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Skagit County Auditor

\$80.00

4/2/2018 Page

1 of

7 2:57PM

FILED FOR RECORD AT REQUEST OF:

E. Faye Daly
4469 Broadway Street
Mount Vernon, WA 98274

Quit Claim Deed

THE GRANTOR, JOHN M. DALY, pursuant to the Community Property Agreement executed on March 1, 2010, husband, and E. FAYE DALY, wife, for no consideration, conveys and quit claims as a gift of love and affection to GRANTEE, E. FAYE DALY, wife, as her separate property, the following described real estate, situated in the County of Skagit, State of Washington, together with all after acquired title of the grantor therein:

REFERENCE NUMBERS OF RELATED DOCUMENTS:

ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER: P125734

**Who acquired title as Edith F. Daly. JA*

ABBREVIATED LEGAL DESCRIPTION:

LT 38, PLAT OF CEDAR HEIGHTS PUD, PHS 1, RECD JAN 19, 2007, FILE NO. 200701190116, SKAGIT COUNTY, WASHINGTON.

LEGAL DESCRIPTION:

CEDAR HEIGHTS PUD 1 PHASE 1, LOT 38, ACRES 0.14, RECORDED UNDER AF#200701190116, BEING A PORTION OF THE NE 1/4 OF THE SW 1/4 AND SE 1/4 OF THE SW 1/4, SECTION 22, TOWNSHIP 34 NORTH, RANGE 4 EAST. RECORDED UNDER AF#200701190116, BEING A PORTION OF THE NE 1/4 OF THE SW 1/4 AND SE 1/4 OF THE SW 1/4, SECTION 22, TOWNSHIP 34 NORTH, RANGE 4 EAST.

DATED: April 2, 2018

GRANTOR:

E. Faye Daly
E. FAYE DALY

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2018/301
APR 02 2018

Amount Paid \$0
Skagit Co. Treasurer
By *MM* Deputy

STATE OF WASHINGTON)

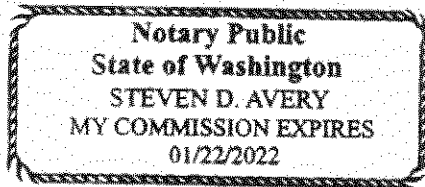
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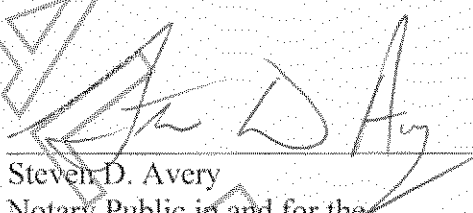
ss.

COUNTY OF WHATCOM)

I certify that I know or have satisfactory evidence that E. FAYE DALY is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: April 2, 2018




Steven D. Avery
Notary Public in and for the
State of Washington
Residing in Bellingham, Washington
My commission expires: 1/22/2022

FILED FOR RECORD AT REQUEST OF:

ELDER LAW OFFICES OF MEYERS & AVERY
2828 Northwest Avenue
Bellingham, WA 98225-2335

WHEN RECORDED RETURN TO:

John M. & E. Faye Daly
4469 Broadway Street
Mount Vernon, WA 98274

COMMUNITY PROPERTY AGREEMENT

GRANTOR (Husband): **John M. Daly**
GRANTEE (Wife): **E. Faye Daly**
LEGAL DESCRIPTION: None
ASSESSOR'S TAX PARCEL ID#: None
REFERENCE NOS. OF DOCUMENTS: None

THIS AGREEMENT made this 1st day of March, 2010, between John M. Daly ("Husband" or "Spouse") and E. Faye Daly ("Wife" or "Spouse"), husband and wife, both of whom are domiciled in the State of Washington, pursuant to Section 26.16.120 of the Revised Code 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 or separate property now owned or hereafter acquired by Husband and Wife or either of them (except for assets for which a separate beneficiary designation has been or is hereafter made by Husband and 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. All such property is declared to be community property of Husband and Wife and is referred to in this Agreement as the "described community property".

ELDER LAW OFFICES OF MEYERS & AVERY
2828 Northwest Avenue
Bellingham, Washington 98225
Telephone: (360) 647-8846 Fax: (360) 647-8854

7. Optional Revocation by One Spouse. If either Spouse becomes incapacitated or disabled, the other Spouse shall have the power to terminate the provisions of Paragraph 2 and each Spouse designates the other as Attorney-in-Fact to become effective upon incapacity or disability thereof to the disabled Spouse and to the guardian(s), if any, of the person and estate of the incapacitated or disabled person. For the purposes of this paragraph, a Spouse shall be deemed incapacitated or disabled if: (a) a physician who has treated the Spouse for at least two (2) years certifies that the Spouse is unable to manage his or her own affairs; or (b) two (2) independent physicians so certify.

DATED as first above stated.

John M. Daly

E. Faye Daly

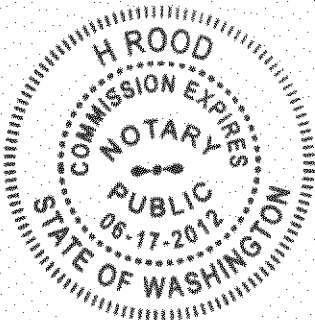
STATE OF WASHINGTON)

) ss.

COUNTY OF WHATCOM)

On this day personally appeared before me John M. Daly and E. Faye Daly to me known to be the individuals described in and who executed the within and foregoing Community Property Agreement, and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 1st day of March, 2010.



Notary Public in and for the
State of Washington

Residing in Bellingham
My commission expires: 6/17/2012

ELDER LAW OFFICES OF MEYERS & AVERY
2828 Northwest Avenue
Bellingham, Washington 98225
Telephone: (360) 647-8846 Fax: (360) 647-8854

2. Vesting at Death of a Spouse. If Husband dies and Wife survives him by thirty (30) days, all of the described community property shall vest in Wife as of the moment of Husband's death. Otherwise, said community property shall be distributed pursuant to Husband's Last Will and Testament. If Wife dies and Husband survives her by thirty (30) days, all of the described community property shall vest in Husband as of the moment of Wife's death. Otherwise, said community property shall be distributed pursuant to Wife's Last Will and Testament.

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. Powers of Appointment. This Agreement shall not affect any power of appointment that is now held or is hereafter given to Husband, Wife, or either of them, nor shall it obligate Husband, Wife, or either of them, to exercise any such power of appointment in any way.

5. Revocation of Inconsistent Agreements. To the extent this Agreement is inconsistent with the provisions of any community property agreement or other arrangement previously made by the parties affecting the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

6. Automatic Revocation. The provisions of Paragraph 2 shall be automatically revoked:

- (a) Upon the establishment of a domicile outside the State of Washington by either Spouse;
- (b) Upon the filing by either Spouse of a petition, complaint or other pleading for separation, dissolution or divorce;
- (c) Immediately prior to death, if the order of death cannot be ascertained; or
- (d) If a Spouse has applied for federal or state benefits for the benefit of a disabled spouse and the non-disabled spouse dies first.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-054465

DATE ISSUED: 12/19/2017
FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): JOHN MARTIN
LAST NAME(S): DALY

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 17, 2017
HOUR OF DEATH: 02:20 AM
SEX: MALE AGE: 70 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: OAKLAND, CA

MARITAL STATUS: MARRIED
SPOUSE: EDYTHE FAYE COULTER

OCCUPATION: AIRCRAFT MECHANIC
INDUSTRY: COMMERCIAL AIRLINES
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: YES

INFORMANT: EDYTHE FAYE DALY
RELATIONSHIP: WIFE
ADDRESS: 4469 BROADWAY STREET, MT. VERNON, WA 98274

CAUSE OF DEATH:
A: METASTATIC ADENOCARCINOMA
INTERVAL: > 1 MONTH
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:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 4469 BROADWAY STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 4469 BROADWAY STREET
CITY, STATE, ZIP: MT. VERNON, WA 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER/PARENT: ELIJAH DALY
MOTHER/PARENT: MARIE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOLES GREENACRES CREMATORY

CITY, STATE: FERNDALE, WASHINGTON
DISPOSITION DATE: DECEMBER 20, 2017

FUNERAL FACILITY: MOLES FAREWELL TRIBUTES - FERNDALE

ADDRESS: PO BOX 279
CITY, STATE, ZIP: FERNDALE, WASHINGTON 98248
FUNERAL DIRECTOR: EUGENIO MORALES

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

CERTIFIER NAME: RYAN GUANZON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1400 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
DATE SIGNED: DECEMBER 18, 2017

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

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: DECEMBER 19, 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
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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 on Record: First Middle Last			2. Date of Event: MM/DD/YYYY	3. Place of Event: City or County
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden		
	6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)				
7. Return Mailing Address: P.O. Box or Street Address City State Zip					
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:	16b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	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

- 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

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 422-034 October 2015

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Greg Stern, Health Officer.

Greg Stern MD

