



201804200027

Skagit County Auditor

\$79.00

4/20/2018 Page

1 of

6 10:07AM

Recorded by and return to:

STILES LAW INC., P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284

Legal: PTN NW1/4 DAF BAT NE C SD SUB
Tax Parcel #: 360519-0-009-2306 / P51044

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON) ss.
COUNTY OF SKAGIT)

Joseph H. Kutz, being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of Martha M. Kutz, who died at Seattle, County of King, State of Washington, on March 24, 2018, having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated August 10, 1989, which agreement has been recorded simultaneously with this affidavit and a copy of the decedent's death certificate under the records of the Auditor for Skagit, Washington.

2. That there are no unpaid creditors of said decedent or the former marital community nor unpaid funeral expense or expense of last illness, except for:

NONE

3. Among other items of community property was the following described real estate:

Address: 24184 Martin Road
Parcel ID: 360519-0-009-2306 / P51044

PTN NW1/4 DAF BAT NE C SD SUB TH N 85-2 752 W 361.92FT TH S 0-56-29 W 1410.05FT TH N 86-16-01 W 802.73FT TH N 8-11-29 W 284.82FT TH S 86-16-01 E 847.99FT TPOB INC M/H SER KW 9120 KENTW 81 56X24 AKA PAR 26 SURV AF#805666

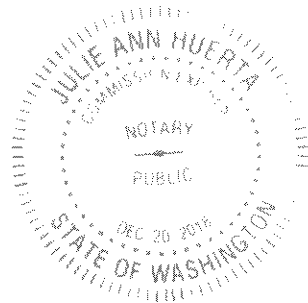
4. This affidavit is made to induce any title company to issue its policies of title insurance on real property passing to the affiant as surviving spouse by virtue of said community property survivorship agreement in reliance upon the representations hereinabove set forth.

DATE: April 18, 2018 Joseph H. Kutz
Joseph H. Kutz

State of Washington) ss
County of Skagit)

On this day personally appeared before me **Joseph H. Kutz**, who executed the within and foregoing instrument and acknowledged that he signed the same as his free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal on April 18, 2018



Julie Ann Huerta
NOTARY PUBLIC in and for the State of Washington, residing at Sedro Woolley
Commission Expires: 12-20-18

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT is being entered into on the date indicated below between JOSEPH H. KUTZ and MARTHA M. KUTZ, husband and wife.

RECITALS

A. The parties are husband and wife and residents of the State of Washington.

B. The parties believe that all property (except for property held in joint tenancy with right of survivorship) in which either party presently has an ownership interest, whether held in the name of one or the other or both of the parties, is community property of the parties.

C. The parties are desirous of entering into an agreement as to the status of their community property, whether now existing or hereafter acquired, in the event one party dies survived by the other pursuant to Section 26.16.120 of the Revised Code of Washington.

NOW, THEREFORE, IN CONSIDERATION OF THE MUTUAL BENEFITS TO BE DERIVED FROM THIS AGREEMENT AND THE LOVE AND AFFECTION EACH PARTY HOLDS FOR THE OTHER, IT IS AGREED AS FOLLOWS:

1. Upon the death of one of the parties survived by the other party, the whole of the community property, real and personal, of the parties then existing shall vest in the surviving party in fee simple.

2. In the absence of other evidence indicating the parties' 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:

(a) Upon a court of competent jurisdiction granting a decree of divorce or separate maintenance to one or the other party.

(b) Upon both parties suffering death under circumstances where there is insufficient evidence that they have died other than simultaneously.

Joseph H. Kutz
JOSEPH H. KUTZ

Martha M. Kutz
MARTHA M. KUTZ

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

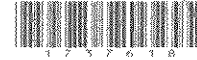
I certify that I know or have satisfactory evidence that Joseph H. Kutz and Martha M. Kutz signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 8-10-89

Mary C. Curran
Notary Public in and for the State of
Washington; my appointment expires
6-14-93

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-014235

DATE ISSUED: 04/02/2018

FEE NUMBER: 6014

FIRST AND MIDDLE NAME(S): MARTHA M

LAST NAME(S): KUTZ

AKA: MARTHA ANN MITCHELL KUTZ

AKA:

AKA:

COUNTY OF DEATH: KING

PLACE OF DEATH: HOSPITAL

DATE OF DEATH: MARCH 24, 2018

FACILITY OR ADDRESS: UNIVERSITY OF WASHINGTON MEDICAL CENTER

HOUR OF DEATH: 08:35 AM

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98195

SEX: FEMALE

AGE: 76 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 24184 MARTIN ROAD

CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

RACE: WHITE

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 39 YEARS

BIRTH DATE: [REDACTED]

BIRTHPLACE: SEWARD, AK

FATHER/PARENT: ROY COLEMAN MITCHELL

MOTHER/PARENT: ALICE LIVINGSTON [REDACTED]

MARITAL STATUS: MARRIED

SPOUSE: JOSEPH KUTZ

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: FIRST CALL CREMATION SERVICES

OCCUPATION: REGISTERED NURSE

INDUSTRY: HEALTHCARE

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

CITY, STATE: KENT, WASHINGTON

DISPOSITION DATE: MARCH 29, 2018

INFORMANT: JOSEPH KUTZ

RELATIONSHIP: HUSBAND

ADDRESS: 24184 MARTIN ROAD SEDRO WOOLLEY, WASHINGTON 98284

FUNERAL FACILITY: BARTON FAMILY FUNERAL SERVICES SEATTLE

ADDRESS: 14000 AURORA AVENUE NORTH

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98133

FUNERAL DIRECTOR: MICHAEL P. LANZA

CAUSE OF DEATH:

A: CEREBROVASCULAR ACCIDENT

INTERVAL: HOURS

B: ACUTE CORONARY EVENT

INTERVAL: DAYS

C: HYPERTENSIVE AND ATHEROSCLEROTIC CORONARY ARTERY DISEASE

INTERVAL: YEARS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: DIABETES, PERIPHERAL VASCULAR DISEASE, POLYMYOSITIS

MANNER OF DEATH: NATURAL

AUTOPSY: YES

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: YES

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CERTIFIER NAME: FLORENCIA JALIKIS, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1959 NE PACIFIC ST (BOX 356100)

CITY, STATE, ZIP: SEATTLE, WA 98195

DATE SIGNED: MARCH 28, 2018

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NJA18-1240

ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: RUTH ROBERSON

DATE RECEIVED: MARCH 29, 2018



Affidavit for Correction

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

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

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: _____ 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:

8. The record now shows:	9. The true fact is:
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: _____ Date: _____	Printed name: _____ 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

- 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)

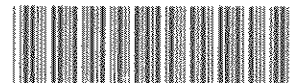
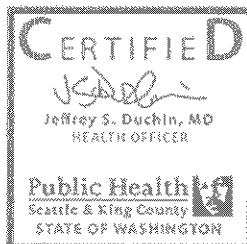
Death Certificates

- 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



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