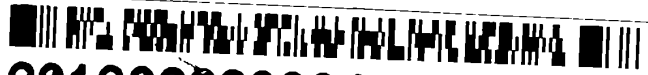


Return Address:



201902220004

02/22/2019 09:35 AM Pages: 1 of 4 Fees: \$102.00
Skagit County Auditor

Document Title:

Community Property Agreement

Reference Number (if applicable): _____

Grantor(s): additional grantor names on page ____.

1) Andrew R. Threewit

2) _____

Grantee(s): additional grantor names on page ____.

1) Eileen Threewit

2) _____

Abbreviated Legal Description: full legal on page(s) ____.

Unit 104x. MOUNTAIN VIEW CONDOMINIUM PHASE 2, according to Amended Declaration thereof recorded under Auditor's File No. 9509180111 AND (Amended) Survey Map and Plans thereof recorded in Volume 16, pages 73 through 75 of Plats, records of Skagit County, Washington.

Assessor Parcel /Tax ID Number: additional parcel numbers on page ____.

p# 107821

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

78544

INDEXED

2019597
FEB 22 1972

Agreement as to Status of Community Property

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

After Death of One of the Spouses

Know All Men by These Presents:

That this agreement, made and entered into this 8 day of May, 1972,
by and between Andrew R. Threewit
and Eileen Threewit, husband and wife,
of Friday Harbor, San Juan County, State of Washington, WITNESSETH:

That, in consideration of the love and affection that each of said parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted, and promised:

I.

That all property of whatsoever nature or description whether real, personal or mixed and where-soever situated now owned or hereafter acquired by them or either of them shall be considered and is hereby declared to be community property.

II.

That upon the death of either of the aforementioned parties title to all community property as herein defined shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said ANDREW R. THREEWIT
and EILEEN THREEWIT have hereunto set their hands
and seals this 8th day of May, 1972.

Received for record at 1:20 PM MAY 8 1972

at request of Eileen Threewit
Ardiss Larson, Auditor, San Juan Co., Wash.
by Betty Couch, Deputy

Eileen Threewit (SEAL)
Andrew R. Threewit (SEAL)

STATE OF WASHINGTON,

County of San Juan

SS.

This is to certify that on this 8th day of May, 1972, before me

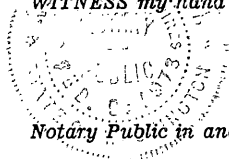
Alan F. Carter

a Notary Public in and for the State of Washington

duly commissioned and sworn, personally came Andrew R. Threewit

and Eileen Threewit husband and wife, to me known to be the individuals described in and who executed the within instrument, and acknowledged to me that they signed and sealed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written.



Alan F. Carter

Friday Harbor

Notary Public in and for the State of Washington residing at _____

VOL 64 PAGE 388

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-003869

DATE ISSUED: 01/30/2019
FEE NUMBER:

FIRST AND MIDDLE NAME(S): ANDREW RICHARD
LAST NAME(S): THREEWIT

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 25, 2019
HOUR OF DEATH: 08:35 AM
SEX: MALE AGE: 91 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: ISLAND HOSPITAL
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

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

RESIDENCE STREET: 1424 29TH STREET
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 23 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: BAKERSFIELD, CA

FATHER/PARENT: ANDREW L THREEWIT
MOTHER/PARENT: RUBY [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: EILEEN GREUS

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

OCCUPATION: COMMERCIAL FISHERMAN
INDUSTRY: FISHING
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: YES

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: JANUARY 29, 2019

INFORMANT: EILEEN THREEWIT
RELATIONSHIP: SPOUSE
ADDRESS: 1424 29TH STREET, ANACORTES, WA 98221

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD
ADDRESS: 4320 196TH ST SW - STE. C
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036
FUNERAL DIRECTOR: JOHN K. MOODY

CAUSE OF DEATH:
A: ASPIRATION PNEUMONIA
INTERVAL: DAYS
B: NOROVIRUS GASTROENTERITIS
INTERVAL: DAYS
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: JOHN R. MATHIS, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1211 24TH STREET
CITY, STATE, ZIP: ANACORTES, WA 98221
DATE SIGNED: JANUARY 29, 2019

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: ISABEL M. CARBAJAL
DATE RECEIVED: JANUARY 29, 2019

Affidavit for Correction

02/22/2019 09:35 AM Page 4 of 4
Mail To: 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"/> Parent(s)	<input type="checkbox"/> Guardian <input type="checkbox"/> Funeral Director	<input type="checkbox"/> Informant <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

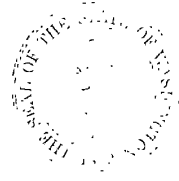
1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

CERTIFIED

JAN 30 2019

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 1 3 5 8 9 9