



201712060067

Skagit County Auditor

\$79.00

12/6/2017 Page

1 of

6 1:43PM

Recorded by and return to:

STILES LAW INC., P.S.  
P.O. Box 228 / 925 Metcalf Street  
Sedro Woolley, WA 98284

Legal: HENSLER'S 1<sup>ST</sup> to ANA. ALL OF 3 & N 16 ½ of 4 BLK 4  
Tax Parcel #: 3794-004-004-0002 / P57325

### AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON ) ss.  
COUNTY OF SKAGIT )

James A. Mock, being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of Paula H. Mock, who died at Sedro-Woolley, County of Skagit, State of Washington, on June 21, 2016, having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated August 29, 1996, which agreement has been recorded simultaneously with this affidavit and a copy of the decedent's death certificate under the records of the Auditor for Skagit, Washington.

2. That there are no unpaid creditors of said decedent or the former marital community nor unpaid funeral expense or expense of last illness, except for:

NONE

3. Among other items of community property was the following described real estate:

Address: 2509-2511 Commerical Ave.  
Parcel ID: 3794-004-004-0002 / P57325

Lot 4, except the South 13 ½ feet thereof, and all of Lots 3, 16, and 17, Block 4, PLAT OF HENSLER'S FIRST ADDITION TO THE CITY OF ANACORTES, according to the plat thereof recorded in Volume 3 of Plats, page 46, records of Skagit County, Washington.

SUBJECT TO easements, restrictions and reservations of record.

4. This affidavit is made to induce any title company to issue its policies of title insurance on real property passing to the affiant as surviving spouse by virtue of said community property survivorship agreement in reliance upon the representations hereinabove set forth.

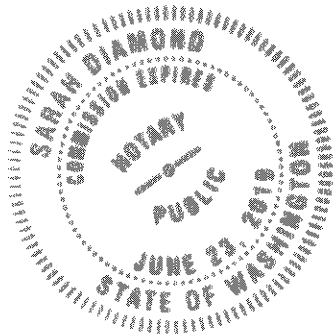
DATE: 11-21-17

James A. Mock  
James A. Mock

State of Washington ) ss.  
County of Skagit )

On this day personally appeared before me **James A. Mock**, who executed the within and foregoing instrument and acknowledged that he signed the same as his free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal on November 21, 2017.



Sarah Diamond  
NOTARY PUBLIC in and for the State of  
Washington, residing at Sedro Woolley  
Commission Expires: 6-23-19

**COMMUNITY PROPERTY AGREEMENT  
BETWEEN  
JAMES A. MOCK AND PAULA H. MOCK**

Agreement by and between JAMES A. MOCK and PAULA H. MOCK, husband and wife, of 1805 - 24th Street, Anacortes, Skagit County, Washington.

In consideration of love and affection and of the mutual benefits to be derived from the parties hereto, it is hereby agreed as follows:

1. That all property of whatsoever nature or description, whether real, personal or mixed, and wheresoever situated, now owned (or hereafter acquired) by the undersigned husband and wife, (or either of them, including separate property) shall, upon the death of either party, be considered and is hereby declared to be community property.
2. That upon the death of either of the parties hereto, title to all community property as herein defined shall vest immediately in the survivor.
3. This Community Property Agreement may be voided, cancelled or terminated by either spouse through the use of a power of attorney executed by the other spouse.
4. The undersigned parties do hereby revoke any prior Community Property Agreements entered into between them.

DATED this 27th day of August, 1996.

James A. Mock  
James A. Mock

Paula H. Mock  
Paula H. Mock

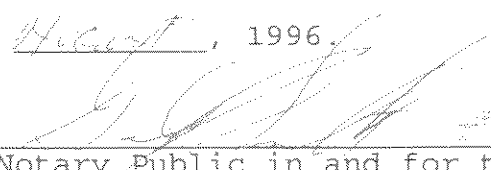
WITNESSED:

Kenya S. Morrow  
Christina H. Hargrove

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

I certify that I know or have satisfactory evidence that JAMES A. MOCK and PAULA H. MOCK signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 20<sup>th</sup> day of August, 1996.

  
\_\_\_\_\_  
Notary Public in and for the State  
of Washington, residing at \_\_\_\_\_

My appointment expires: 3/4/98



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-025755

DATE ISSUED: 06/28/2016

FEE NUMBER: 0000000029

GIVEN NAMES: PAULA HAGELEEN  
LAST NAME: MOCK

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JUNE 21, 2016  
HOUR OF DEATH: 10:45 P.M.  
SEX: FEMALE  
AGE: 67 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: SPARKS, WASHOE CNTY, NEVADA

MARITAL STATUS: MARRIED  
SPOUSE: JAMES ALAN MOCK

OCCUPATION: BAKERY MANAGER  
INDUSTRY: GROCERY STORE  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES? NO

INFORMANT: JAMES MOCK  
RELATIONSHIP: SPOUSE  
ADDRESS: 32647 LYMAN-HAMILTON HIGHWAY, SEDRO-WOOLLEY, WA 98284

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 32647 LYMAN-HAMILTON HIGHWAY  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 32647 LYMAN-HAMILTON HIGHWAY  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
INSIDE CITY LIMITS? NO  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER/PARENT: MAURICE HAGELEEN  
MOTHER/PARENT: MARGARET [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM  
CITY, STATE, ZIP: BLAINE, WA  
DISPOSITION DATE: JUNE 27, 2016

FUNERAL FACILITY: WHATCOM CREMATION & FUNERAL  
ADDRESS: 4202 GUIDE MERIDIAN #106  
CITY, STATE, ZIP: BELLINGHAM WA 98226  
FUNERAL DIRECTOR: TIM D. POWELL

CAUSE OF DEATH:  
A. TEMPORAL LOBE GLIOBLASTOMA  
INTERVAL: 4.5 YEARS

B.  
INTERVAL:  
C.  
INTERVAL:  
D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK?  
PLACE OF INJURY:

LOCATION OF INJURY:

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

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

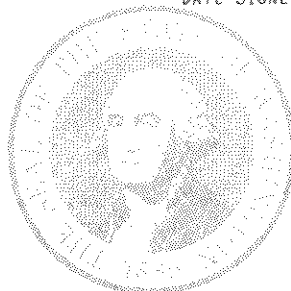
NUMBER(S): NONE  
DATE(S): NONE

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

CERTIFIER NAME: LESLIE A. ESTEP, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON WA 98273  
DATE SIGNED: JUNE 22, 2016

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NJA 415  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
CHERYL PETERSON  
DATE RECEIVED: JUNE 24, 2016



# Affidavit for Correction

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

STATE OFFICE USE ONLY

Required information must match current information on record

Required	Date	Death	Marriage	Dissolution (Divorce)
1. Name				
2. Sex				
3. Birth date				
4. Birth place				
5. Place of birth				
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