



201712110132

RETURN TO:

Name: Mary Jo Andrak

Address: 7033 Holiday Blvd

City/State/Zip: Anacortes, WA 98221

HEIRSHIP AND DISPOSITION OF ASSETS AFFIDAVIT
Also used as an Affidavit of Surviving Spouse or Domestic Partner

The Affiant is the (relationship to decedent) surviving spouse of Thomas Andrak (decedent) who died (date) September 12, 2017 at (city) Guemes Island, (county) Skagit, (state) WA. On said date the decedent's legal residence was (address) 7033 Holiday Blvd. in (city) Guemes Island, (county) Skagit, (state) WA, (zip code) 98221.

ATTACHED HERETO IS A COPY OF THE DECEDENT'S DEATH CERTIFICATE.

THE DECEDENT LEFT:

- () No Will and No Community Property Agreement; OR
- (X) A Community Property Agreement recorded in Skagit County as Auditor's File Number as attached hereto in favor of the surviving spouse or an unrecorded agreement which has been attached hereto; OR
- () An unprobated Will, a copy of which is attached hereto; OR
- () A Will which is being/was probated in _____ County, State of _____ as Superior Court Cause No. _____.

The Affiant declares that on the date of death, the total value of the decedent's entire estate was approximately \$ 500,000 of which approximately \$ 0 was the separate property of the decedent.

The Affiant further declares that all obligations and creditor's claims of the decedent's estate, including all expenses of the last illness and funeral, have been paid EXCEPT for (X) none OR () those shown on an attachment hereto.

The Affiant further declares that the decedent () has or (X) has not received assistance from the State of Washington for subsistence or medical care such as Medicaid or Welfare in the past.

PTN Lots 9-10 Carmelo Estates P 32 826

(continued on next page)

The Affiant further declares that the following are all the heirs of the decedent (heirs being surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers, sisters of the decedent, including those not inheriting part of the decedent's estate):

LEGAL NAME	AGE	RELATIONSHIP	ADDRESS
Mary Jo Andrak	L	spouse	Guemes Island, WA
Dawnie Marie Andrak	L	daughter	1317 36th St
Dana Anne Andrak	L	daughter	SACRAMENTO, CA 95816

(ATTACH ADDITIONAL PAGES IF NECESSARY)

When checked, the Affiant declares that he/she is the sole and rightful heir of the property described on the attachment hereto.

The Affiant declares under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

The Affiant makes this affidavit to induce title companies and their underwriters to issue policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify any third party against all losses, including attorney fees, arising by reason of any misrepresentation of fact herein.

Date of Affidavit 11-30-17

Affiant's Legal Name: Mary Jo Andrak, Affiant's Phone No.: 360-293-6398

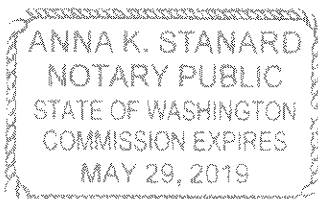
Affiant's Address, City & State: 7033 Holiday Blvd., Anacortes, WA 98221

Affiant's Signature: Mary Jo Andrak

STATE OF WASHINGTON, COUNTY OF Skagit.

On this day personally appeared and sworn before me Mary Jo Andrak, to me know to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he/she signed the same as his/her free and voluntary act and deed, for the uses and purposes therein mentioned.

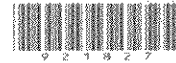
GIVEN under my hand and seal this 30 day of November, 2017.



Anna K Stanard
Notary Public in and for the State of Washington
Residing at Stanwood
My appointment expires on 05-29-19

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-038053

DATE ISSUED: 09/12/2017
FEE NUMBER:

FIRST AND MIDDLE NAME(S): LEON THOMAS
LAST NAME(S): ANDRAK

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 31, 2017
HOUR OF DEATH: 12:05 AM
SEX: MALE AGE: 73 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 7033 HOLIDAY BLVD
CITY, STATE, ZIP: GUEMES ISLAND, WASHINGTON 98221

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

RESIDENCE STREET: 7033 HOLIDAY BLVD
CITY, STATE, ZIP: GUEMES ISLAND, WASHINGTON 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 16 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: CHICAGO, COOK COUNTY, IL

FATHER/PARENT: LEON ANDRAK
MOTHER/PARENT: LOTTIE [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: MARY JO TRAMPAS

METHOD OF DISPOSITION: DONATION/MEDICAL RESEARCH
PLACE OF DISPOSITION: UNIVERSITY OF WASHINGTON, DEPT OF BIO-STRUCTURES
CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: SEPTEMBER 05, 2017

OCCUPATION: ENTREPRENEUR
INDUSTRY: OWN BUSINESS
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

FUNERAL FACILITY: FIRST CALL PLUS OF WASHINGTON

INFORMANT: MARY JO ANDRAK
RELATIONSHIP: SPOUSE
ADDRESS: 7033 HOLIDAY BLVD, GUEMES ISLAND, WASHINGTON 98221

ADDRESS: 6942 S 196TH ST
CITY, STATE, ZIP: KENT, WASHINGTON 98032
FUNERAL DIRECTOR: KATRINA M. MITCHELL

CAUSE OF DEATH:
A: METASTATIC PROSTATE CANCER
INTERVAL 1 YEAR
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: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: AUGUST 31, 2017

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: SEPTEMBER 05, 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

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)
	1. Name of 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"/> Parent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Funeral Director <input type="checkbox"/> Informant <input type="checkbox"/> Other (specify) <input type="checkbox"/> Hospital

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:

8. The record now shows:	9. The true fact is:
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 nd parent (if required): _____
Printed name: _____ Date: _____	Printed name: _____ Date: _____

INSTRUCTIONS - go to 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

- 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.
- 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.
- Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- 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)*
- 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

Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, three pieces of documentary proof are 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

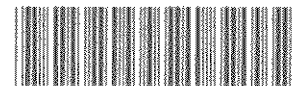
- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

CERTIFIED

SEP 12 2017

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



After recording return to:
Patrick J. Flannigan
Attorney at Law
P.O. Box 830
Clinton, WA 98236
(206)321-1441

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered this date by and between LEON THOMAS ANDRAK and MARY JO ANDRAK, husband and wife of Freeland, in the County of Island, State of Washington, pursuant to the provisions of the Revised Code of Washington, Section 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, is as follows:

In consideration of the love and affection that each party has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and undertaken as follows:

1. PROPERTY COVERED: This Agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife (except for assets for which a separate beneficiary designation has been or is hereafter made by Husband or Wife and approved by the other spouse, even though some items may have been or may be purchased or acquired by one or the other or both or may have been or may be registered in the name of one or the other or both. If Husband dies and Wife survives, any separate property of Husband which is owned by Husband at the time of his death (except for assets for which Husband has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of his

death, and if Wife dies and Husband survives her, any separate property of Wife which is owned by Wife at the time of her death (except for assets for which Wife has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of her death. All such property is referred to in this Agreement as the "described community property."

2. VESTING AT DEATH OF SPOUSE: If Husband dies and Wife survives him, all of the described community property shall vest in fee simple in Wife as of the moment of Husband's death. If Wife dies and Husband survives her, all of the described community property shall vest in fee simple in Husband as of the moment of Wife's death.

3. DISCLAIMER: Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, or with reference to specific parts, shares or assets thereof, in which event the interest disclaimed shall pass as if the provisions of paragraph 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.

4. AUTOMATIC REVOCATION: The provisions of paragraph 2 shall be automatically revoked:

(a) Upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce; or

(b) Upon the establishment of a domicile out of the State of Washington by either party; or

(c) Immediately prior to death, if the order of death cannot be ascertained.

5. OPTIONAL REVOCATION BY ONE PARTY: If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 2 and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardian(s), if any, of the person and of the estate of the disabled person. For the purposes of this paragraph, a spouse shall be deemed disabled if a person duly licensed to practice medicine in the State of Washington signs a statement declaring that the person is unable to manage his or her own affairs.

6. POWERS OF APPOINTMENT: This Agreement shall not affect any power of appointment now held by or hereafter given to Husband or Wife or both of them, nor shall it obligate Husband or Wife or both of them, nor shall it obligate Husband or Wife or both of them to exercise any such power of appointment in any way.

7. REVOCATION OF INCONSISTENT AGREEMENTS: To the extent this Agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

