

201803080004

Skagit County Auditor

\$80.00

3/8/2018 Page

1 of

7 10:03AM

RETURN TO:

Patrick M. Hayden
P.O.Box 454
Sedro-Woolley, WA 98284

DOCUMENT TITLE(S) (or transactions contained herein):

**AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT OF JOHN L. ABENROTH AND
DOLORES A. ABENROTH**

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:GRANTOR(S) (Last name, first name and initials):

1. Abenroth, John L.

GRANTEE(S) (Last name, first name and initials):

1. Abenroth, Dolores A.

LEGAL DESCRIPTION (Abbreviated: i.e., lot, block, plat or quarter, quarter, section, township and range).

Lot 1, Sedro-Woolley Short Plat No. SW-08-95, AF# 9510190110: Ptn of NW1/4 SW1/4 19-35-5

ASSESSOR'S PARCEL/TAX I.D. NUMBER:

350519-0-074-0100 / P107858

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT
OF
JOHN L. ABENROTH AND DOLORES A. ABENROTH

STATE OF WASHINGTON)

: ss.

COUNTY OF SKAGIT)

Dolores A. Abenroth, being first duly sworn upon oath, deposes and says:

That affiant is the surviving spouse of John L. Abenroth, who died September 8, 2017. A certified Death Certificate is recorded herewith;

That at the time of death the affiant was married to John L. Abenroth, and that we provided for the disposition of all community property as between us under Community Property Agreement May 10, 2016, and recorded herewith;

That by virtue of the Community Property Agreement all property owned by John L. Abenroth passed to Dolores A. Abenroth;

THAT the value of the estate of John L. Abenroth exceeds the debts owed at time of death, and there are no unpaid funeral expense or expense of last illness;

THAT no state or federal estate or inheritance tax is due on the estate of John L. Abenroth; and

THAT at the time of death we were the owners of that real property legally described as follows:

Lot 1 of Sedro-Woolley Short Plat SW-08-95, recorded October 19, 1995 in Skagit County Auditor's File No. 9510190110; being a ptn of the NW ¼ of the SW ¼ of Section 19, Township 35 N, Range 5 E. WM; Situated in Skagit County, Washington.

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THAT this affidavit is made to induce a title company to issue its policies of title insurance on real property passing to the surviving spouse and to induce financial institutions to transfer funds or securities, by virtue of said community property survivorship agreement in reliance upon the representations hereinabove set forth.


SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2018899
MAR 08 2018

Amount Paid \$
Skagit Co. Treasurer
By *[Signature]* Deputy

[Signature]
Dolores A. Abenroth

Subscribed and sworn to before me this 2 day of ~~February~~ MARCH, 2018.



Notary Public in and for the
State of Washington, residing at
Sedro-Woolley, Washington.

My Commission Expires: 4.29.21

Print name: Patrick M. Hayden



COMMUNITY PROPERTY AGREEMENT
OF
JOHN L. ABENROTH AND DOLORES A. ABENROTH

THIS AGREEMENT, is made on the date set forth below, between **John L. Abenroth** and **Dolores A. Abenroth**, Husband and Wife, both of whom are domiciled in the State of Washington. In consideration of their mutual promises 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 or may have been 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, 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 regarded to in this Agreement as the "subject property."


2. Vesting at Death. On the death of either Husband or Wife, all of the subject property shall vest in the survivor of them.

3. Disclaimer. Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, and the interest disclaimed shall pass under the terms and conditions of any validly executed will which the decedent may have executed, and in default thereof according to the laws of intestacy as governed by the statutes of the State of Washington then in effect.

4. Automatic Revocation. In the absence of other evidence indicating the party's intent to terminate this Agreement, it shall, nevertheless, be deemed mutually terminated and of no further force or effect upon either party's filing a petition, complaint or other pleading for dissolution of their marriage or divorce, or upon a court of competent jurisdiction dissolving the marriage or granting a decree of divorce or separate maintenance to either of them.

JVA DAA

6. Survivorship. As used herein, the term "survivor", "survive", or "survivorship" shall mean living for a period of thirty days following the death of the first of the aforementioned parties to die.


John L. Abenroth

Dolores A. Abenroth
Dolores A. Abenroth

This is to certify that on the date set forth below, before me, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally came **John L. Abenroth** and **Dolores A. Abenroth**, to me known to be the individuals described in and who executed the within instrument, and acknowledged to me that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

Notary Public in and for the State of
Washington residing at Sedro Woolley
My Commission Expires: 7-27-17
Print Name Patricia M. Hoyer

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-039280

DATE ISSUED: 09/19/2017

FEE NUMBER: 310917

FIRST AND MIDDLE NAME(S): JOHN LEONARD

LAST NAME(S): ABENROTH

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: SEPTEMBER 08, 2017

HOUR OF DEATH: 01:00 PM

SEX: MALE

AGE: 73 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 1033 WICKER RD

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284-1315

RESIDENCE STREET: 1033 WICKER RD

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284-1315

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 5 MONTHS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: J [REDACTED]

BIRTHPLACE: DAYTON, COLUMBIA COUNTY, WA

FATHER/PARENT: CARL WILHELM ABENROTH

MOTHER/PARENT: STELLA CAROLINE [REDACTED]

MARITAL STATUS: MARRIED

SPOUSE: DOLORES AMELIA JORDAN

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: FIRST CREMATION SERVICES

OCCUPATION: LAND SURVEYER

INDUSTRY: LAND SURVEYING AND ENGINEERING

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: YES

CITY, STATE: KENT, WASHINGTON

DISPOSITION DATE: SEPTEMBER 12, 2017

INFORMANT: DOLORES AMELIA ABENROTH

RELATIONSHIP: SPOUSE

ADDRESS: 1033 WICKER RD, SEDRO WOOLLEY, WA 98284

FUNERAL FACILITY: SIMPLE CREMATION OF BELLINGHAM

ADDRESS: 1313 EAST MAPLE ST

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

FUNERAL DIRECTOR: ALYSSA H. MEAD

CAUSE OF DEATH:

A: BLADDER CANCER

INTERVAL: 30 MONTHS

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: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:

HOUR OF INJURY: UNKNOWN

INJURY AT WORK: UNKNOWN

PLACE OF INJURY:

CERTIFIER NAME: ROBERT MONTGOMERY, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1959 NE PACIFIC ST (BOX 356100)

CITY, STATE, ZIP: SEATTLE, WA 98198

DATE SIGNED: SEPTEMBER 12, 2017

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: ROBERT MONTGOMERY, MD

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: SEPTEMBER 12, 2017



Affidavit for Correction

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

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
Required information must match current information on record				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
1. Name on 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:

The record now shows	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

16a. Signature: _____ Date: _____

16b. Signature of 2nd parent (if required): _____ 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

1. 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.
2. **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.
3. Documentary proof must be five or more years old or established within five years of birth.

Child under 18	Adult (18 years or older)
<ul style="list-style-type: none">• 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.	<ul style="list-style-type: none">• 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

1. 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.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. 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.
2. 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 422-004 October 2015

