
LOIS VANDER MEULEN

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that LOIS VANDER MEULEN is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED the 12th day of July, 2017.



LAWRENCE A. PIRKLE

[Signature]
NOTARY PUBLIC in and for the
State of Washington
Residing at Mount Vernon
My appointment expires: 5/7/19

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-020416

DATE ISSUED: 05/05/2017
FEE NUMBER:

FIRST AND MIDDLE NAME(S): ANDREW
LAST NAME(S): VANDER MEULEN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 02, 2017
HOUR OF DEATH: 10:55 PM
SEX: MALE AGE: 84 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: LOMALINDA, CALIFORNIA

MARITAL STATUS: MARRIED
SPOUSE: LOIS JOYNGSMA

OCCUPATION: MARKETING CONSULTANT
INDUSTRY: DAIRY INDUSTRY
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: YES

INFORMANT: LOIS VANDER MEULEN
RELATIONSHIP: WIFE
ADDRESS: 17910 MOUNTAIN RIDGE DRIVE MOUNT VERNON, WA 98274

CAUSE OF DEATH:
A: CARDIAC ARREST
INTERVAL: MINUTES
B: ACUTE ON CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE
INTERVAL: DAYS
C: ACUTE ON CHRONIC RENAL FAILURE
INTERVAL: DAYS
D: CORONARY ARTERY DISEASE
INTERVAL: YEARS

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: 17910 MOUNTAIN RIDGE DRIVE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 39 YEARS

FATHER/PARENT: RALPH VANDER MEULEN
MOTHER/PARENT: [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: MAY 05, 2017

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: KIRK S. DUFFY

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: ROBERT W. COONEY, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
DATE SIGNED: MAY 03, 2017

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

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: MAY 04, 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
Required information must match current information on record				
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 05 2017

Handwritten signature

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

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



0 1 4 3 9 7 8 8

COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 10th day of March, 2011, between ANDREW VANDER MEULEN and LOIS VANDER MEULEN, 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:

A. *Revocation of Prior Agreements.* If before this date the parties have executed a community property agreement or any other agreement other than a Will or trust which is signed by both of them and which specifically provides for the disposition of their community property at the time either or both of them die, then any such agreement is terminated by this Agreement.

B. *Property Covered.* This Agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife. Any separate property of either, [now owned or hereafter acquired,] shall become and be considered community property upon the death of the party owning said separate property. All such community property is referred to in this Agreement as the "subject property."

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

D. *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.

E. *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.

F. *Optional Revocation by One Party.* This Agreement may be terminated by either party acting alone by delivery of a written notice of revocation to the other party or the other party's legal representative, and by recording such revocation with the Skagit County, Washington, Recorder's Office where real property transactions in Skagit County, Washington are recorded.

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.

G. *Powers of Appointment.* This Agreement shall not affect any power of appointment now held by or hereafter given to either party, nor shall it obligate either of them to exercise any such power of appointment in any way.

H. *Survivorship.* As used herein, the term "survivor survive," or "survivorship" shall mean living for a period of thirty (30) days following the death of the first of the aforementioned parties to die.


ANDREW VANDER MEULEN

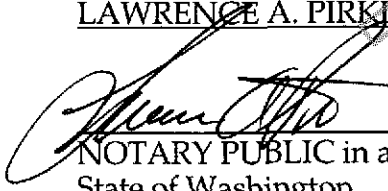

LOIS VANDER MEULEN

STATE OF WASHINGTON)
)
COUNTY OF SKAGIT) ss

On this day personally appeared before me, ANDREW VANDER MEULEN and LOIS VANDER MEULEN, to me known to be the individuals described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 10th day of March, 2011.

LAWRENCE A. PIRKLE


NOTARY PUBLIC in and for the
State of Washington
Residing at Mount Vernon
My Commission Expires: 5/7/11