



**201812140059**

12/14/2018 11:25 AM Pages: 1 of 7 Fees: \$105.00  
Skagit County Auditor

After Recording Return To:

K. T. Esp, Attorney at Law  
301 Prospect Street  
Bellingham, WA 98225

DOCUMENT TITLE: **AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT**

REFERENCE NUMBER OF RELATED DOCUMENT: **201510220065; 201503200005**

GRANTOR: **BARBARA NOBUKO KLINE**

ADDITIONAL GRANTORS: **N/A**

GRANTEE: **BARBARA NOBUKO KLINE**

ADDITIONAL GRANTEES: **N/A**

ABBREVIATED LEGAL DESCRIPTION: **LOT 60, PLAT OF SAN JUAN PASSAGE PUD**

ADDITIONAL LEGAL DESCRIPTION: **SEE ATTACHED EXHIBIT B**

ASSESSOR'S TAX/PARCEL NUMBER: **P128107/4974-000-060-0000**

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
*20185442*  
**DEC 14 2018**

Amount Paid \$*0*  
Skagit Co. Treasurer  
By *nam* Deputy

**AFFIDAVIT IN SUPPORT OF  
COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON       )  
  ) ss.  
COUNTY OF WHATCOM       )

I, **BARBARA NOBUKO KLINE**, being first duly sworn on oath, depose and  
say:

1. I am the surviving spouse of James Calvin Kline III, who died at

Anacortes, Skagit County, State of Washington on November 10, 2018, (see

AFFIDAVIT IN SUPPORT OF  
COMMUNITY PROPERTY AGREEMENT - 1  
PROBFILE\KLINE\AFF SUPP CPA

Certificate of Death attached hereto as "Exhibit A"); having provided for the disposition of all of his property by a Community Property Agreement.

2. On March 17, 2015, James Calvin Kline III and Barbara Nobuko Kline validly executed a Community Property Agreement which has remained valid and in full force since its execution. The Agreement was recorded in the Auditor's Office of Skagit County, Washington, on March 20, 2015, under Recording Number 201503200005.

3. The Community Property Agreement covers all property owned by the parties including but not limited to their bank accounts, securities, tangible personal property and the real property commonly known as 4611 Schooner Drive, Anacortes, WA 98211 (Parcel No. P128107/4974-000-060-0000), and legally described on "Exhibit B" attached hereto.

4. I am making this Affidavit for recordation regarding the Community Property Agreement. The statements I make in this Affidavit are representations of fact that all parties dealing with the real property located in Skagit County, Washington, and more fully described on Exhibit B, may rely upon. In addition, I am making this Affidavit regarding the Community Property Agreement for any financial institutions to rely upon under RCW 30.22.190(1) as well as any corporations or transfer agents for any share or security to rely upon under RCW 11.02.120.

5. There is no federal or Washington state estate tax due.

6. No probate proceedings have been commenced on the death of James

Calvin Kline III.

AFFIDAVIT IN SUPPORT OF  
COMMUNITY PROPERTY AGREEMENT - 2  
PROBFILE\KLINE\AFF SUPP CPA

DATED this 12<sup>th</sup> day of December, 2018.

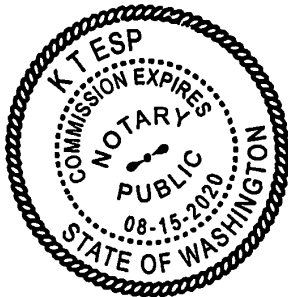
Barbara N. Kline  
**BARBARA NOBUKO KLINE**

STATE OF WASHINGTON     )  
  ) ss:  
COUNTY OF WHATCOM     )

I certify that I know or have satisfactory evidence that **BARBARA NOBUKO KLINE** is the person who appeared before me, and said person acknowledged that she signed this **AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT**, and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED: December 12, 2018.

(SEAL/STAMP)



[Signature]  
NOTARY PUBLIC  
Printed Name: K. T. Esp  
My Commission Expires: August 15, 2020

AFFIDAVIT IN SUPPORT OF  
COMMUNITY PROPERTY AGREEMENT - 3  
PROBFILE\KLINE\AFF SUPP CPA

**EXHIBIT "A"**

**CERTIFICATE OF DEATH**

See attached original Certificate of Death.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

2018-25

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CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-049839

DATE ISSUED: 11/21/2018  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JAMES CALVIN  
LAST NAME(S): KLINE III

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: NOVEMBER 10, 2018  
HOUR OF DEATH: 01:00 PM  
SEX: MALE AGE: 66 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: OAK HARBOR, WA

MARITAL STATUS: MARRIED  
SPOUSE: BARBARA N [REDACTED]

OCCUPATION: SYSTEMS ENGINEER  
INDUSTRY: COMPUTER  
EDUCATION: ASSOCIATE DEGREE  
US ARMED FORCES: NO

INFORMANT: BARBARA N KLINE  
RELATIONSHIP: SPOUSE  
ADDRESS: 4611 SCHOONER DR, ANACORTES, WA 98221

CAUSE OF DEATH:  
A: PARKINSONS DISEASE  
INTERVAL: 17 YEARS

B:  
INTERVAL:

C:  
INTERVAL:

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: 4611 SCHOONER DRIVE  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 4611 SCHOONER DRIVE  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER/PARENT: JAMES 'JC' CALVIN KLINE JR  
MOTHER/PARENT: PAULINE ELSIE [REDACTED]

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

CITY, STATE: SEATTLE, WASHINGTON  
DISPOSITION DATE: NOVEMBER 16, 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: SUSANNE WILHELM, DO  
TITLE: DO  
CERTIFIER ADDRESS: 1213 24TH STREET, SUITE 100  
CITY, STATE, ZIP: ANACORTES, WA 98221  
DATE SIGNED: NOVEMBER 15, 2018

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: 18SK0343  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: NOVEMBER 16, 2018

DOH 422-132 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED



# Affidavit for Correction

201812140059  
 12/14/2018 11:25 AM Page 6 of 7  
 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.

## 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

- 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.
- 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.
- 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

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

#### Marriage/Dissolution (Divorce) Certificates

- 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.
- 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\***

NOV 21 2018

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



0 2 0 2 2 7 4 0

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

**EXHIBIT "B"**

**LEGAL DESCRIPTION**

Real property located at 4611 Schooner Drive, Anacortes, WA 98211, which is legally described as follows:

Lot 60, "PLAT OF SAN JUAN PASSAGE PUD," as per plat recorded on November 26, 2008, under Auditor's File No. 200811260099, records of Skagit County, Washington.

Situate in the City of Anacortes, County of Skagit, State of Washington.

Subject to all covenants, conditions, restrictions, reservations, agreements and easements of record, including, but not limited to, those shown on Schedule "B-1" of Land Title Company's Preliminary Commitment No. 151517-SAF.

Subject to all covenants, conditions, restrictions, reservations, agreements and easements of record, if any.