



20181160074

11/16/2018 11:45 AM Pages: 1 of 11 Fees: \$109.00
Skagit County Auditor

When recorded return to:

Perry C. Higman
3903 W. 12th Street
Anacortes, WA 98221

AFFIDAVIT: LACK OF PROBATE
(With Statement of Community Property)

GRANTOR: SANDRA J. HIGMAN, now deceased

GRANTEE: PERRY C. HIGMAN, surviving spouse

LEGAL DESCRIPTION: Lot 2 Anacortes Short Plat No. 98-004 being a portion of Block 10, "TUTTLE & BUCKLEY'S PLAT OF ANACORTES, SKAGIT CO., WASH." AND Unit 108 Building 3 Fidalgo Business Park Condominium

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2018 5061
NOV 16 2018

ASSESSOR'S PROPERTY TAX PARCEL OR ACCOUNT NOS. 3834-010-007-0200 (P115771)
4990-003-108-0000 (P129886)

Amount Paid \$
Skagit Co. Treasurer
By *man* Deputy

REFERENCE NOS. OF DOCUMENTS ASSIGNED OR RELEASED: N/A

PERRY C. HIGMAN, being first duly sworn, deposes and says:

The undersigned Affiant is the rightful heir, as listed in the section entitled Heirs at Law below, to the real property described below, and is the surviving spouse of **SANDRA J. HIGMAN**, who died on August 28, 2016 at Mount Vernon, Skagit County, Washington. A certified copy of the Death Certificate is attached hereto as Exhibit "A."

Real Property Description

See Exhibit "B" attached hereto and incorporated herein by this reference.

Status of Will

Decedent left a Community Property Agreement in favor of surviving spouse, a copy of which is attached hereto as Exhibit "C." Decedent also left a Last Will and Testament which has not been probated or revoked, a copy of which accompanied this document, for review by the Treasurer.

Heirs At Law

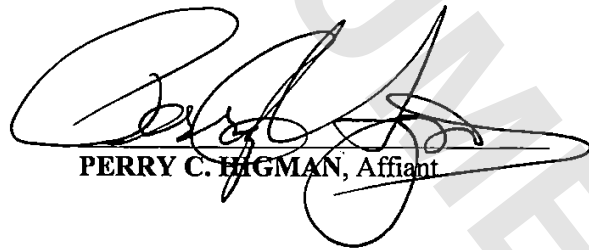
Affiant hereby identifies all heirs at law of the Decedent:

Name and Address	Age	Relationship to Decedent
Perry C. Higman 3903 W. 12 th Street Anacortes, WA 98221	Adult	Surviving Spouse
Jesse C. Higman 1832 11 th Avenue Seattle, WA 98122	Adult	Son
Shelley R. Higman 1515 12 th Street Anacortes, WA 98221	Adult	Daughter

The Affiant states of his own knowledge that each of the obligations of the Estate of Sandra J. Higman, including but not limited to the debts of the Decedent, last illness, funeral and burial, promissory notes, installment contracts, mortgages, income tax, and state and federal succession taxes, if any, have been paid in full or provided for by the Affiant.

This Affidavit is made as an inducement to each purchaser and each title insurer of the above-described property to treat the title thereto, or title to an interest therein, relieved from interference of the said Decedent, her heirs, creditors, and the taxing authorities.

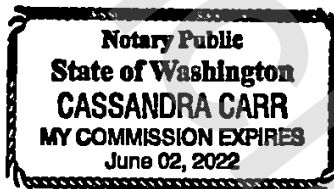
DATED this 15th day of November, 2018.


PERRY C. HIGMAN, Affiant

State of Washington)
) :ss
County of Skagit)

I certify that I know or have satisfactory evidence that **PERRY C. HIGMAN** is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes in the instrument.

Dated this 15th day of November, 2018.



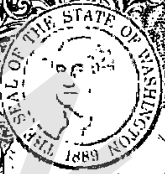


CASSANDRA CARR, Notary Public
My appointment expires 6/2/2022

Exhibit A

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2016-034956

DATE ISSUED: 10/09/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): SANDRA JEAN
LAST NAME(S): HIGMAN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 28, 2016
HOUR OF DEATH: 11:20 AM
SEX: FEMALE AGE: 75 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

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

RESIDENCE STREET: 3903 W 12TH ST
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 6 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: GLOUCESTER, MA

FATHER/PARENT: ROBERT ANDERSEN
MOTHER/PARENT: JEAN [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: PERRY HIGMAN

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

OCCUPATION: THERAPIST
INDUSTRY: MENTAL HEALTH
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE
US ARMED FORCES: NO

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: AUGUST 30, 2016

INFORMANT: PERRY HIGMAN
RELATIONSHIP: HUSBAND
ADDRESS: 3903 W. 12TH ST, ANACORTES, WA 98221

FUNERAL FACILITY: SKAGIT CREMATION SERVICE

ADDRESS: PO BOX 2411
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: JOSEPH J. WAHAM

CAUSE OF DEATH:
A: ANOXIC BRAIN INJURY
INTERVAL: DAYS
B: MYOCARDIAL INFARCTION
INTERVAL: DAYS
C: MESENTERIC ISCHEMIC COLITIS
INTERVAL: DAYS
D: ATHEROSCLEROTIC DISEASE
INTERVAL: YEARS

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: YES
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

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: ROBERT W. COONEY, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1400 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
DATE SIGNED: AUGUST 30, 2016

CASE REFERRED TO ME/CORONER:
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: AUGUST 30, 2016

DCH 422-132 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction 201811160074

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.

11/16/2018 11:45 AM Page 8 of 14

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: 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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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 forgoing 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

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

OCT 09 2018

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



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



0 2 0 2 1 4 3 0

EXHIBIT "B"

Legal Descriptions:

3834-010-007-0200 (P115771)

Lot 2 of Anacortes Short Plat No. 98-004 as approved May 18, 1999, and recorded May 24, 1999, in Volume 14 of Short Plats, pages 30 and 31, under Auditor's File No. 9905240012, records of Skagit County, Washington. (Also known as Lot 2 of Rock Ridge Phase II.)

Being a portion of "NORTHERN PACIFIC ADDITION TO ANACORTES," as per plat recorded in Volume 2 of Plats, page 9, records of Skagit County, Washington, and Blocks 10 and 11, "TUTTLE & BUCKLEY'S PLAT OF ANACORTES, SKAGIT CO., WASH.," as per plat recorded in Volume 2 of Plats, page 23, records of Skagit County, Washington.

SUBJECT TO: Easements, restrictions, and reservations of record.

Situate in the County of Skagit, State of Washington.

4990-003-108-0000 (P129886)

PARCEL "A":

Unit 108, Building 3, "FIDALGO BUSINESS PARK CONDOMINIUM," according to Declaration recorded on October 8, 2009, under Auditor's File No. 200910080142 and Survey Map and Plans recorded under Auditor's File No. 200910080141, records of Skagit County, Washington.

PARCEL "B":

A non-exclusive easement for ingress and egress reserved in deed to Jerry Smith, et al, recorded August 16, 1994, under Auditor's File No. 9408160065 and delineated on the face of Skagit Sound Business Park Condominium recorded May 3, 2007, under Auditor's File No. 200705030118, and Fidalgo Business Park Condominium recorded October 8, 2009, under Auditor's File No. 200910080141.

SUBJECT TO: Easements, restrictions, and reservations of record.

Situate in the County of Skagit, State of Washington.

Exhibit C

UNOFFICIAL DOCUMENT

ORIGINAL GIVEN
TO CLIENT

COPY

COMMUNITY PROPERTY AGREEMENT

~~THIS AGREEMENT~~, made and entered into this 17th day of December, 2004, by and between **PERRY C. HIGMAN** and **SANDRA J. HIGMAN**, husband and wife, respectively, of Skagit County, Washington, pursuant to the provisions of RCW 26.16.120, providing for agreements between husband and wife for fixing the status and disposition of community property to take effect upon the death of either.

WITNESSETH:

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

1. Consistent with the terms and conditions of Paragraph 4 hereinbelow, upon the death of either of the parties hereto, and not until, all property, whether tangible or intangible, real or personal, separate or community, and wherever located or situated, which either party now owns or has an interest in, or any property hereafter acquired by either party, shall be considered by this Agreement and for the purpose of this Agreement to be and is so conveyed so as to constitute property of the marital community consisting of the parties hereto.
2. This Agreement shall not derogate from the rights of the creditors.
3. Subject to termination pursuant to Paragraph 6 hereof, this Agreement may be altered, amended, or cancelled by a written instrument signed by both parties or by their legal guardian or attorney in fact in the event one shall be appointed.
4. Upon the death of either of the parties hereto, and not until all community property, as defined in Paragraph 1 herein, shall immediately vest in the survivor of them.

5. This Agreement shall supersede any and all prior agreements entered into between the parties for fixing the status of community property taking effect upon the death of one of the parties.

6. Termination. The following events shall terminate this agreement, and the same shall become void, and of no further force nor effect:

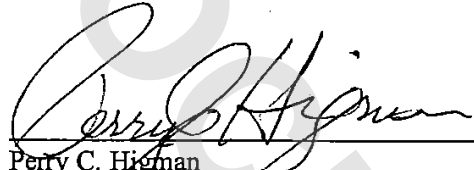
(A) In the event one of the parties hereto executes a Last Will and Testament or Revocable or Irrevocable Living Trust with dispositive provisions inconsistent with the terms hereof, in whole or in part, the terms of the later executed Last Will and Testament or Trust shall control the disposition of those assets and properties described in the later executed Will or Trust, and such provisions in a later executed Will or Trust shall supersede entirely the effectiveness of this Community Property Agreement in respect of such assets or property, up to the whole thereof.

(B) In the event the parties hereto separate, and reside separate and apart, either within or without this State with an intent to reside separately and apart, this Agreement shall terminate, and be of no further force nor effect.


(C) In the event either party hereto files an action for divorce or dissolution in any State or jurisdiction, this Agreement shall terminate, and be of no further force nor effect.

(D) In the event of the incompetency of either of the parties hereto, the other party may, at his or her option, terminate or rescind this Agreement by a notarized declaration to that effect and this Agreement shall become null, void, and of no effect.

IN WITNESS WHEREOF, the said parties have hereunto set their hands the day and year first above written.



Perry C. Hignan



Sandra J. Hignan

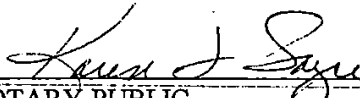
STATE OF WASHINGTON)
) ss.
County of Spokane)

I certify that I know or have satisfactory evidence that **Perry C. Higman** and **Sandra J. Higman**, husband and wife, signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 17th day of December, 2004.



(Seal or Stamp)


NOTARY PUBLIC
My appointment expires: 1.15.2006