

UNRECORDED



201801100094

Skagit County Auditor
1/10/2018 Page

1 of 6 1:12PM \$79.00

When recorded return to:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2018/3/1
JAN 10 2018

Amount Paid \$
By Skagit Co. Treasurer
Deputy

QUIT CLAIM DEED

THE GRANTOR(S) Dennis McMillan by Barbara Cooper,
widow, surviving spouse

for and in consideration of inheritance

in hand paid, conveys and quit claims to Barbara Ann Cooper, surviving
Inheritance transfer. spouse

the following described real estate, situated in the County of Skagit, State of Washington

together with all after acquired title of the grantor(s) herein:

lot 21. The Highlands First Addition, as per plat recorded
in Volume 11 of Plats, pages 34, 35, and 36, records of
Skagit County, Washington
situate in the City of Anacortes, County of Skagit,
State of Washington

Abbreviated Legal: (Required if full legal not inserted above)

Tax Parcel Number(s): P 79414/4384 - 000 - 021 - 0004

Dated: 1/9/2018

Barbara Ann Cooper

STATE OF *Washington*
COUNTY OF *Snohomish*

ss.

I certify that I know or have satisfactory evidence that *Barbara Ann Cooper*

(is/are) the person(s) who appeared before me, and said person(s) acknowledged that *she* signed
this instrument, on oath stated that *she is* authorized to execute the instrument and acknowledge it
as the _____ of

the free and voluntary act of such party(ies) for the uses and purposes mentioned in this instrument.

Dated: *1/9/2018*

Benjamin Delmo

Notary name printed or typed: *Benjamin Delmo*
Notary Public in and for the State of *Washington*
Residing at *Snohomish County, WA*
My appointment expires: *08-11-2021*

Notary Public
State of Washington
Benjamin Delmo
Commission Expires 08-11-2021

WHEN RECORDED RETURN TO:

JAMES E. ANDERSON P.S.
P.O. BOX 727
ANACORTES, WA 98221

COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 18th day of JANUARY, 2007, between DENNIS JOHN McMILLAN and BARBARA ANN COOPER, husband and wife, both of whom are domiciled in the State of Washington. In consideration of their mutual agreements set forth below, the parties agree 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 a Spouse:** If Husband dies and Wife survives him, all of the described community property shall vest 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 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 can not be ascertained.

5. **Optional Revocation by One Party:** If either party becomes incapacitated, 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 incapacity to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the incapacitated spouse and to the guardians, if any, of the person and of the estate of the incapacitated person. For the purposes of this paragraph, a spouse shall be deemed incapacitated 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 property or financial 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 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.


DENNIS JOHN McMILLAN


BARBARA ANN COOPER

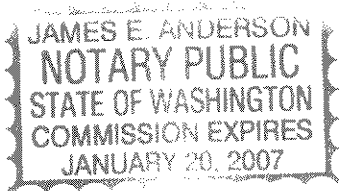
STATE OF WASHINGTON)
) ss
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that DENNIS JOHN McMILLAN and BARBARA ANN COOPER signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED: JANUARY 18, 2007



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



UNOFFICIAL DOCUMENT

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

809391
D. TAG. NO.

136-2017-028277
STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name: First Dennis , Middle John , Last McMillan , Suffix				Death Date: October 22, 2017	
	Sex: Male		Age: 74 years		Social Security Number: [REDACTED]	
	County of Death: Washington		Was Decedent Ever in U.S. Armed Forces? No			
	Birthdate: [REDACTED]				Birthplace: Buffalo, New York	
	Residence: 618 St Marys Place				City/Town: Anacortes	
	Residence County: Skagit		State or Foreign Country: Washington		Zip Code + 4: 98221	
	Marital Status at Time of Death: Married		Spouse's Name Prior to First Marriage: Barbara Ann Cooper			
	Father's Name: Wallace McMillan			Mother's Name Prior to First Marriage: Edith [REDACTED]		
	Informant's Name: Barbara Cooper		Relationship to Decedent: Spouse		Mailing Address: 618 St Marys Place, Anacortes, WA 98221	
	Place of Death: Hospital-Emergency Room/Outpatient		Facility Name: Kaiser Foundation Hospital - Westside			
Location of Death: 2875 NW Stucki Avenue		City/Town or Location of Death: Hillsboro		State: Oregon , Zip Code + 4: 97124		
Method of Disposition: Cremation		Place of Disposition: Evans Funeral Chapel		Location (City/Town and State): Anacortes, Washington		
Name and Complete Address of Funeral Facility: Portland Mortuary Services, 17819 NE Riverside Parkway A, Portland, Oregon 97230						
Date of Disposition: TBD		Funeral Director's Signature: Whitney L. Gonzales		OR License Number: FS-0652		
Registrar's Signature: Jennifer A. Woodward		Date Received: October 25, 2017		Local File Number:		
Amendment:						

TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner? Yes		Autopsy? No		Were autopsy findings available to complete the cause of death?		Time of Death: 0113		
	CAUSE OF DEATH							Approximate Interval: Onset to Death	
	IMMEDIATE CAUSE ↓ PROBABLE ATHEROSCLEROTIC CORONARY ARTERY DISEASE							NOT STATED	
	a. Due to (or as a consequence of) ↓								
	b. Due to (or as a consequence of) ↓								
	c. Due to (or as a consequence of) ↓								
	d. Other significant conditions contributing to death								
	Manner of Death: Natural		If Female: Not Applicable		Did tobacco use contribute to death? Unknown				
	Date of Injury:		Time of Injury:		Place of Injury:		Injury at Work?		
	Location of Injury:								
Describe how injury occurred:							If transportation injury, specify:		
Name and Address of Certifier: Clifford Conrad Nelson, 13309 SE 84th Avenue STE 100, Clackamas, Oregon 97015				Date Signed: October 24, 2017					
Name and Title of Attending Physician if Other than Certifier:				Medical Certifier: Clifford Conrad Nelson		Title of Certifier: M.D., M.E.		License Number: MD16575	
Amendment:									

45-2CC (01/06)

20171025446

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

October 25, 2017

DATE ISSUED: _____

Jennifer A. Woodward
JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

