



201803150069

Skagit County Auditor

\$81.00

3/15/2018 Page

1 of

8 11:02AM

Return Address

VanNess Feldman
719 Second Avenue, Suite 1150
Seattle, WA 98104-1728
Attention: Dale Johnson

Reference Number(s) of Documents assigned or released: N/A**Grantors/Grantee:**

Noel G. Johnson

Legal description (abbreviated: i.e. lot, block, plat or section, township, range)

TRACT 7, DEANE'S LAKE ERIE TRACTS, ACCORDING TO THE PLAT THEREOF, RECORDED IN
VOLUME 7 OF PLATS, PAGE 66, RECORDS OF SKAGIT COUNTY, WASHINGTON

Assessor's Property Tax Parcel/Account Number

Parcel # 64854

Tax Account #3897-000-007-0003

**CERTIFICATE IN SUPPPORT OF COMMUNITY PROPERTY AGREEMENT
OF NOEL G. JOHNSON AND BETTY E. JOHNSON**

1. The undersigned is the surviving spouse of Betty E. Johnson (the "Decedent"), and makes this certificate for the purpose of supplying information for the record pertaining to the Community Property Agreement executed by Noel G. Johnson and Betty E. Johnson, husband and wife, on September 11, 1974, an original copy of which is attached hereto as Exhibit "A" hereto ("Community Property Agreement"). It is intended that the statements set forth herein shall be considered representations of fact which may be relied upon by all parties dealing with the real estate described on Exhibit "B" hereto.

2. The Decedent died a resident of Skagit County, Washington on January 17, 2012. A certified copy of the death certificate is attached as Exhibit "C" hereto.

3. The parties to the Community Property Agreement have never executed any document which would have the effect of modifying or nullifying the Community Property Agreement.

4. The Decedent left no separate estate.

5. The Decedent was survived by the following heirs-at-law:

Noel G. Johnson—Husband
Darla M. Martin—Daughter
Dale N. Johnson—Son

6. All obligations of the Decedent, and those of the marital community, owing at the date of the Decedent's death have been paid in full, and all expenses of the Decedent's last illness, funeral and burial have been paid

7. The Decedent's taxable estate was sufficiently small so that no federal or state death tax return was required.

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

Dated: March 12, 2018

At: Seattle, WA

Noel G. Johnson
Noel G. Johnson

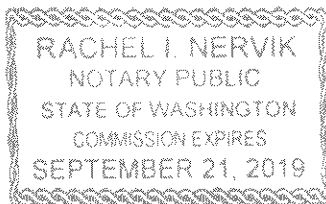
STATE OF WASHINGTON)

) ss.

COUNTY OF KING)

I certify that I know or have satisfactory evidence Noel G. Johnson is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

SUBSCRIBED AND SWORN TO before me this 12 day of March, 2018.



Rachel I. Nervik
Rachel I. Nervik
NOTARY PUBLIC in and for the State of Washington,
residing in Kitsap County.
My commission expires: September 21, 2019

EXHIBIT A
Legal Description

TRACT 7, DEANE'S LAKE ERIE TRACTS, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 7
OF PLATS, PAGE 66, RECORDS OF SKAGIT COUNTY, WASHINGTON.

EXHIBIT B
Community Property Agreement

Attached hereto.

UNOFFICIAL DOCUMENT

Agreement as to Status of Community Property

After Death of One of the Spouses

Know All Men by These Presents:

That this agreement, made and entered into this 11 day of Sept., 1924,
by and between Norl Johnson
and Betty Johnson, husband and wife,
of Anacortes, Sagit County, State of Washington, WITNESSETH:

That, in consideration of the love and affection that each of said parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted, and promised:

I.

That all property of whatsoever nature or description whether real, personal or mixed and where-soever situated now owned or hereafter acquired by them or either of them shall be considered and is hereby declared to be community property.

II.

That upon the death of either of the aforementioned parties title to all community property as herein defined shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said Norl Johnson
and Betty Johnson have hereunto set their hands
and seals this 11 day of Sept., 1924.

Norl Johnson (SEAL)
Betty Johnson (SEAL)

STATE OF WASHINGTON,

County of Sagit } SS.

This is to certify that on this 11 day of Sept., 1924, before me
Harold R. Evans a Notary Public in and for the State of Washington
duly commissioned and sworn, personally came Norl Johnson
and Betty Johnson husband and 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 the day and year in this certificate first above written.

Harold R. Evans
Notary Public in and for the State of Washington residing at Anacortes, WA.

EXHIBIT C
Washington State Death Certificate

Attached hereto.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **41-12** Washington State Certificate of Death State File Number

1. Legal Name (Include initials if any): First **Betty** Middle **Eileen** Last **Johnson** Suffix

2. Death Date **Jan 17, 2012**

3. Sex (M/F) **F** 4a. Age - Last Birthday **69** 4b. Under 1 Year **Months** 4c. Under 1 Day **Months** 5. Social Security Number **[REDACTED]** 6. County of Death **Skagit**

7. Birthdate **[REDACTED]** 8a. Birthplace (City, Town or County) **Sunburst** 8b. (State or Foreign Country) **Montana** 9. Decedent's Education **High School Graduate**

10. Was Decedent of Hispanic Origin? (Yes or No if yes, specify) **No** 11. Decedent's Race(s) **Caucasian** 12. Was Decedent ever in U.S. Armed Forces? **No**

13a. Residence: Number and Street (e.g. 624 SE 5th St.) (Include Apt. No.) **13319 Deane Drive** 13b. City or Town **Anacortes**

13c. Residence: County **Skagit** 13d. Tribal Reservation Name (if applicable) **Washington** 13e. State or Foreign Country **Washington** 13f. Zip Code + 4 **98221** 13g. Inside City Limits? ☐ Yes ☒ No ☐ Unk

14. Estimated length of time at residence **49 Years** 15. Marital Status at Time of Death **Married** 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) **Noel Johnson**

17. Usual Occupation (Indicate type of occupation, dignitary or working title. (DO NOT USE RETIRED)) **Homemaker** 18. Kind of Business/Industry (Do not use Company Name) **Own Home**

19. Father's Name (First, Middle, Last, Suffix) **Lester Julian Aschm** 20. Mother's Name Before First Marriage (if not, Middle, Last) **Dorothy Elnora [REDACTED]**

21. Informant's Name **Noel Johnson** 22. Relationship to Decedent **Husband** 23. Mailing Address: No. and Street or RFD No. **13319 Deane Drive** City or Town **Anacortes** State **WA** Zip **98221**

24. Place of Death, if Death Occurred in a Hospital **Inpatient** 25. Facility Name (if not a facility, give number & Street or location) **Island Hospital** 26a. City, Town, or Location of Death **Anacortes** 26b. State **WA** 27. Zip Code **98221**

28. Method of Disposition **Cremation** 29. Place of Final Disposition (Name of cemetery, crematory, other place) **Northwest Crematory** 30. Location: City/Town, and State **Anacortes, Washington**

31. Name and Complete Address of Funeral Facility **Evans Funeral Chapel & Crematory, Inc. 1105 32nd Street Anacortes Washington 98221** 32. Date of Disposition **January 20, 2012**

33. Funeral Director Signature **[Signature]**

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. **Ventricular Tachycardia** (Due to or as a consequence of) **Coronary Artery Disease** (Due to or as a consequence of)

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c. **Pneumonia** (Due to or as a consequence of)

35. Other significant conditions contributing to death but not resulting in the underlying cause given above **Pneumonia**

36. Autopsy? ☐ Yes ☒ No 37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☒ No

38. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending 39. If female: ☒ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

40. Did tobacco use contribute to death? ☒ Yes ☐ Probably ☐ No ☐ Unknown

41. Date of Injury (mm/dd/yyyy): **1/19/2012** 42. Hour of Injury (24 hrs): **2100** 43. Place of Injury (e.g. Decedent's home, construction site, restaurant, wooded area) **Home** 44. Injury at Work? ☐ Yes ☐ No ☐ Unk

45. Location of Injury: Number & Street **13319 Deane Drive** City or Town **Anacortes** County **Skagit** State **WA** Zip Code + 4 **98221**

46. Describe how injury occurred **Transportation Injury** specify: ☒ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)

47a. Certifying Physician **[Signature]** 47b. Medical Examiner/Coroner **[Signature]**

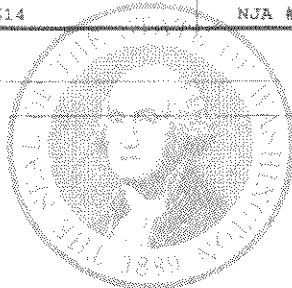
48. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) **Jason Hogge, M.D. 1213 24th Street, Suite 100 Anacortes, WA 98221** 49. Hour of Death (mm/dd/yyyy) **2100**

50. Name and Title of Attending Physician (if other than Certifier) (Type or Print) **Jan 19, 2012**

51. Title of Certifier **Dr.** 52. License Number **MD00046614** 53. ME/Coroner Fee Number **NJA # 029** 54. Was case referred to ME/Coroner? ☒ Yes ☐ No

55. Registrar Signature **[Signature]** 56. Date Received (mm/dd/yyyy) **JAN 20 2012**

57. Amendments



DOH/CHS 003 Rev 3/2007

Affidavit for Correction

This is a legal Document. Complete in ink and do not alter
STATE OFFICE USE ONLY

Use the section below for requesting any changes on the record

1. Affiant's Name: John Doe Birth: 1/15/1978 Death: 1/15/1978 Marriage: 1/15/1978 Dissolution: 1/15/1978

2. Affirmation: I, the undersigned, being duly sworn, depose and say that the foregoing is true and correct.

3. Signature of Affiant: John Doe The true belief

4. Signature of Affiant: John Doe

5. Signature of Affiant: John Doe

6. Signature of Affiant: John Doe

7. Signature of Affiant: John Doe Self Parent Guardian Informant Funeral Director Other (Specify):

8. Signature of Affiant: John Doe I declare under penalty of perjury that the foregoing is true and correct.

9. Signature of Affiant: John Doe

10. Signature of Affiant: John Doe

11. Signature of Affiant: John Doe

12. Signature of Affiant: John Doe

13. Signature of Affiant: John Doe

14. Signature of Affiant: John Doe

15. Signature of Affiant: John Doe

16. Signature of Affiant: John Doe

17. Signature of Affiant: John Doe

18. Signature of Affiant: John Doe

19. Signature of Affiant: John Doe

20. Signature of Affiant: John Doe

CERTIFIED

JAN 23 2012

Skagit County Public Health Department
Howard Johnson Medical Center

UU00448740