



**201812110002**

12/11/2018 09:22 AM Pages: 1 of 7 Fees: \$105.00  
Skagit County Auditor

After recording return to:

Alan R. Souders  
Attorney at Law  
913 Seventh Street  
Anacortes, WA 98221

DOCUMENT TITLE: **AFFIDAVIT REGARDING COMMUNITY PROPERTY**

GRANTOR(S): **KATHLEEN MARY MORGAN; DENNIS EUGENE MORGAN, deceased**

GRANTEE(S): **THE PUBLIC**

ASSESSOR'S PARCEL/TAX NUMBERS: P20930/340301-0-009-0007

NE SE 01/34/03

**AFFIDAVIT**

STATE OF WASHINGTON)

: ss.

COUNTY OF SKAGIT )

Kathleen Mary Morgan, being first duly sworn, upon oath, deposes and says:

That I am the surviving spouse of Dennis Eugene Morgan (the Decedent), who died October 21, 2018 at Burlington, Skagit County, Washington. At that time, the Decedent and I were both residents of Burlington, Skagit County, Washington.

That this Affidavit is for the purpose of supplying information pertaining to the Estate of Dennis Eugene Morgan, and it is intended that the statements set forth herein shall be considered representations of fact which may be relied upon by all persons dealing with the real property described herein and with any other community property.

That at the time of the death of Dennis Eugene Morgan, there was in full force and effect a Community Property Agreement, executed by myself, Kathleen Mary Morgan, and Dennis Eugene Morgan on October 6, 2010. The original of that Agreement is attached hereto. The Agreement specifies that all property of myself and my late husband, whenever acquired and including all property to be acquired after the date of the Agreement shall be considered to be community property. The Agreement further provided that in the event of the death of either spouse, all community property, whether real or otherwise, would immediately vest in the surviving spouse in fee simple.

That the Decedent also executed a Last Will and Testament. That Will was also dated on October 6, 2010, the same day as the Community Property Agreement. The Will makes mention of the Community Property Agreement. Having survived my late husband by more than ten days, all property passes under the Community Property Agreement, and for that reason the Last Will and Testament will not be filed with the Clerk of the Skagit County Superior Court, nor do I anticipate initiating any proceedings to probate the Decedent's Estate.

That all expenses of the Decedent's last illness, funeral and costs of administration have been paid and I know of no unpaid creditors of the Decedent or of our former marital community.

That among the property that the Decedent and I held as community property was the following described real estate:

All that portion of the hereinafter described PARCEL "A" lying westerly of a line drawn parallel with and 40 feet westerly of, when measured at right angles to, the PV line survey of SR 20, Fredonia to Pulver Rd, Vic.

PARCEL "A"

The north 200 feet of the east 100 feet of that portion of the northeast quarter of the southeast quarter of Section 1, Township 34 North, Range 3 East, W.M., in Skagit County, Washington, lying westerly of the county road running along the east line of said subdivision;

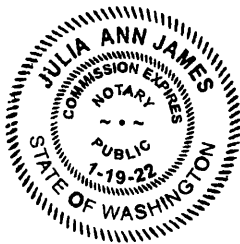
EXCEPT drainage ditch right-of-way, if any.

The Decedent's estate is not subject to estate tax for the federal government or the State of Washington, as the surviving spouse is a citizen of the United States, with an unlimited marital deduction.

Dated this 7<sup>th</sup> day of December, 2018.

Kathleen M. Morgan  
Kathleen Mary Morgan

SUBSCRIBED AND SWORN to before me this 7<sup>th</sup> day of December, 2018.



Julia Ann James  
Julia Ann James  
NOTARY PUBLIC in and for the State of  
Washington, residing in Mount Vernon.  
My commission expires 01/19/2022.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-049547

DATE ISSUED: 11/15/2018  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DENNIS EUGENE  
LAST NAME(S): MORGAN

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: OCTOBER 21, 2018  
HOUR OF DEATH: 03:15 AM  
SEX: MALE AGE: 78 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: MOUNT VERNON, WA

MARITAL STATUS: MARRIED  
SPOUSE: KATHLEEN MARY KYLE

OCCUPATION: SAFETY DIRECTOR  
INDUSTRY: TRANSPORTATION  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: YES

INFORMANT: KATHLEEN MARY MORGAN  
RELATIONSHIP: SPOUSE  
ADDRESS: 12520 PULVER RD, BURLINGTON, WA 98233

CAUSE OF DEATH:  
A: FATAL ARRHYTHMIA  
INTERVAL: 1 MINUTE  
B: CORONARY ARTERY DISEASE  
INTERVAL: UNKNOWN  
C: ATHEROSCLEROSIS  
INTERVAL: UNKNOWN  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 12520 PULVER ROAD  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 12520 PULVER ROAD  
CITY, STATE, ZIP: BURLINGTON, WA 98233  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 38 YEARS

FATHER/PARENT: HUGH STEVEN MORGAN  
MOTHER/PARENT: LAVERNE MARIE [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON  
DISPOSITION DATE: NOVEMBER 14, 2018

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C  
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036  
FUNERAL DIRECTOR: JOAN A. BIRMINGHAM

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

CERTIFIER NAME: H EDWIN STICKLE, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1400 E. KINCAID  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
DATE SIGNED: NOVEMBER 14, 2018

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

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: NOVEMBER 14, 2018

DOH 422-132 (4/15)

NOT VALID IF PHOTOCOPIED OR ALTERED



# Affidavit for Correction

201812110002

Center for Health Statistics  
12/11/2018 09:22 AM Page 4 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<sup>nd</sup> parent (if required):

Printed name: Date: Printed name: Date:

## INSTRUCTIONS – go to [www.doh.wa.gov](http://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.

# \*CERTIFIED\*

NOV 15 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 2 5 3 5

DOH 422-034 October 2015

**COMMUNITY PROPERTY AGREEMENT**

**Dennis E. Morgan**, ("Husband") and **Kathleen M. Morgan** ("Wife"), husband and wife, acting pursuant to the provisions of Revised Code of Washington 26.16.120, providing for agreements between husband and wife for fixing of the status and disposition of community property, **HEREBY AGREE AS FOLLOWS:**

1. All property now owned or hereafter acquired by either Husband or Wife is designated as Community Property unless, after the date of this Agreement, the parties shall agree otherwise by making a separate property designation signed by both of them. This designation of Community Property applies even though some items of property 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, or may be acquired by inheritance.

2. If one spouse dies and the other spouse survives by at least ten days, all Community Property shall vest in the surviving spouse as of the moment of death of the first spouse to die.

3. 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 property. The interest disclaimed shall pass as if the provisions of Section 2 above had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition applicable to the disclaimed interest.

4. Property held by the parties in joint tenancy, and any transfer or attempted transfer of Community Property into joint tenancy form, shall not change its status as Community Property. Holding of such property in joint tenancy, or any transfer or attempted transfer, shall be deemed to be for the convenience of the parties only and such property shall be Community Property and ownership and title shall vest as provided in Section 2 above.

Community Property Agreement of  
Dennis E. Morgan and Kathleen M. Morgan,  
Husband and Wife  
Page 1 of 3

Dm KMM

5. 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. Immediately prior to death if neither party survives the other by ten days.

6. If either party becomes incapacitated, the other party shall have the power to terminate the provisions of Section 2 above. The termination shall be effective upon the delivery of written notice thereof to the incapacitated spouse and to the guardians, if any, of the person and of the estate of the incapacitated spouse. Each party designates the other party as attorney-in-fact to become effective upon incapacity to agree to the termination. For the purposes of this section, a spouse shall be deemed incapacitated if a person duly licensed to practice medicine in the state of Washington signs a statement declaring that the named spouse is unable to manage his or her own affairs.

7. To the extent this agreement is inconsistent with the provisions of any Community Property Agreement, Will or other arrangement previously made by either or both of the parties that affect community property, the terms of this agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

IN WITNESS WHEREOF, we have hereunto set our hands this 6th day of October 2010.

Dennis E. Morgan  
Dennis E. Morgan

Kathleen M. Morgan  
Kathleen M. Morgan

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
20185386

DEC 11 2018

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

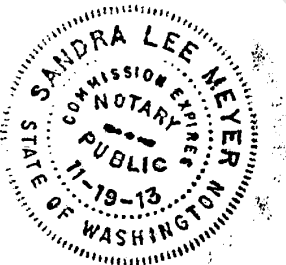
Community Property Agreement of  
Dennis E. Morgan and Kathleen M. Morgan,  
Husband and Wife  
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DM KMM

STATE OF WASHINGTON )  
 ) : ss  
COUNTY OF SKAGIT )

I certify that I know or have satisfactory evidence that **Dennis E. Morgan** and **Kathleen M. Morgan**, husband and wife, are the persons who appeared before me, and said persons acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 6<sup>th</sup> day of October 2010.



Sandra Lee Meyer  
(Signature)

Sandra Lee Meyer  
(Print Name)

Notary Public in and for the State of  
Washington, residing at Anacortes

My appointment expires 19 Nov 2013

Community Property Agreement of  
Dennis E. Morgan and Kathleen M. Morgan,  
Husband and Wife  
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Dm KMM