



201807300201

07/30/2018 03:12 PM Pages: 1 of 8 Fees: \$104.00
Skagit County Auditor

AFTER RECORDING RETURN TO
PAUL S. MCCONNELL
1636 THIRD STREET
MARYSVILLE, WA 98270

**AFFIDAVIT RE: AGREEMENT AS TO STATUS OF PROPERTY
RCW 11.02.120, 30.22.190**

STATE OF WASHINGTON)
)ss
COUNTY OF SKAGIT)

I, DWYLA D. HORSPPOOL, being first duly sworn, on oath, do hereby depose and say:

1. I am the surviving spouse of DONALD F. HORSPPOOL, who died on September 14, 2016, in Skagit County, Washington. The decedent and I provided for the disposition of all our community property under that certain Community Property Agreement dated July 30, 1998, the original of which is attached hereto as Exhibit A.

2. There are no unpaid creditors of the decedent or of our former marital community which have not been provided for, nor are there unpaid funeral expenses or expenses of last illness.

3. Under the terms of the Community Property Agreement, title to all property of the community vests immediately in the survivor upon the death of either party to the Agreement. Among other items of community property controlled by the Agreement was the following:

1. Real Estate Tax Parcel #: P112587

Address: 1052 Fidalgo Dr.
Burlington, WA 98233

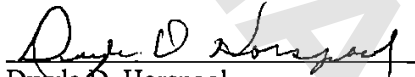
Legally described as: FIRST AMENDMENT TO THE CEDARS A
CONDOMINIUM, LOT 26, RECORDED UNDER AF#9802050054

4. No inheritance or estate taxes, whether state or federal, are due either the State of Washington or the United States.

5. The parties to the Community Property Agreement referred to herein entered into no subsequent wills or agreements, which would have the effect of abrogating or nullifying the above-mentioned Agreement as to Status of Property, nor have any proceedings been instituted to contest, cancel or set aside the Agreement.

6. It is intended that the statements set forth herein shall be considered representations of fact, which may be relied upon by all parties including parties dealing with the real estate described herein.

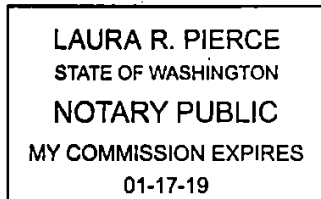
Dated this 2 day of July, 2018.

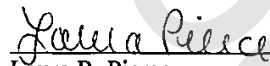

Dwyla D. Horspool

STATE OF WASHINGTON)
) ss.
COUNTY OF SNOHOMISH)

This certifies that on this 2nd day of July, 2017, personally appeared before me Dwyla D. Horspool, to me known to be the individual who executed the foregoing instrument and acknowledged the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written.




Laura R. Pierce
Notary Public in and for the State of
Washington, residing at Everett, WA
My Commission expires: 1-17-19

Filed for record at request of:

After recordation return to:
Name, Address, City, State, Zip

ORIGINAL

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT made and entered into this 30 day of July, 1998, by and between DONALD F. HORSPOOL and DWYLA D. HORSPOOL, husband and wife, of Marysville, Snohomish County, Washington, pursuant to the provisions of Section 26.16.120 Revised Code of Washington, providing for agreement between husband and wife, fixing of the status and disposition of the community property to take effect upon the death of either,

W I T N E S S E T H :

That, in consideration of the love and affection that each of said parties has for the other and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and promised as follows:

FIRST: That all property of whatsoever nature or description, whether real, personal or mixed and wheresoever situated, now owned or hereafter acquired by them or either of them, including any separate property, shall be considered and is hereby declared to be community property, and each hereby conveys and quit claims to the other his or her interest in any separate property he or she may now own or hereafter acquire so as to convert the same to community property.

SECOND: That upon the death of either of the parties hereto, title to all community property as defined in the preceding paragraph shall immediately vest in fee simple in the survivor of them on the condition that the survivor survives the decedent by thirty (30) days.

IN WITNESS WHEREOF, the said DONALD F. HORSPOOL and DWYLA D. HORSPOOL have hereunto set their hands and seals the

day and year first above written.

Donald F. Horspool
Dwyla D. Horspool

STATE OF WASHINGTON)
 : ss.
County of Benton)

This certifies that on this 30 day of July, 1998, personally appeared before me DONALD F. HORSPOOL and DWYLA D. HORSPOOL, to me known to be the individuals who executed the foregoing instrument and acknowledged the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

Witness my hand and official seal the day and year in this certificate first above written.

Raig M. Liebler
Notary Public in and for the State of Washington, residing at Kennewick.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-037334

DATE ISSUED: 09/19/2016

FEE NUMBER: 000000029

GIVEN NAMES: DONALD FRANCIS
LAST NAME: HORSPOOL

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: SEPTEMBER 14, 2016
HOUR OF DEATH: 11:55 P.M.
SEX: MALE
AGE: 85 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: SEATTLE, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: DUYLA DARLENE PROFFITT

OCCUPATION: ELECTRICAL INSPECTOR
INDUSTRY: STATE OF WA
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YES

INFORMANT: DUYLA D. HORSPOOL
RELATIONSHIP: WIFE
ADDRESS: 1052 FIDALGO DRIVE, BURLINGTON, WA 98233

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: ASHLEY GARDENS
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 1052 FIDALGO DRIVE
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER/PARENT: JOSHUA EDWARD HORSPOOL
MOTHER/PARENT: NANCY ANNE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: SEPTEMBER 15, 2016

FUNERAL FACILITY: HULBUSH FUNERAL HOME AND CREMATION SERVICES
ADDRESS: 281 S BURLINGTON BLVD
CITY, STATE, ZIP: BURLINGTON WA 98233
FUNERAL DIRECTOR: PAUL L. GIBSON

- CAUSE OF DEATH:
- A. ALZHEIMER'S DEMENTIA
INTERVAL: YEARS
 - B. INTERVAL:
 - C. INTERVAL:
 - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
PROTEIN CALORIE MALNUTRITION WITH WEIGHT LOSS.

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

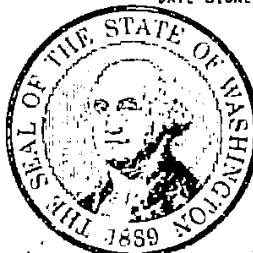
MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

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 15, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE



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

LOCAL DEPUTY REGISTRAR:
CHERYL PETERSON
DATE RECEIVED: SEPTEMBER 15, 2016

DOH 01-003 (10/15)



Affidavit for Correction

201807300201

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98512-7814
360-236-4300

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

07/30/2018 03:12 PM

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: Birth Death Marriage 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: Self Guardian Informant Hospital Parent(s) Funeral Director 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 2nd 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

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

CERTIFIED

SEP 19 2016

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

GG00095606