

201812060003

12/06/2018 09:33 AM Pages: 1 of 4 Fees: \$102.00
Skagit County Auditor

Recorded by and return to:

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

Legal: FIRST TO SEDRO LOTS 1 & 2 BLK 59
Tax Parcel #: 4150-059-002-0004 / P75950

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON) ss.
COUNTY OF SKAGIT)

Carolyn Freeman, being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of Kerry A Freeman, who died at Sedro-Woolley, County of Skagit, State of Washington, on July 14, 2003, having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated November 20, 1979, which agreement had been recorded on November, 27, 1979 under Skagit County Auditors No. 7911270049.

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: 401 Talcott Street
Parcel ID: 4150-059-002-0004 / P75950

LOT 1 AND 2, BLOCK 59, FIRST ADDITION TO SEDRO IN SKAGIT COUNTY, WASHINGTON, AS PER PLAT RECORDED IN VOLUME 3 OF PLATS, PAGE 29, RECORDS OF SKAGIT COUNTY, WASHINGTON.

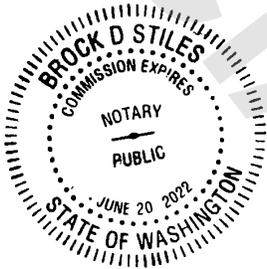
4. This affidavit is made to induce any title company to issue its policies of title insurance on real property passing to the affiant as surviving spouse by virtue of said community property survivorship agreement in reliance upon the representations hereinabove set forth.

DATE: Dec. 4, 2018, *Carolyn Freeman*
Carolyn Freeman

State of Washington) ss.
County of Skagit)

On this day personally appeared before me **Carolyn Freeman**, who executed the within and foregoing instrument and acknowledged 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 on December 4, 2018.



Brock D Stiles
NOTARY PUBLIC in and for the State of Washington, residing at Sedro Woolley
Commission Expires: 6-20-22

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Health

600-03
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: KERRY Middle: ALLAN Last: FREEMAN			2. SEX (M/F) Male	3. DEATH DATE (Mo, Day, Yr) July 14, 2003
4. AGE LAST BIRTHDAY (Yrs) 61	5. UNDER 1 YEAR MOS DAYS HOURS MINS	6. UNDER 1 DAY HOURS MINS	7. BIRTHDATE (Mo, Day, Yr)	8. BIRTHPLACE (City, State or Foreign Country) Tacoma, WA
11. CITY, TOWN OR LOCATION OF DEATH Sedro-Woolley		12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG ROOM/OUT PTN <input checked="" type="checkbox"/> HOSP <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE United General Hospital		13. SMOKING IN LAST 15 YEARS? (Yes/No) No
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Carolyn Hill	16. SOCIAL SECURITY NO [REDACTED]	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 2 College (1-4 or 5-)
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Sr. Systems Technician Telephone Comm.		19. KIND OF BUSINESS OR INDUSTRY Telephone Comm.	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No	21. RACE (Specify) Caucasian
22. RESIDENCE — NUMBER AND STREET 401 Talcott	23. CITY/TOWN, OR LOCATION Sedro-Woolley	24. INSIDE CITY LIMITS? (Yes/No) Yes	25A. COUNTY Skagit	25B. LENGTH OF RES. IN CO. 61 yrs
26. STATE WA		27. ZIP CODE 98284		
28. FATHER'S NAME — FIRST, MIDDLE, LAST Allen August Freeman		29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Rhoda Mathilda [REDACTED]		
30. INFORMANT — NAME Carolyn Freeman		31. MAILING ADDRESS 401 Talcott Sedro-Woolley, WA 98284		
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) 07-15-2003	34. CEMETERY/CREMATORY — NAME Mount Vernon Crematory	
35. FUNERAL DIRECTOR SIGNATURE [Signature]		36. NAME OF FACILITY Lemley Chapel Inc 1008 Third St		37. ADDRESS OF FACILITY Sedro-Woolley, WA
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE [Signature] MD, FACP		43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE [Signature]		
40. DATE SIGNED (Mo, Day, Yr) Jul 15, 2003		41. HOUR OF DEATH (24 Hrs) 2010		44. DATE SIGNED (Mo, Day, Yr)
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		46. PRONOUNCED DEAD (Mo, Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs.)
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Houshang Shetabi MD 2000 Hospital Dr Sedro-Woolley, WA 98284		49. ME/CORONER FILE NUMBER		
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:				
IMMEDIATE CAUSE (Final disease or condition resulting in death).		A. Massive Pulmonary Embolism		INTERVAL BETWEEN ONSET AND DEATH 1 day
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		B. Stage 4 Cancer Primary site unknown		INTERVAL BETWEEN ONSET AND DEATH 3-4 months
C.		D.		INTERVAL BETWEEN ONSET AND DEATH
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE.				
52. AUTOPSY? (Yes/No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) No		
54. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo, Day, Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes/No)	59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)	60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE		
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. REGISTRAR SIGNATURE x Dorothy Epps, deputy		63. DATE RECEIVED (Mo., Day, Yr) JUL 15 2003



DOH:01-003 (5/99)



201812060003
Affidavit for Correction Center for Health Statistics
 Olympia, WA 98507-9709
 (360) 236-4300

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

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit
 Examples of documentary proof: Certificate of Naturalization Medical Record School Record
 Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)
 Insurance Records Birth Record Alien Registration Card (front and back)
 Marriage/Divorce Records Passport

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

AUG 05 2003

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

KK00397644