· C		201708250053 Skagit County Auditor			
When Recorded Please Retu: LAWRENCE A. PIRKLE PO Box 1788 Mount Vernon, WA 98273 (360) 336-6587	rn To:	8/25/2017 Page 1 o	\$79.00 f 610:41AM		
DOCUMENT TITLE.	LACK OF PROBATE AFFID COMMUNITY PROPERTY	AVIT IN SUPPORT OF			
<u>REFERENCE NUMBER</u> :					
<u>GRANTOR</u> :	TAEKO GREBENOR				
<u>GRANTEE</u> :	FREDERICK W. GREBENO	R			
LEGAL DESCRIPTION:					
SECOND ADDITIC	of Lot 5 and all of Lot 6, B ON TO MOUNT VERNON, a page 3, records of Skagit Count ashington.	as per plat recorded ir	1		
<u>ASSESSOR PARCEL NO</u> :	3752-002-006-0004 (P54109)				

LACK OF PROBATE AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON

ss.

TAEKO GREBENOR, being first duly sworn, deposed and says:

1. That the undersigned Affiant is the surviving spouse of FREDERICK W. GREBENOR, who passed away on June 28, 2017, in Skagit County, State of Washington, then being a legal resident of Mount Vernon, Washington. FREDERICK W. GREBENOR's Certificate of Death is attached as Exhibit A incorporated herein by this reference. The parties had a Community Property Agreement dated January 29, 1986, which is attached as Exhibit B, incorporated herein by this reference.

2. The real property is commonly known as 1515 Fowler Street, Mount Vernon, Washington 98274 (TPN: 3752-002-006-0004 / P54109) and legally described as follows:

The West 10 feet of Lot 5 and all of Lot 6, Block 2, of PATCHEN'S SECOND ADDITION TO MOUNT VERNON, as per plat recorded in Volume 7 of Plats, page 3, records of Skagit County; Situate in the County of Skagit, State of 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:

Name and Address

TAEKO GREBENOR 1515 Fowler St. Mount Vernon, WA 98274

MARK S. GREBENOR 1719 County Cork San Antonio, TX 78251

GRACE M. ROLFSON 1515 Fowler St. Mount Vernon, WA 98274 Son

Daughter

<u>Relationship</u>

Spouse

<u>Age</u>

Legal

Legal

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  $\frac{n/a}{2}$ . The value of all separate property of decedent was approximately  $\frac{n/a}{2}$ . The combined assets of the decedent and FREDERICK W. GREBENOR were under the State of Washington and Federal Estate Tax amount to require any Estate tax returns to be filed.

7. I, TAEKO GREBENOR, 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 \_\_\_\_\_\_ day of July, 2017. TAÉKO GREBENOR STATE OF WASHINGTON ) ss. COUNTY OF SKAGIT

I certify that I know or have satisfactory evidence that TAEKO GREBENOR 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  $22^{WD}$ **v**. 2017. day of H LAWRENCE A PIRKLE OTARY PUBLIC in and for the State of Washington Residing at Mount Vernon My appointment expires: 5/7/19

## COMMUNITY PROPERTY AGREEMENT

This agreement is made and entered into this 291 day of 1966, by and between FREDERICK W. GREBENOR and TAEKO GREBENOR, husband and wife, of Skagit County, Washington, pursuant to the provisions of RCW 26.16.102, providing for agreements between husband and wife for the fixing of the status and disposition of community property to take effect on the death of either, WITNESSETH:

That in consideration of the love and affection that each of the said parties has for each 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 or 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 aforementioned parties, title to all community property as herein defined shall immediately vest in fee simple in the survivor of them without the necessity of any probate or any other court proceedings subject only to such requirements for payment of inheritance taxes as the State of Washington may impose.

IN WITNESS WHEREOF: The said FREDERICK W. GREBENOR and TAEKO GREBENOR have hereunto set their hands the day first written above.

GREB

as

TAEKO GREBENOR U

STATE OF WASHINGTON ) ) ss. COUNTY OF SKAGIT )

I certify that I know or have satisfactory evidence that FREDERICK W. GREBENOR and TAEKO GREBENOR, husband and wife, signed this instrument and acknowledged the same as their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED: ( FUBLT My appointment expi

## STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

CERTIFICATE NUMBER 2017-028724

**MINNIN** 

DATE ISSUED: 06/30/2017 FEE NUMBER:

FIRST AND MIDDLE NAME(S): FREDERICK WILLIAM

COUNTY OF DEATH: SKAGIT DATE OF DEATH: JUNE 28, 2017 FOUND HOUR OF DEATH: UNKNOWN SEX: MALE AGE: 80 YEARS SOCIAL SECURITY NUMBER: 359-28, 1665

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

BIRTH DATE: JULY 23, 1936 BIRTHPLACE: CHICAGO, IL

MARITAL STATUS: MARRIED SPOUSE: TAEKO HIRONAKA

OCCUPATION: US NAVY INDUSTRY: MILITARY EDUCATION: BACHELOR'S DEGREE US ARMED FORCES: YES

INFORMANT: GRACE ROLFSON RELATIONSHIP: DAUGHTER ADDRESS: 611 NORTH 18TH PLACE MOUNT VERNON, WA 98273

CAUSE OF DEATH:

A: METASTATIC COLON CANCER INTERVAL: > 1 YEAR

B;

INTERVAL:

C: INTERVAL:

- D:
- INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CONGESTIVE HEART 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: HOME FACILITY OR ADDRESS: 1515 FOWLER STREET CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 1515 FOWLER STREET CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273 INSIDE CITY LIMITS: YES COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 41 YEARS

FATHER/PARENT: STEPHEN GREBENOR MOTHER/PARENT: JENNIE MILITARY

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

CITY, STATE: MOUNT VERNON, WASHINGTON DISPOSITION DATE: JUNE 30, 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 UNKNOWN PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: RYAN GUANZON, MD TITLE: PHYSICIAN CERTIFIER ADDRESS: 1400 E. KINCAID STREET CITY, STATE, ZIP: MOUNT VERNON, WA 98274 DATE SIGNED: JUNE 29, 2017

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

NOT VALID IF PHOTOCOPIED OR ALTERED

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON DATE RECEIVED: JUNE 30, 2017

OH 422-132 (4/16)

Affidavit for Correction Mail to: Center for Health Statistics P.O. Box 47814									
- <b>1</b>	Health	This is a legal do	-		lo not alter.	Olympia, W <u>360-</u> 236-43	A 98504-7814 00		
Sta	te File Númber	Fee Number	STATE OFF	ICE USE ONLY Initials	Date	Affidavit N	lumber		
		De sudice d'inf							
Required information must match current information on record									
Re	1. Name on Record.				2. Date of Event:	3. Place of	f Event:		
qu.	4. Father/Parent Full Legal Nam	e (Spouse A for Marria	ae or Dissolution)	5. Mother/Parent Fu	III Birth Name (Spouse	e B for Marriage of	Dissolution)		
Required			,			5	,		
-	6. Name of Person Requesting	Correction:	Relationship Person on Re	to Self ecord: Parent(s)	Guardian	Other (specify)	Hospital		
7. Return Mailing Address:									
Tele	phone Number:	X		Email Address:			<u> </u>		
· · · · ·	Use the section below	w for requesting an	y changes on th	e record. The rec	ord is incorrect or	incomplete as	follows:		
	The recor	d now shows:	Sites.	9.	The true	fact is:			
8. 10.				9. 11.					
10.				13.					
12. 14.		All and a second s		15.					
14.	I declare under pen	alty of poriury under	the last of the		aton that the force	ing is true and	0017008		
16a.	Signature:	arty or perjury unive			<sup>a</sup> parent (if required):	ning is true and	contect		
Print	ed name:		Date:	Printed name:			Date:		
		INSTRUCT	TIONS - go to www	] .doh.wa.gov for mor	e information				
Page	Driver's I uired documentary proof must be	icense, Social Securit	y card or hospital	decorative birth ce	rtificate cannot be us		<b>1</b>		
•	Birth/Marriage/Divorce record	<ul> <li>Military record (DD</li> </ul>		school transcripts	<ul> <li>Social Secu</li> </ul>	urity Numident Rep	ort		
Certificate of Naturalization     Hospital/medical record     Passport     Green/Permanent Resident card (I-551) Birth Certificates									
<ol> <li>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.</li> <li>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.</li> </ol>									
3.	Documentary proof must be five	or more years old or es	tablished within fiv						
Adult (18 years or older)     Adult (18 years or older)     Only the adult can change his or her birth certificate									
•	<ul> <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>If the first or middle name is missing, three pieces of documentary proof are required</li> </ul>								
•	After age one, a court order is re	equired to change the la	st name	If the first, midd	le and/or last name is	misspelled, or date	e of birth is incorrect,		
•	No proof is required to change the first or middle name*     two pieces of documentary proof are required								
•	<ul> <li>To correct the sex of the child, one documentary proof from a medical is required</li> <li>To correct particular, one documentary proof from a medical is required</li> </ul>								
*To c	hange any part of the name of a child	signatures from both pa	arents listed on the d	ertificate are required	. If one parent is decease	ed submit a death ce	ertificate 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) that 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									
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.     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 422-634 October 2015									
*CERTIFIED*									
				JUN 3 0	2017		/ here here		
				JUN 30	lung				

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



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