

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



201806010037

06/01/2018 12:42 PM Pages: 1 of 11 Fees: \$84.00
Skagit County Auditor

**COMMUNITY PROPERTY AFFIDAVIT
OF SURVIVING SPOUSE**

Document Title: Community Property Affidavit of Surviving Spouse

Grantor: Dolly L. Tompkins

Grantee: Raymond P. Tompkins

Assessor's Parcel Numbers: P122355; 350506-0-021-0500
P38558; 350506-3-003-0017
P104620; 350503-3-003-0200
P104621; 350506-3-003-0300

Abbreviated Legal: S1/2 SW1/4 NE1/4 SEC6 TWP35N R5

STATE OF WASHINGTON)
) ss:
COUNTY OF SKAGIT)

Raymond P. Tompkins, 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 Dolly L. Tompkins, deceased, who died on January 24, 2018, in Skagit County, Washington. A certified copy of Dolly L. Tompkins's Certificate of Death is attached hereto as Exhibit A.

2. Community Property Agreement

On February 12, 2001, Decedent and I, as husband and wife, validly executed a written Community Property Agreement, which has remained valid and in full force since its execution, pursuant to RCW 26.16.120. The Community Property 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 properties located in Skagit County, Washington, more fully described in Exhibit C, as well as any other assets owned by Dolly L. Tompkins at the time of her death.

4. Real Property

During our marriage, Decedent and I, as husband and wife, acquired the real properties described herein.

5. Community Property Subject to the Agreement

All of the community property is subject to the Community Property Agreement, more fully described herein, the disposition of all such property is controlled by the Agreement, and all of the community property passed to Raymond P. Tompkins upon Decedent's death.

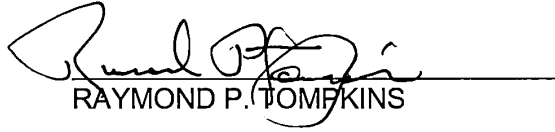
6. Probate

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 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.

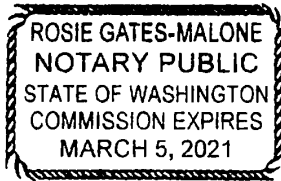
Signed in Mount Vernon, Washington, this 14th day of May, 2018.



RAYMOND P. TOMPKINS

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that Raymond P. Tompkins is the person who appeared before me, and he 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.

Dated this 14th day of May, 2018.




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

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-004598

DATE ISSUED: 02/01/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DOLLY LENORE
LAST NAME(S): TOMPKINS

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 24, 2018
HOUR OF DEATH: 08:20 PM
SEX: FEMALE AGE: 82 YEARS
SOCIAL SECURITY NUMBER:

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: UNITED GENERAL HOSPITAL
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

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

RESIDENCE STREET: 24223 MOSIER ROAD
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 26 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: HINSDALE, MT

FATHER/PARENT: THOMAS HENTZ
MOTHER/PARENT: LEOLA [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: RAYMOND TOMPKINS

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

OCCUPATION: HOME MAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JANUARY 31, 2018

INFORMANT: RAYMOND TOMPKINS
RELATIONSHIP: HUSBAND
ADDRESS: 24223 MOSIER ROAD, SEDRO-WOOLLEY, WA 98284

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: RICK B. LEMLEY

CAUSE OF DEATH:
A: PNEUMONIA
INTERVAL: 1 WEEK
B: COMPLICATIONS OF RECENT RIGHT ANKLE FRACTURE
INTERVAL: 2 WEEKS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: VASCULAR DEMENTIA,
OBSESSIVE COMPULSIVE DISORDER, ATRIAL FIBRILLATION

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

DATE OF INJURY: JANUARY 13, 2018
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: NO
PLACE OF INJURY: DECEDENT'S RESIDENCE

CERTIFIER NAME: HAYLEY THOMPSON
TITLE: CORONER/ME
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: JANUARY 31, 2018

LOCATION OF INJURY: 24223 MOSIER RD
CITY, STATE, ZIP: SEDRO WOLLEY, WASHINGTON 98284
COUNTY: SKAGIT
DESCRIBE HOW INJURY OCCURRED: GROUND LEVEL FALL IN HER ROOM.

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 18SK0029
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: JANUARY 31, 2018



Affidavit for Correction 201806010037

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.

06/01/2018 12:42 PM

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STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
Required information must match current information on record				
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 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

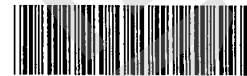


Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

CERTIFIED

FEB 01 2018

Howard L. Brand
Skagit County Health Department
Howard L. Brand M.D., Health Officer



0 1 5 2 2 1 0 4

COMMUNITY PROPERTY AGREEMENT

Agreement made this 12th day of February, 2001, between RAYMOND PATRICK TOMPKINS ("Husband") and DOLLY LENORE TOMPKINS ("Wife"), husband and wife, both of whom are domiciled in the state 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 property now owned or hereafter acquired by Husband and Wife (except for assets for which a separate beneficiary designation has been or is hereafter made by Husband or Wife and approved in writing 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. If Husband dies and Wife survives, any separate property of Husband which is owned by Husband at the time of his death (except for assets for which Husband has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of his death, and if Wife dies and Husband survives her, any separate property of Wife which is owned by Wife at the time of her death (except for assets for which Wife has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of her death. All such property 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, all of the described community property shall vest in Wife as of the moment of Husband's death. If Wife dies and Husband survives her, all of the described community property shall vest in Husband as of the moment of Wife's death.

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 section 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.

4. Automatic Revocation. The provisions of section 2 above shall be automatically revoked:

(a) Upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce; or

(b) Upon the establishment of a domicile out of the State of Washington by either party; or

(c) Immediately prior to death, if the order of death cannot be ascertained.

5. Optional Revocation by One Party. If either party becomes disabled, the other party shall have the power to terminate the provisions of section 2 above and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardian(s), if any, of the person and of the estate of the disabled person. For purposes of this paragraph, a spouse shall be deemed disabled if a person duly licensed to practice medicine in the State of Washington signs a statement declaring that the person is unable to manage his or her own affairs.

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

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

IN WITNESS WHEREOF, the said Raymond Patrick Tompkins and Dolly Lenore Tompkins have hereunto set their signatures this 12th day of February, 2001.

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20182314
JUN 01 2018

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


RAYMOND PATRICK TOMPKINS


DOLLY LENORE TOMPKINS

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

On this day personally appeared before me Raymond Patrick Tompkins, known to be the individual described in and who executed the foregoing instrument, and acknowledged to me 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 this 12th day of February, 2001.

Kate Szurek
Notary Public for the State of
Washington, residing at Calaveras
My Commission Expires 9/15/2002

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

On this day personally appeared before me Dolly Lenore Tompkins, known to be the individual described in and who executed the foregoing instrument, and acknowledged to me that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal this 12th day of February, 2001.

Kate Szurek
Notary Public for the State of
Washington, residing at Calaveras
My Commission Expires 9/15/2002





Legal Descriptions

NOTE: Per the request for information, descriptions for #P122355, P38558, P104620 and P104621 represent parcels to be "conveyed to Family Trust".

(see attached reference maps for parcel location as delineated by Skagit County Tax Maps)

#P122355; 350506-0-021-0500

Legal Description

Lot 4 of SKAGIT COUNTY SHORT PLAT No. PL04-0308, as approved December 3, 2004, recorded December 3, 2004 under Auditor's File No. 200412030118, records of Skagit County, Washington; being a portion of the Southeast $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ of Section 6, Township 35 North, Range 5 East, W.M.;

Situate within the County of Skagit, State of Washington.

#P38558; 350506-3-003-0017

Legal Description

Lot 4 of SKAGIT COUNTY SHORT PLAT No. 93-068, as approved January 10, 1994, recorded January 13, 1994 under Auditor's File No. 9401130096, records of Skagit County, Washington; being a portion of the Southeast $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ of Section 6, Township 35 North, Range 5 East, W.M.;

Situate within the County of Skagit, State of Washington.

#P104620; 350506-3-003-0200

Legal Description

Lot 2 of SKAGIT COUNTY SHORT PLAT No. 93-068, as approved January 10, 1994, recorded January 13, 1994 under Auditor's File No. 9401130096, records of Skagit County, Washington; being a portion of the Southeast $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ of Section 6, Township 35 North, Range 5 East, W.M.;

Situate within the County of Skagit, State of Washington.

#P104621; 350506-3-003-0300

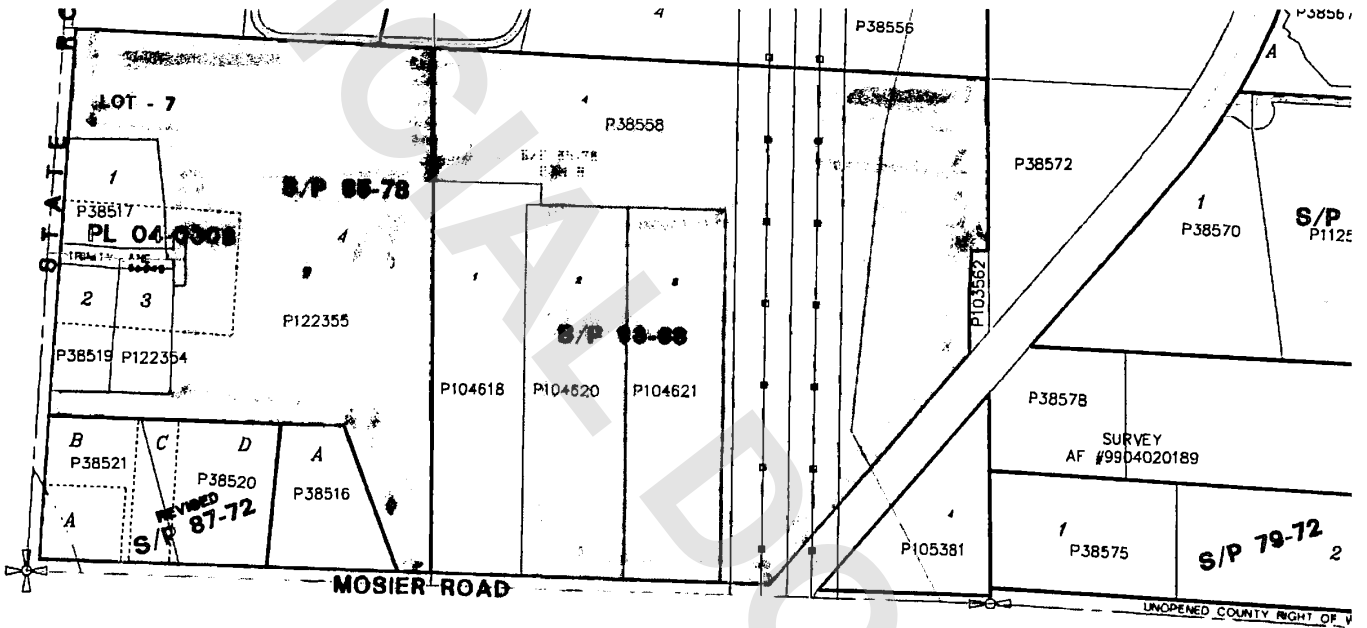
Legal Description

Lot 3 of SKAGIT COUNTY SHORT PLAT No. 93-068, as approved January 10, 1994, recorded January 13, 1994 under Auditor's File No. 9401130096, records of Skagit County, Washington; being a portion of the Southeast $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ of Section 6, Township 35 North, Range 5 East, W.M.;

Situate within the County of Skagit, State of Washington.



Land Title & Escrow Company
Of Skagit County & Island County
"We deliver results...not just promises"



This sketch is a courtesy of LAND TITLE AND ESCROW COMPANY to assist in locating the premises. It is not based on a survey, and the Company assumes no liability for variations, if any, in dimensions and locations. This map does NOT purport to show all highways, roads, or easements affecting the property.