

After recording return to:

Alan R. Souders  
Attorney at Law  
913 Seventh Street  
Anacortes, WA 98221

DOCUMENT TITLE: **AFFIDAVIT**

GRANTOR(S): **Earnest Bevil Granville and Elaine Edith Marie Granville, deceased**

GRANTEE(S): **THE PUBLIC**

TAX/PARCEL NO: **P105267 / 4613-000-008-0007**

**AFFIDAVIT**

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
2018/4/6  
APR 12 2018

STATE OF WASHINGTON)

: SS.

COUNTY OF SKAGIT )

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

Earnest Bevil Granville being first duly sworn, upon oath, deposes and says:

That I am the surviving spouse of Elaine Edith Marie Granville (the Decedent), who died March 13, 2018, at the Lighthouse Memory Care facility in Anacortes, Washington. At that time, the Decedent and I were both residents of Anacortes, Skagit County, Washington.

This Affidavit is for the purpose of supplying information pertaining to the Estate of Elaine Edith Marie Granville, and it is intended that the statements set forth herein shall be considered representations of fact which may be relied upon by all persons dealing with the real property described herein and with any other community property.

That at the time of the death of Elaine Edith Marie Granville, there was in full force and effect a Community Property Agreement, executed by me, Earnest Bevil Granville, and Elaine Edith Marie Granville on 18<sup>th</sup> day of March 2009. The original of that Agreement is attached hereto. The Agreement specifies that all tangible property of myself and my late wife whenever acquired and including all tangible property to be acquired after the date of the Agreement shall be considered to be community property. The Agreement also specifies that the real property known as 4814 Harbor View Place, Anacortes, Washington, shall be considered to be community property. The Agreement further provided that in the event of the death of either spouse, all community property, whether real or otherwise, would immediately vest in the surviving spouse in fee simple.

The Decedent also executed a Last Will and Testament, however, no proceedings have been initiated and none are contemplated to probate the Decedent's Estate.

That all expenses of the Decedent's last illness, funeral and costs of administration have been paid and I know of no unpaid creditors of the Decedent or of our former marital community.

That among the property that the Decedent and I held as community property was the following described real estate:

Lot 8, HARBOR VIEW ESTATES, according to the plat thereof recorded in Volume 15 of Plats, pages 117 and 118, records of Skagit County, Washington.

Situated in Skagit County, State of Washington.

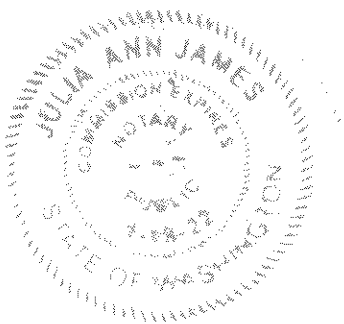
Subject to: restrictions, reservations and easements of record.

The Decedent's estate is not subject to estate tax for the federal government or the State of Washington, as the surviving spouse is a citizen of the United States, with an unlimited marital deduction.

Dated this 11 day of April, 2018.

Earnest Bevil Granville  
Earnest Bevil Granville

SUBSCRIBED AND SWORN to before me this 11 day of April, 2018.



Julia Ann James  
Julia Ann James  
Notary Public in and for the State of  
Washington, residing at Mount Vernon.  
My appointment expires January 19, 2022

## COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT is made by and between EARNEST BEVIL GRANVILLE and ELAINE EDITH MARIE GRANVILLE, husband and wife ("the Spouses"), both of whom are domiciled in the State of Washington. In consideration of their mutual agreements set forth below, the Spouses hereby agree as follows:

A. Status of Property. This agreement shall apply to all property listed in this Paragraph A, whether real, personal, or mixed and wherever located; which property shall be considered and hereby is declared to be the community property of the Spouses, regardless of whether it is titled in the name of either Spouse or both spouses:

(1) All tangible personal property now owned or hereafter acquired by either or both spouses. "Tangible personal property" shall include but not be limited to automobiles, boats, airplanes, household goods, furnishings, appliances, silverware, cooking utensils, dishes, paintings, pictures, books, collections, sporting equipment, jewelry, and clothing and personal effects. The term shall not include interests in real estate, mobile homes, money, bank accounts, securities, or intangible property.

(2) The real property commonly known as 4814 Harbor View Place, Anacortes, Washington, legally described as follows:

Tax/Parcel No. 4613-000-008-0007 / P105267

Lot 8, HARBOR VIEW ESTATES, according to the plat thereof recorded in Volume 15 of Plats, pages 117 and 118, records of Skagit County, Washington.

Situated in Skagit County, State of Washington.

SUBJECT TO: Restrictions, reservations and easements of record.

(3) The Wachovia Securities Account registered in the name of Earnest B. Granville at the time that this agreement is executed with an account number ending in 8907.

B. Disposition of Property. Upon the death of one of the Spouses survived by the other Spouse, all the then-existing community property of the Spouses, real and personal, shall vest in and become the sole property of the surviving Spouse in fee simple.

C. Termination. This Agreement may be terminated upon mutual, written agreement of the Spouses or their acting Attorney(s)-in-fact. In the absence of other evidence

indicating the Spouses' intent to terminate this Agreement, it shall, nevertheless, be deemed mutually terminated and of no further force or effect upon the occurrence of one or more of the following events:

- (1) Upon either Spouse filing a petition, complaint, or other pleading for legal separation, dissolution of the marriage, or to have the marriage declared invalid.
- (2) Immediately prior to death if both Spouses should die simultaneously or under circumstances where the order of death cannot be ascertained.

D. 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 B had been revoked as to such interest, with the surviving Spouse entitled to the benefits provided by any alternate disposition.

E. Revocation of Contrary Provisions. The provisions of any community property agreement, agreement regarding the status of property, or any other arrangement made previously by the Spouses or either of them affecting the property described in this Agreement are hereby revoked to the extent of any inconsistency with this Agreement.

SIGNED at Anacortes, Washington this 18<sup>th</sup> day of March, 2009.

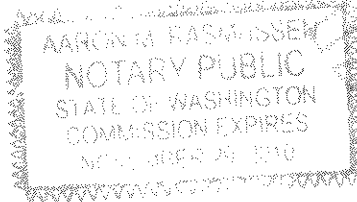
Ernest Bevil Granville  
EARNEST BEVIL GRANVILLE

Elaine Edith Marie Granville  
ELAINE EDITH MARIE GRANVILLE

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

On this day personally appeared before me EARNEST BEVIL GRANVILLE and ELAINE EDITII MARIE GRANVILLE, to me known to be the individuals described in and who executed the foregoing document and acknowledged that they signed said document as their free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 18 day of March, 2009.



Aaron M. Rasmussen

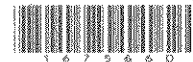
NOTARY PUBLIC in and for the State of

Washington, residing at Anacortes

My appointment expires 11-29-10

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-012036

DATE ISSUED: 03/19/2018

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ELAINE E

LAST NAME(S): GRANVILLE

AKA: ELAINE EDITH MARIE GRANVILLE

AKA:

AKA:

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: MARCH 13, 2018

HOUR OF DEATH: 03:30 AM

SEX: FEMALE AGE: 96 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: FOND DU LAC, WI

MARITAL STATUS: MARRIED

SPOUSE: EARNEST B GRANVILLE

OCCUPATION: REGISTERED NURSE

INDUSTRY: HEALTH CARE INDUSTRY

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: YES

INFORMANT: JIM GRANVILLE

RELATIONSHIP: SON

ADDRESS: 3852 BRONCO HOLLOW LN., MARIPOSA, CA 95338

CAUSE OF DEATH:

A: ALZHEIMER'S DEMENTIA

INTERVAL: YEARS

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: NURSING HOME/LONG TERM CARE FACILITY

FACILITY OR ADDRESS: LIGHTHOUSE MEMORY CARE-3502 K AVENUE

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 3502 K AVENUE 111B

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER/PARENT: FREDERICK JOHN ELSNER

MOTHER/PARENT: ADELLA LYDIA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: MARCH 16, 2018

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: JOHN HAAS

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

CERTIFIER NAME: ANITA M. MEYER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: MARCH 15, 2018

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: MARCH 16, 2018



# 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
<b>Required information must match current information on record</b>				
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"/> 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:				
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 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

## INSTRUCTIONS - go to [www.doh.wa.gov](http://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.

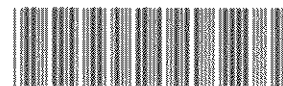
DOH 422-034 October 2015

**\*CERTIFIED\***

MAR 19 2018

*Howard Leibrand*

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



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