

201808130007

08/13/2018 08:50 AM Pages: 1 of 7 Fees: \$105.00
Skagit County Auditor

When recorded return to:
Cheryl A. Whitlock
P. O. Box 472
Mount Vernon, WA 98273

Document Title: Affidavit in Support of Community Property Agreement

Grantor: Cheryl Anne Whitlock

Grantee: Public

Abbr. Legal Description: Lot 40, College Meadow Division 2

Assessor Tax ID Number: P81188

7. The Decedent was survived by the following persons:

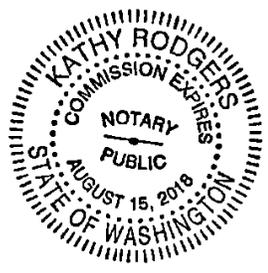
<u>Name and Address:</u>	<u>Relationship</u>	<u>Age</u>
CHERYL ANNE WHITLOCK P. O. Box 472 Mount Vernon, WA 98273	Spouse	Legal

8. I, CHERYL ANNE WHITLOCK, affirm that I am the sole and rightful heir to the property legally described above.
9. That the transfer of this property is exempted from the real estate excise tax pursuant to RCW 458-61A-202(6)(a).

DATED this ^{13th}~~8th~~ of August, 2018


CHERYL ANNE WHITLOCK

SIGNED AND SWORN to before me this ^{13th}~~8th~~ day of August, 2018




Kathy Rodgers

NOTARY PUBLIC in and for the
State of Washington
Residing at: BOE
My commission expires: 8-15-2018

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT made on the 14th day of July, 2016, between JAMES WILLIAM WHITLOCK and CHERYL ANNE WHITLOCK, husband and wife, both of whom are domiciled in the State of Washington. In consideration of their mutual promises set forth below, the parties agree as follows:

A. *Revocation of Prior Agreements.* If before this date the parties have executed a community property agreement or any other agreement other than a Will or trust which is signed by both of them and which specifically provides for the disposition of their community property at the time either or both of them die, then any such agreement is terminated by this Agreement.

B. *Property Covered.* This Agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife. Any separate property of either, [now owned or hereafter acquired,] shall become and be considered community property upon the death of the party owning said separate property. All such community property is referred to in this Agreement as the "subject property."

C. *Vesting at Death.* On the death of either Husband or Wife, all of the subject property shall vest in the survivor of them.

D. *Disclaimer.* Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, and the interest disclaimed shall pass under the terms and conditions of any validly executed Will which the decedent may have executed, and in default thereof according to the laws of intestacy as governed by the statutes of the State of Washington then in effect.

E. *Automatic Revocation.* In the absence of other evidence indicating the party's intent to terminate this Agreement, it shall, nevertheless, be deemed mutually terminated and of no further force or effect upon either party's filing a petition, complaint or other pleading for dissolution of their marriage or divorce, or upon a court of competent jurisdiction dissolving the marriage or granting a decree of divorce or separate maintenance to either of them.

F. *Optional Revocation by One Party.* This Agreement may be terminated by either party acting alone by delivery of a written notice of revocation to the other party or the other party's legal representative, and by recording such revocation with the Skagit County, Washington, Recorder's Office where real property transactions in Skagit County, Washington are recorded.

If either party becomes disabled, the other party shall have the power to terminate this Agreement, and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. Such termination shall be effective upon the

delivery of written notice thereof to the disabled spouse, and to the guardian, if any, of the person and of the estate of the disabled person. For the purpose of this paragraph, a spouse shall be deemed disabled if such spouse's regularly attending physician signs a statement declaring that such spouse is unable to manage his or her own affairs; or if such spouse has no regularly attending physician, if such a statement is signed by two qualified physicians who have adequately examined the disabled spouse. An adjudication of incompetence by a court of competent jurisdiction shall also be proof of a spouse's disability for purposes of this paragraph.

G. *Powers of Appointment.* This Agreement shall not affect any power of appointment now held by or hereafter given to either party, nor shall it obligate either of them to exercise any such power of appointment in any way.

H. *Survivorship.* As used herein, the term "survivor" or "survivorship" shall mean living for a period of thirty (30) days following the death of the first of the aforementioned parties to die.

JAMES WILLIAM WHITLOCK
[Signature]

CHERYL ANNE WHITLOCK

STATE OF WASHINGTON)
) ss
COUNTY OF SKAGIT)

On this day personally appeared before me, JAMES WILLIAM WHITLOCK and CHERYL ANNE WHITLOCK, to me known to be the individuals described in and who executed the within and foregoing instrument, 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 14th day of July, 2016.



LAWRENCE A. PIRKLE
[Signature]

NOTARY PUBLIC in and for the
State of Washington,
Residing at Mount Vernon
My appointment expires: 5/7/19

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-029861

DATE ISSUED: 07/10/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JAMES WILLIAM
LAST NAME(S): WHITLOCK

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JULY 06, 2018
HOUR OF DEATH: 09:35 AM
SEX: MALE AGE: 68 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: OTHER PLACE
FACILITY OR ADDRESS: WHERE THE HEART IS
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

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

RESIDENCE STREET: 2415 E. MONTGOMERY STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 26 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: PONTIAC, MI

FATHER/PARENT: BILL WHITLOCK
MOTHER/PARENT: BARBARA JEAN [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: CHERYL ANNE GORTON

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: MOUNT VERNON CEMETERY

OCCUPATION: INSPECTOR/QUALITY CONTROL
INDUSTRY: AERO SPACE
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YES

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JULY 16, 2018

INFORMANT: CHERYL A WHITLOCK
RELATIONSHIP: WIFE
ADDRESS: P.O. BOX 472, MOUNT VERNON, WA 98273

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: JEREMIAH T. LESOURD

CAUSE OF DEATH:
A: DEHYDRATION
INTERVAL: DAYS
B: ALZHEIMERS
INTERVAL: 2 YEARS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: PAUL C. CREELMAN, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 712 S. BURLINGTON BLVD.
CITY, STATE, ZIP: BURLINGTON, WA 98233
DATE SIGNED: JULY 07, 2018

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: JULY 09, 2018



Affidavit for Correction

201808130007

Mail to: Center for Health Statistics

08/13/2018 08:50 AM

Page 7 of 7

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	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

CERTIFIED

JUL 10 2018

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



0 1 8 0 6 6 7 6



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