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Skagit County Auditor
9/18/2017 Page

1 of

\$79.00
6 3:41PM

When Recorded Please Return To:
LAWRENCE A. PIRKLE
1220 Memorial Hwy., Suite A
Mount Vernon, WA 98273
(360) 336-6587

DOCUMENT TITLE: Affidavit in Support of Community Property Agreement

REFERENCE NUMBER(S):

GRANTOR: Patricia M. Barton

GRANTEE: Public

LEGAL DESCRIPTION:

Manufactured home only, 1993 Dartmouth 52x28 Serial
Number 12561, Little Mountain Estates, mobile home
space number 102.

ASSESSOR PARCEL / TAX ID NUMBER: 340428-2-004-0102 (P103069)

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

1. This Affidavit provides information for the record regarding that certain Community Property Agreement dated the 8th day of January, 2009, executed by JOHN R. BARTON and PATRICIA M. BARTON, husband and wife, (the "Agreement"), attached as Exhibit "A" and incorporated herein by this reference. The statements set forth in this Affidavit are representations of fact which may be relied upon by all parties dealing with the property commonly known as 2610 E. Section Street, #102, Mount Vernon, Washington 98274 and more fully described as set forth below.

3. The parties to the Agreement were legally competent at the time of the Agreement and executed no subsequent Wills or agreement which would have the effect of abrogating or nullifying the Agreement.

TPN: 340428-2-004-0102 (P103069)

5. The Decedent left no separate property.

6. All obligations of the community composed of the Decedent and the affiant owing at the date of the Decedent's death have been paid in full, and all expenses of last illness and for funeral and burial services of the Decedent have been paid.

7. The Decedent was survived by the following persons:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
PATRICIA M. BARTON 2610 Section Street, #102 Mount Vernon, WA 98274	Spouse	Legal
PAMELA BARTON CARPENTER 7575 Delvan Hill Road Sedro Woolley, WA 98284	Daughter	Legal
JOHN BARTON 2606 Lochcarron Dr. Ferndale, WA. 98248	Son	Legal
STEPHEN BARTON 1815 Copalis St. N.E. Tacoma, WA. 98422	Son	Legal

8. I, PATRICIA M. BARTON, affirm that I am the sole and rightful heir to the property legally described above.

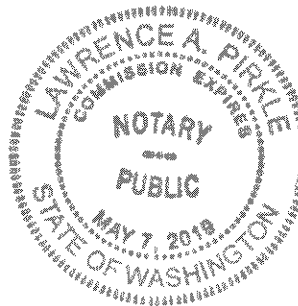
9. That the transfer of this property is exempted from the real estate excise tax pursuant to RCW 458-61A-202(6).

DATED this 9th day of March, 2017.

Patricia M. Barton
PATRICIA M. BARTON

SIGNED AND SWORN to before me this 9th day of March, 2017.

LAWRENCE A. PIRKLE



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

COMMUNITY PROPERTY AGREEMENT

This is an agreement dated the 8th day of January, 2009, between JOHN R. BARTON and PATRICIA M. BARTON, husband and wife, pursuant to the provisions of RCW 26.16.120, providing for agreements between husband and wife for the fixing of the status and disposition of community property to take effect upon the death of either. It is hereby agreed as follows:

1. Upon the death of either party all property of whatsoever nature or description, whether real, personal or mixed, and wheresoever situate, now owned or hereafter acquired by the parties, or either of them, in any manner, shall be considered and is hereby declared to be community property. For the purpose of constituting all property community property, each party to this agreement transfers, conveys and quit claims to the other an undivided one-half interest in and to any and all separate property presently owned or which may be hereafter acquired.
2. Upon the death of either of the parties hereto and recording of this instrument ownership and title to all community property, as defined in the preceding paragraph, shall immediately vest in the survivor of them.
3. The commencement of an action for Dissolution of Marriage of the parties hereto shall automatically terminate this agreement.
4. In the event of mental incompetency of one of the parties hereto or for any other valid reason, either party may petition the Superior Court to amend or terminate this agreement and the court shall have the right to take such action as it deems best.

IN WITNESS WHEREOF, the parties hereto have executed this agreement.

David L. Day
Witness

John R. Barton
JOHN R. BARTON

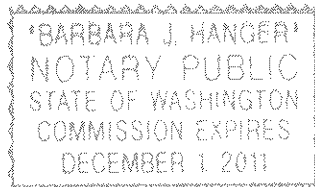
Michelle Felute
Witness

Patricia M. Barton
PATRICIA M. BARTON

STATE OF WASHINGTON)
) ss:
COUNTY OF SKAGIT)

On this day personally appeared before me JOHN R. BARTON and PATRICIA M. BARTON, husband and wife, to me known to be the individuals described in and who executed the foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto affixed my hand and official seal this 8th day of January, 2009.



Barbara J. Hanger
NOTARY PUBLIC for Washington.
My Commission Expires: 12/1/11

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-050449

DATE ISSUED: 12/20/2016

FEE NUMBER: 0000000029

GIVEN NAMES: JOHN RAE
LAST NAME: BARTON

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 05, 2016
HOUR OF DEATH: 12:05 P.M.
SEX: MALE
AGE: 90 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: WINNIPEG, MANITOBA, CANADA

MARITAL STATUS: MARRIED
SPOUSE: PATRICIA M. BARTON

OCCUPATION: MANAGER
INDUSTRY: TELECOMMUNICATIONS
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: PATRICIA BARTON
RELATIONSHIP: WIFE
ADDRESS: 2610 E SECTION ST UNIT 102, MOUNT VERNON, WA 98274

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: BIRCHVIEW MEMORY CARE
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 2610 E SECTION ST UNIT 102
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 982746107
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 23 YEARS

FATHER/PARENT: JOHN BARTON
MOTHER/PARENT: AGNES [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HERITAGE CREMATORY
CITY, STATE: MARYSVILLE, WA
DISPOSITION DATE: DECEMBER 14, 2016

FUNERAL FACILITY: AMERICAN CREMATION AND CASKET ALLIANCE
ADDRESS: 3803 132ND PLACE NE
CITY, STATE, ZIP: MARYSVILLE WA 98271
FUNERAL DIRECTOR: SHELLEY K. BARNETT

CAUSE OF DEATH:
A. LEWY BODY DEMENTIA
INTERVAL: OVER 1 YEAR
B.
INTERVAL:
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
RIGHT HIP FRACTURE

DATE OF INJURY: NOVEMBER 26, 2016 PRESUMED
HOUR OF INJURY: UNKNOWN
INJURY AT WORK? NO
PLACE OF INJURY: NURSING HOME

LOCATION OF INJURY: 925 DUNLOP AVENUE

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
COUNTY: SKAGIT
DESCRIBE HOW INJURY OCCURRED:
GROUND LEVEL FALL

MANNER OF DEATH: ACCIDENT
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? YES
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

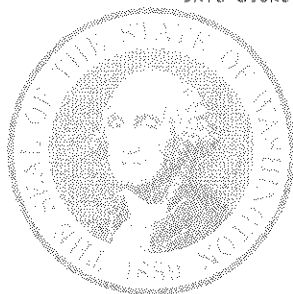
ME/CORONER: HAVLEY THOMPSON
TITLE: CORONER
ME/CORONER
ADDRESS: 116 S. 11TH ST
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: DECEMBER 14, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

♀



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 197-16
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
CHERYL PETERSON
DATE RECEIVED: DECEMBER 14, 2016

Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

Center for Health Statistics

1000 1st Avenue, Suite 1000

Seattle, WA 98101

State of Washington

Required information must match a current information on record

Required

1. Name (Last, First, Middle)	2. Sex	3. Date of Birth	4. Marital Status	5. Occupation (Division)
6. Name (Last, First, Middle)	7. Sex	8. Date of Birth	9. Marital Status	10. Occupation (Division)
11. Name (Last, First, Middle)	12. Sex	13. Date of Birth	14. Marital Status	15. Occupation (Division)

7. Return Mailing Address

Telephone Number

()

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

8. The record is incorrect because	9. The record is incorrect because
10. The record is incorrect because	11. The record is incorrect because
12. The record is incorrect because	13. The record is incorrect because
14. The record is incorrect because	15. The record is incorrect because

I declare under penalty of perjury that the facts of the birth or death of Washington that the foregoing is true and correct

16a. Signature

Printed name

DATE: 12/20/2016

Notarize and post. Submit the affidavit to the Registrar, who will forward it to the appropriate agency for review and approval.

Required documents

- Birth Certificate
- Death Certificate

Birth Certificates

1. One, if available
2. The proof of birth must include the date of birth and the name of the child.
3. Documentation of the birth

Child's name

- If the child's name is not on the birth certificate, the name must be on the birth certificate.
- If the child's name is on the birth certificate, the name must be on the birth certificate.
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Death Certificates

1. One, if available
2. The proof of death must include the date of death and the name of the deceased.
3. Documentation of the death

Marriage/Dissolution of Marriage Certificates

1. One, if available
2. The proof of marriage must include the date of marriage and the names of the spouses.

CERTIFIED

DEC 20 2016

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

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