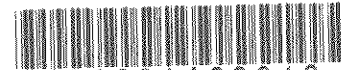


JONES BUTLER DOLAN, PS  
P.O. Box 2784  
Mount Vernon, WA 98273  
360-336-2939



201804180068

Skagit County Auditor

\$83.00

4/18/2018 Page

1 of

10 12:19PM

**COMMUNITY PROPERTY AFFIDAVIT  
OF SURVIVING SPOUSE**

**Document Title:** Community Property Affidavit of Surviving Spouse

**Grantor:** David D. Browning

**Grantee:** Kristyn L. Browning

**Assessor Parcel No:** P34456; P34498

**Abbreviated Legal:** Ptn Gov. Lot 4, 18-35-3 E W.M.  
Ptn Gov. Lot 1, 19-35-3 E W.M.

**Reference Numbers:** 201601080048, 201306200052

STATE OF WASHINGTON       )  
  ) ss:  
COUNTY OF SKAGIT       )

Kristyn L. Browning, being first duly sworn, on oath deposes and says:

**1.       Surviving Spouse**

I am a resident of Skagit County, Washington, and I am the surviving spouse of David D. Browning, deceased, who died on September 1, 2017, in Skagit County, Washington. A certified copy of David D. Browning's Certificate of Death is attached hereto as Exhibit A.

**2.       Community Property Agreement**

On April 7, 2017, Decedent and I, as husband and wife, validly executed a written Community Property Survivorship Agreement, which has remained valid and in full force since its execution, pursuant to RCW 26.16.120. The Community Property Survivorship Agreement is attached hereto as Exhibit B.

**3.       Purpose of this Affidavit**

The statements set forth in this affidavit are representations of facts that may be relied upon by all parties dealing with the real property located in Skagit County, Washington, more fully described in Exhibit C, attached to this affidavit, as well as any other assets owned by David D. Browning at the time of his death.

**4.       Real Property**

During our marriage, Decedent and I, as husband and wife, acquired the real property described herein by Statutory Warranty Deed, dated June 18, 2013, and recorded pursuant to Skagit County Auditor's Number 201306200052:

**5.       Community Property Subject to the Agreement**

All of the community property is subject to the Community Property Survivorship Agreement. The disposition of all such property is controlled by the Agreement, and all of the community property pass to Kristyn L. Browning upon Decedent's death.

**6.       Probate**

No proceedings have occurred or are anticipated to have a Will of Decedent admitted to probate, to have a Personal Representative appointed for Decedent, or to set aside, cancel, or revoke the Community Property Survivorship Agreement.

**7. Decedent's Debts, Expenses, Taxes**

All debts and expenses of Decedent, and any liabilities or obligations of the marital community have been paid in full, and no estate taxes are due.

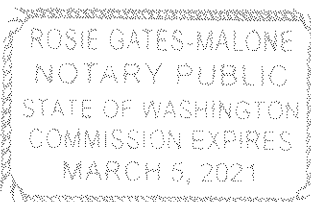
Signed in Mount Vernon, Washington, this 11 day of April, 2018.

Kristyn L. Browning  
KRISTYN L. BROWNING

STATE OF WASHINGTON )  
COUNTY OF SKAGIT ) ss.

I certify that I know or have satisfactory evidence that Kristyn L. Browning is the person who appeared before me, and she 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.

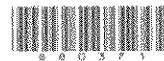
Dated this 11 day of April, 2018.



Rosie Gates-Malone  
ROSIE GATES-MALONE  
Notary Public  
In and for the State of Washington  
My appointment expires: 03-05-2021

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-038069

DATE ISSUED: 09/07/2017

FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): DAVID DUANE

LAST NAME(S): BROWNING

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: SEPTEMBER 01, 2017

HOUR OF DEATH: 12:39 AM

SEX: MALE

AGE: 52 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: DENVER, DENVER COUNTY, CO

MARITAL STATUS: MARRIED

SPOUSE: KRISTYN LEANN

OCCUPATION: PASTOR

INDUSTRY: CHURCH LEADERSHIP

EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE

US ARMED FORCES: NO

INFORMANT: KRISTYN LEANN BROWNING

RELATIONSHIP: WIFE

ADDRESS: 9166 BAYVIEW EDISON RD., BOW WA 98232

CAUSE OF DEATH:

A: GLIOBLASTOMA MULTIFORME

INTERVAL: 7 MONTHS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:

HOUR OF INJURY: UNKNOWN

INJURY AT WORK: UNKNOWN

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: 9166 BAYVIEW EDISON ROAD

CITY, STATE, ZIP: BOW, WASHINGTON 98232

RESIDENCE STREET: 9166 BAYVIEW EDISON ROAD

CITY, STATE, ZIP: BOW, WASHINGTON 98232

INSIDE CITY LIMITS: NO COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER/PARENT: EUGENE LEE BROWNING

MOTHER/PARENT: CONNIE JO

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM

CITY, STATE: BLAINE, WASHINGTON

DISPOSITION DATE: SEPTEMBER 06, 2017

FUNERAL FACILITY: WHATCOM CREMATION & FUNERAL

ADDRESS: 4202 GUIDE MERIDIAN #106

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226

FUNERAL DIRECTOR: TIM D. POWELL

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: SEPTEMBER 01, 2017

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: SEPTEMBER 05, 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	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 forgoing is true and correct

16a. Signature: \_\_\_\_\_ 16b. Signature of 2<sup>nd</sup> parent (if required): \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_ 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**

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.

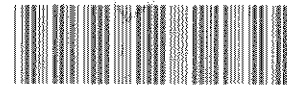
**Marriage/Dissolution (Divorce) Certificates**

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*



## **Exhibit C**

### **Legal Description**

#### **Parcel A:**

Commencing at the Southeast Corner of Government Lot 4, Section 18, Township 35 North, Range 3 East, W.M.;  
thence N 88°37'39" W on the South line of said Lot 4 a distance of 300.58 feet to the Point of Beginning;  
thence N 3°09'28" W a distance of 376.71 feet;  
thence N 88°39'00" W a distance of 154.96 feet;  
thence S 18°37'54" W a distance of 393.18 feet to said South Line;  
thence S 88°37'39" E on said South line a distance of 301.37 feet to the Point of Beginning;

Situate in the County of Skagit, State of Washington.

#### **Parcel B:**

Commencing at the Northeast Corner of Government Lot 1, Section 19, Township 35 North, Range 3 East, W.M.;  
thence N 88°37'39" W on the North line of said Lot 1 a distance of 300.58 feet to the Point of Beginning;  
thence S 3°09'28" E a distance of 84.03 feet to the Northerly Right-of-Way margin of Bayview-Edison Road;  
thence Southwesterly on said Northerly margin along a non-tangent curve to the left, having a central angle of 13°30'21", a radius of 1378.14 feet, an arc length of 324.86 feet, and a chord bearing S 62°16'34" W a distance of 324.86 feet;  
thence N 7°38'14" W a distance 215.32 feet;  
thence N 18°37'54" E a distance of 30.06 feet to said North line;  
thence S 88°37'39" E on said North line a distance of 301.37 feet to the Point of Beginning;

Situate in the County of Skagit, State of Washington.

**COMMUNITY PROPERTY AGREEMENT  
OF  
DAVID D. BROWNING & KRISTYN L. BROWNING**

This Agreement made this 7 day of April, 2017, between David D. Browning ("Husband" or "Spouse") and Kristyn L. Browning ("Wife" or "Spouse"), husband and wife, married May 10, 1986, 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 the mutual love and affection that we have for each other, and in consideration of the mutual benefits to be derived by each of us, it is hereby agreed, covenanted and promised 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".

**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 of both spouses, 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.

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2018 1553

APR 18 2018

Amount Paid \$ 0  
Skagit Co. Treasurer  
By HB Deputy

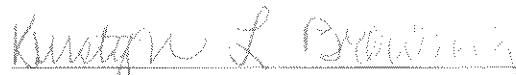


7. **Optional Revocation by One Spouse Due to Incapacity of Other**

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.

April 7, 2017.

  
DAVID D. BROWNING

  
KRISTYN L. BROWNING

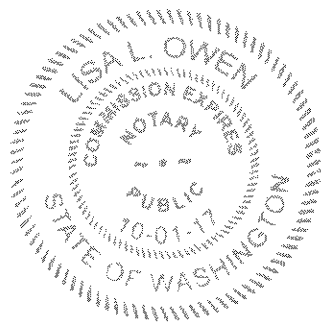
STATE OF WASHINGTON

) ss.

COUNTY OF SKAGIT )

On this day personally appeared before me David D. Browning and Kristyn L. Browning, 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 7 day of April, 2017.



  
LISA L. OWEN  
Notary Public  
In and for the State of Washington  
My appointment expires 10-01-2017

## Exhibit C

### **Legal Description**

#### Parcel A:

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thence N 7°38'14" W a distance 215.32 feet;  
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Situate in the County of Skagit, State of Washington.