JONES BUTLER DOLAN, PS P.O. Box 2784 Mount Vernon, WA 98273 360-336-2939



Skagit County Auditor 10/30/2017 Page

\$114.00

1 of 7 9:42AM

CERTIFICATE OF DEATH OF DECEASED SPOUSE AND COMMUNITY PROPERTY AFFIDAVIT OF SURVIVING SPOUSE

Document Title:

Certificate of Death of Deceased Spouse

Community Property Affidavit of Surviving Spouse

Grantor:

Charlotte Jean Garton

Grantee:

Ralph Leigh Garton, Jr.

Assessor Parcel No:

P119671

Abbreviated Legal:

EAGLE RIDGE FAIRWAY VILLA A CONDOMINIUM, LOT 9

Reference Numbers:

200312100087

STATE OF WASHINGTON)) ss: COUNTY OF SKAGIT)

Ralph L. Garton, Jr., being first duly sworn, on oath deposes and says:

1. Surviving Spouse

I am a resident of Skagit County, Washington, and I am the surviving spouse of Charlotte Jean Carton, deceased, who died on June 15, 2017, in Skagit County, Washington. A certified copy of Charlotte Jean Garton's Certificate of Death is attached hereto as Exhibit A.

2. Community Property Agreement

On July 6, 1979, Decedent and I, as husband and wife, validly executed a written Community Property Survivorship Agreement, which has remained valid and in full force since its execution, pursuant to RCW 26.16.120. The Community Property Survivorship Agreement is attached hereto as Exhibit B.

3. Purpose of this Affidavit

The statements set forth in this affidavit are representations of facts that may be relied upon by all parties dealing with the real property located in Skagit County, Washington, more fully described below, as well as any other assets owned by Charlotte Jean Garton at the time of her death.

Unit 9, EAGLE RIDGE FAIRWAY VILLA, a condominium, recorded on November 5, 2002, under Auditor's File No. 200211050117, records of Skagit County, Washington.

Situated in the County of Skagit, State of Washington.

4. Real Property

During our marriage, Decedent and I, as husband and wife, acquired the real property described herein by Statutory Warranty Deed, dated December 9, 2003, and recorded pursuant to Skagit County Auditor's Number 200312100087.

5. Community Property Subject to the Agreement

All of the community property is subject to the Community Property Survivorship Agreement, more fully described herein, the disposition of all such property is controlled by the Agreement, and all of the community property passed to Ralph L. Garton, Jr. upon Decedent's death.

6. Probate

No proceedings have occurred or are anticipated to have a Will of Decedent admitted to probate, to have a Personal Representative appointed for Decedent, or to set aside, cancel, or revoke the Community Property Survivorship Agreement.

7. Decedent's Debts, Expenses, Taxes

All debts and expenses of Decedent, and any liabilities or obligations of the marital community have been paid in full, and no estate taxes are due.

Signed in Mount Vernon, Washington, this 30th day of October, 2017.

RALPH L. GARTON, JR.

STATE OF WASHINGTON)) ss. COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that Ralph L. Garton, Jr. is the person who appeared before me, and he acknowledged that he signed this instrument and acknowledged it to be his tree and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 30th day of October, 2017.

ROSIE GATES-MALONE
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
MARCH 5, 2021

ROSIE GATES MALONE

Notary Public

In and for the State of Washington My appointment expires: 03-05-2021



STATE OF WASHINGTON / DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 07/20/2017 FEE NUMBER:

CERTIFICATE NUMBER: 2017-027351

FIRST AND MIDDLE NAME(S): CHARLOTTE J

LAST NAME(S): GARTON

COUNTY OF DEATH: SKAGIT DATE OF DEATH: JUNE 15, 2017 HOUR OF DEATH: 10:34 AM

SEX: FEMALE
SOCIAL SECURITY NUMBER:

AGE 79 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: MITCHELL, DAVISON COUNTY, SD

MARITAL STATUS: MARRIED SPOUSE: RALPH LEIGH GARTON

OCCUPATION: TEACHER INDUSTRY: EDUCATION

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: RALPH LEIGH GARTON

RELATIONSHIP: HUSBAND

ADDRESS: 1410 EAGLE RIDGE DR., MOUNT VERNON, WA 98274

CAUSE OF DEATH:

A: RESPIRATORY ARREST

INTERVAL:

B: ASPIRATION OF FOOD

INTERVAL:

U:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CLINICAL HISTORY OF DYSPHAGIA WITH PRIOR CHOKING EPISODE REQUIRING INTERVENTION AND

DEMENTIA

DATE OF INJURY: JUNE 15, 2017 HOUR OF INJURY: 08:54 AM INJURY AT WORK: NO

PLACE OF INJURY: RESIDENCE

LOCATION OF INJURY: 1410 EAGLE RIDGE DRIVE

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

COUNTY: SKAGIT

DESCRIBE HOW INJURY OCCURRED: HYPOXIC EVENT AS RESULT OF

ASPIRATION AND CHOKING

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: EMERGENCY ROOM

FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 1410 EAGLE RIDGE DR

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

INSIDE CITY LIMITS: YES COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 13 YEARS

FATHER/PARENT: CLINTON RONALD CLARK

MOTHER/PARENT: BERNICE

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: JUNE 21, 2017

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET

CITY STATE ZIP: MT. VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: RODGER L. TRUAX

MANNER OF DEATH: ACCIDENT

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

CERTIFIER NAME: HAYLEY THOMPSON

TITLE: CORONER/ME

CERTIFIER ADDRESS: 116 S. 11TH ST

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

DATE SIGNED: JUNE 19, 2017

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: 17SK0201

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: JUNE 21, 2017

WHealth

Affidavit for Correction

Mail to: Center for Health Statistics

| O. | Box | 47 | 8 | 14 | | |
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| | | | | | -a. | |

Olympia, WA 98504-7814 This is a legal document. Complete in ink and do not alter. 360-236-4300

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|---|---|---|-------------------------------------|---------------------------------|--|--|--|--|--|
| Stat | le File Number | Fee Number | | Initials | Date | Affidavit Number | | | |
| | | Required informat | ion must matc | h current inform | nation on record | | | | |
| - | Record Type Birt | n Death | ☐ Marri | age [| Dissolution (Di | vorce) | | | |
| ₹eq | 1. Name on Record: | | | | . Date of Event: | 3. Place of Event: | | | |
| Required | 4. Father/Parent Full Legal Name(| | | | | · | | | |
| | 6. Name of Person Requesting Con | | telationship to terson on Record | | | ☐ Informant ☐ Hospital ☐ Other (specify) | | | |
| 7. Re | eturn Mailing Address: | | | | | | | | |
| Tele: | phone Number:) | | Ema | il Address: | | | | | |
| | Use the section below f | or requesting any cha | nges on the re | cord. The recor | d is incorrect or in | ncomplete as follows: | | | |
| | The record n | ow shows; | | The true fact is: | | | | | |
| 8. | | | 9. | | | | | | |
| 10. | | | 11. | | | | | | |
| 12. | | | 13. | | | | | | |
| 14. | | | 15. | | | | | | |
| 10- | I declare under penalty | of perjury under the | | | | g is true and correct | | | |
| | Signature: | | <u> </u> | Signature of 2 nd pa | arent (1T required): | ************************************** | | | |
| Print | red name: | Date: | | ed name: | ftion | Date: | | | |
| INSTRUCTIONS of to www.don.wa.gov for more information Driver's license, Social Security card on hospital decorative birth certificate cannot be used as proof | | | | | | | | | |
| Regi | uired documentary proof must be sul | omitted with the affidavit ar | id include full nan | ne and birth date. E | xamples of documer | ntary proof include: | | | |
| • | Birth/Marriage/Divorce record • Certificate of Naturalization • | Military record (DD-214) Hospital/medical record | 75. TO. | ol transcripts | Social Securit | y Numident Report nent Resident card (I-551) | | | |
| Birt | h Certificates | riospita#iffedical record | • 1 dass | | • Green/Ferma | nent Resident card (I-551) | | | |
| | Only a parent(s), legal guardian (if the proof(s) must match the asse Mary Ann Doe. | rted fact(s). For example, it | the affidavit says | the name should | | | | | |
| | Documentary proof must be five or r | nore years old or establish | - | # 187 % | | | | | |
| | under 18 | and and a province accordi | | ult (18 years or old | | h contificate | | | |
| | If legal guardian(s), include certified Up to age one, last name can be ch | | | | change his or her birt name is missing, the | n certificate ee pieces of documentary proof are | | | |

- 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
- 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

- 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.
- 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.

CERTIFIED

JUL 2 0 2017

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



COMMUNITY PROPERTY AGREEMENT

KNOW ALL MEN BY THESE PRESENTS:

THIS AGREEMENT, made and entered into this day, by and between RALPH LEIGH GARTON, JR. and CHARLOTTE JEAN GARTON, his wife, residing at 17801 146th S.E., Renton, Washington,

WITNESSETH:

WHEREAS, all property, both real and personal, held by either or both of the parties hereto, is community property, and they are desirous that said community property, both real and personal, which they now have, or which they may hereafter acquire, shall pass without delay or expense, upon the death of either, to the survivor;

NOW, THEREFORE, for and in consideration of the sum of One Dollar (\$1.00), the receipt whereof is hereby acknowledged by each party hereto, one from the other, and also in consideration of the love and affection that each of said parties bears for the other, it is hereby agreed that in the event of the death of RALPH LEIGH GARTON, JR. while CHARLOTTE JEAN GARTON survives, then the whole of the community property, real and personal, which they now have, together with all other community property, real and personal, which they may hereafter acquire, shall at once vest in the said survivor, in fee simple; and in the event of the death of CHARLOTTE JEAN GARTON while the said RALPH LEIGH GARTON, JR. survives, then the whole of the community property, real and personal, which they now have, together with all community property, real and personal, which they may hereafter acquire, shall at once vest in the said survivor, in fee simple.

IN WITNESS WHEREOF, the said RALPH LEIGH GARTON, JR. and CHARLOTTE JEAN GARTON, his wife, have hereunto set their hands and seals, on this ______ day of July, 1979.

RALPH LEIGH GARTON, JR. (SEAL)

Charlotte Dan GARTON (SEAL)

SIGNED, SEALED AND DELIVERED in the presence of:

Melindaf Brandlei Edyl M. Lol

STATE OF WASHINGTON)
COUNTY OF KING)

THIS IS TO CERTIFY that on this day, before me, the undersigned, Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared RALPH LEIGH GARTON, JR. and CHARLOTTE JEAN GARTON, his wife, to me known to be the individuals described in and who executed the within instrument and acknowledged to me that they signed and sealed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

WITNESS MY HAND AND OFFICIAL SEAL this 6 day of July, 1979.

Notary Public in and for the State of Washington, residing at Renton.