

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



201708020068

Skagit County Auditor

\$82.00

8/2/2017 Page

1 of

9 4:01PM

DOCUMENT TITLE: Lack of Probate Affidavit in Support of Community  
Property Agreement with Certificate of Death  
(BOTH ATTACHED)

GRANTOR(S): Cecilia E. Curbow (Deceased)

GRANTEE(S): Public

TAX PARCEL NUMBERS: 340429-2-053-0005 (P28628)

340429-0-340-0002 (P28534)

3730-006-005-0003 (P53243)

LEGAL DESCRIPTION:

**Tax Parcel Number: 340429-2-053-0005 (P28628)**

The North 123 feet of the West 106 feet of the South 223 feet of the East 213 feet of the SE 1/4 of the NW 1/4 of Section 29, Township 34 North, Range 4 East W.M., EXCEPT Roads.

Part of the SE 1/4 of the NW 1/4 of Section 29, Township 34 North, Range 4, East of the W.M., described as follows:

TOGETHER WITH: Beginning at the point on the East line of said subdivision, 223.0 feet North of the SE corner thereof; thence North along the East line of said subdivision 31.5 feet; thence West 213.0 feet; thence South 31.5 feet; thence East 213.0 feet to the point of beginning.

**Tax Parcel Number: 340429-0-340-0002 (P28534)**

The North 91.50 feet of the South 223 feet of the East 213 feet of the SE quarter of the NW quarter of Section 29, Township 34 North, Range 4, East of the Willamette Meridian, and the South 131.5 feet of the East 219 feet of the SE quarter of the NW quarter of Section 29, Township 34 North, Range 4, East of the Willamette Meridian, EXCEPT the West 113 feet thereof and ALSO EXCEPT the South 30 feet thereof.

**Tax Parcel Number: 3730-006-005-0003 (P53243)**

Tract "G", Hillcrest Park Addition to Mount Vernon", according to the plat recorded in Volume 6 of Plats, page 8, records of Skagit County, Washington, EXCEPT the North 77.0 feet thereof.

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

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

STATE OF WASHINGTON            )  
                                                  )  
COUNTY OF SKAGIT            )        ss.

RONALD E. CURBOW, being first duly sworn, deposed and says:

1. That the undersigned Affiant is the surviving spouse of CECELIA E. CURBOW, who passed away on May 13, 2017, in Skagit County, State of Washington, then being a legal resident of Mount Vernon, Washington. CECELIA E. CURBOW's Certificate of Death is attached as Exhibit A incorporated herein by this reference. The parties had a Community Property Agreement dated April 7, 1965, which is attached as Exhibit B, incorporated herein by this reference.
2. The real property is commonly known as 1920 S. 13th, Mount Vernon, Washington 98274 and legally described as follows:

**Tax Parcel Number: 340429-2-053-0005 (P28628)**

The North 123 feet of the West 106 feet of the South 223 feet of the East 213 feet of the SE 1/4 of the NW 1/4 of Section 29, Township 34 North, Range 4 East, W.M., EXCEPT Roads.

Part of the SE 1/4 of the NW 1/4 of Section 29, Township 34 North, Range 4, East of the W.M., described as follows:

TOGETHER WITH: Beginning at the point on the East line of said subdivision, 223.0 feet North of the SE corner thereof; thence North along the East line of said subdivision 31.5 feet; thence West 213.0 feet; thence South 31.5 feet; thence East 213.0 feet to the point of beginning.

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ALL PARCELS TOGETHER WITH AND SUBJECT TO: All covenants, conditions, restrictions, reservations, agreements, assessments and easements, 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>
RONALD E. CURBOW 1920 S. 13th Mount Vernon, WA 98274	Spouse	Legal
MICHELLE KUSSY 8176 Pinelli Road Sedro Woolley, WA 98284	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.

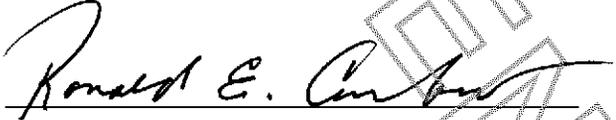
5. The decedent had never received, from the State of Washington, assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.

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 CECELIA E. CURBOW were under the State of Washington and Federal Estate Tax amount to require any Estate tax returns to be filed.

7. I, RONALD E. CURBOW, 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).

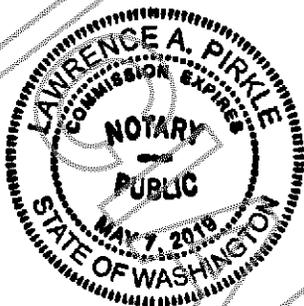
DATED the 2<sup>nd</sup> day of August, 2017.

  
RONALD E. CURBOW

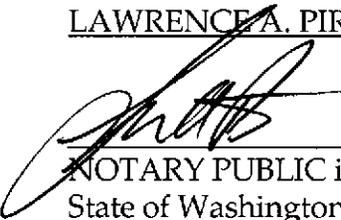
STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

I certify that I know or have satisfactory evidence that RONALD E. CURBOW is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

DATED the 2<sup>nd</sup> day of August, 2017.



LAWRENCE A. PIRKLE

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

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-022204

DATE ISSUED: 05/17/2017  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): **CECELIA E**  
LAST NAME(S): **CURBOW**

COUNTY OF DEATH: **SKAGIT**  
DATE OF DEATH: **MAY 13, 2017**  
HOUR OF DEATH: **03:30 PM**  
SEX: **FEMALE** AGE: **87 YEARS**  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: **NURSING HOME/LONG TERM CARE FACILITY**  
FACILITY OR ADDRESS: **MIRA VISTA**  
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98274**

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

RESIDENCE STREET: **1920 SOUTH 13TH STREET**  
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98274**  
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**  
TRIBAL RESERVATION: **NOT APPLICABLE**  
LENGTH OF TIME AT RESIDENCE: **54 YEARS**

BIRTH DATE: [REDACTED]  
BIRTHPLACE: **SMITHLAND, IOWA**

FATHER/PARENT: **THEODORE JONAS**  
MOTHER/PARENT: **RUTH** [REDACTED]

MARITAL STATUS: **MARRIED**  
SPOUSE: **RONALD CURBOW**

METHOD OF DISPOSITION: **BURIAL**  
PLACE OF DISPOSITION: **HAWTHORNE MEMORIAL PARK**

OCCUPATION: **OPERATOR**  
INDUSTRY: **TELEPHONE COMPANY**  
EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**  
US ARMED FORCES: **NO**

CITY, STATE: **MOUNT VERNON, WASHINGTON**  
DISPOSITION DATE: **MAY 18, 2017**

INFORMANT: **RONALD CURBOW**  
RELATIONSHIP: **HUSBAND**  
ADDRESS: **1920 SOUTH 13TH STREET MOUNT VERNON, WA 98274**

FUNERAL FACILITY: **HAWTHORNE FUNERAL HOME**

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

CAUSE OF DEATH:  
A: **CIRRHOSIS OF THE LIVER; NON-ALCOHOLIC**  
INTERVAL: **MONTHS**  
B:  
INTERVAL:  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: **JOHN S. DEW, DO**  
TITLE: **DO**  
CERTIFIER ADDRESS: **1415 E KINCAID**  
CITY, STATE, ZIP: **MOUNT VERNON, WA 98273**  
DATE SIGNED: **MAY 17, 2017**

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: **NO**  
FILE NUMBER: **NOT APPLICABLE**  
ATTENDING PHYSICIAN: **JOHN DEW, PA**

IF TRANSPORTATION INJURY, SPECIFY: **NOT APPLICABLE**

LOCAL DEPUTY REGISTRAR: **CHERYL PETERSON**  
DATE RECEIVED: **MAY 17, 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:	Printed name:
Date:	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

# \*CERTIFIED\*

MAY 17 2017

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



0 1 4 4 0 2 6 9

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this day by and between RONALD E. CURBOW, hereinafter referred to as the HUSBAND, and CECELIA E. CURBOW, hereinafter referred to as the WIFE, both of Skagit County, Washington;

THAT WHEREAS, the parties hereto have agreed and do hereby agree that all property, real, personal and mixed, now owned or held by both or either of them, of whatsoever kind or character, and wheresoever situated, together with all such property hereafter acquired by them, or either of them, either by inheritance, gift or purchase, or whether with the proceeds of separate or community property, except for property now legally registered or hereafter acquired as Joint Tenants with Right of Survivorship, now is, and shall hereafter be owned, held, used and disposed of as the community property of the parties hereto; and the parties hereto are desirous that all of their community property shall pass without delay or expense, in case of the death of either, to the survivor;

NOW THEREFORE and in consideration of the love and affection that each of the parties hereto has for the other, IT IS MUTUALLY AGREED between them, that upon the death of the HUSBAND and while the WIFE survives, the whole of the community property of the parties hereto, whether the title thereto stands in the name of the HUSBAND or in the name of the WIFE, or in the name of both, of whatsoever kind or character, or wheresoever situated, and whether now owned by them or hereafter acquired, shall at once pass to and vest in the WIFE, in fee simple.

AND THAT upon the death of the said WIFE, while the said HUSBAND survives, the whole of the community property of the parties

hereto, whether the title thereto stands in the name of the WIFE or in the name of the HUSBAND, or in the name of both, of whatsoever kind or character, or wheresoever situated, and whether now owned by them or hereafter acquired, shall at once pass to and vest in the HUSBAND, in fee simple.

IN WITNESS WHEREOF, the parties hereto have hereunto affixed their signatures and seals, in duplicate, this 7<sup>th</sup> day of April, 1965.

Signed, sealed and delivered in the presence of:

Ronald E. Curbow (SEAL)  
Ronald E. Curbow

Susan Schenk

Cecelia E. Curbow (SEAL)  
Cecelia E. Curbow

Residing at: Mount Vernon, Wn.

R. Schenk

Residing at: Mount Vernon, Wn.

STATE OF WASHINGTON )  
                                  ) SS:  
COUNTY OF SKAGIT )

On this day personally appeared before me RONALD E. CURBOW and CECELIA E. CURBOW, husband and wife, 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 7<sup>th</sup> day of April, 1965.

Richard J. Schenk  
Notary Public in and for the State of Washington, residing at Mount Vernon.

