

After recording return to:

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



201903050010

03/05/2019 09:26 AM Pages: 1 of 5 Fees: \$103.00
Skagit County Auditor

DOCUMENT TITLE: **AFFIDAVIT REGARDING COMMUNITY PROPERTY**

GRANTORS: **Sarah Tobien, surviving spouse of Jack Bruer Tobien, deceased**

GRANTEE: **THE PUBLIC**

ASSESSOR'S PARCEL/TAX NUMBERS: P109083 / 4678-000-006-0000

AFFIDAVIT

STATE OF WASHINGTON)
 : ss.
COUNTY OF SKAGIT)

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2019720
MAR 01 2019

Amount Paid \$6
Skagit Co. Treasurer
By *Wdm* Deputy

Sarah Tobien, being first duly sworn, upon oath, deposes and says:

That I am the surviving spouse of Jack Bruer Tobien (the Decedent), who died December 22, 2018 at Anacortes, Washington. At that time, the Decedent and I were both residents of Anacortes, Skagit County, Washington.

This Affidavit is for the purpose of supplying information pertaining to the Estate of Jack Bruer Tobien, 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 Jack Bruer Tobien, there was in full force and effect a Community Property Agreement, executed by Jack Bruer Tobien and Sarah Tobien on May 8, 1987. 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 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:

Unit 6, Building 3, THE RIDGE CONDOMINIUM PHASE I, a condominium, according to supplemental Declaration thereof recorded under Auditor's File Nos. 9607170029 and 9802060104 AND Survey Map and Plans thereof recorded in Volume 16 of Plats, pages 111 to 114, records of Skagit County, Washington.

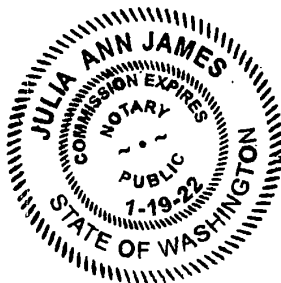
Situate in Skagit County, Washington.

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 28 day of February, 2019.

Sarah Tobien
Sarah Tobien

SUBSCRIBED AND SWORN to before me this 28th day of February, 2019.



Julia Ann James
Julia Ann James
Notary Public in and for the State of
Washington, residing at Mount Vernon.
My appointment expires January 19, 2022

**AGREEMENT AS TO STATUS OF COMMUNITY PROPERTY
After Death of One of the Spouses**

KNOW ALL MEN BY THESE PRESENTS;

That this agreement, made and entered into this 8th day of May, 1987, by and between **JACK BRUER TOBIEN** and **SARAH TOBIEN**, husband and wife, of 2019-41st Street, Anacortes, Skagit County, Washington,

WITNESSETH; That whereas, the said parties are owners of certain property, all of which, regardless of method of acquisition or source, they hereby declare to be community property, constituting all of the property now owned by said parties, and said parties are desirous that said property, together with all other property of whatsoever nature, either real or personal, which may be hereafter acquired or received by either or both of them, whether by gift, inheritance, purchase, or otherwise, shall be deemed to be community property, and in the event either party now owns or hereafter acquires any property which might otherwise be the separate property of that party, said party hereby conveys and quit claims to the other party a community interest in said property, so that the same will be community property, and that the same shall pass without delays or undue expense upon the death of either to the survivor.

NOW, THEREFORE, for and in consideration of the sum of ONE DOLLAR (\$1.00), the receipt of which is hereby acknowledged by each party hereto, and also, in consideration of the love and affection that each of said parties bears for the other, it is hereby agreed that in the event of the death of **JACK BRUER TOBIEN** while **SARAH TOBIEN** survives, then the whole of said community property now owned together with all other community property, real or personal, that may hereafter be acquired, shall at once vest in said **SARAH TOBIEN** in fee simple; and in the event of the death of **SARAH TOBIEN** while **JACK BRUER TOBIEN** survives, then the whole of said community property now owned together with all other community property, real and personal, that may hereafter be acquired, shall at once vest in said **JACK BRUER TOBIEN** in fee simple; and each party conveys and quit claims to the surviving party all of said community and all other property which were it not for this agreement might be the separate estate of the conveying party, in compliance herewith.

IN WITNESS WHEREOF, the said **JACK BRUER TOBIEN** and **SARAH TOBIEN** have hereunto set their hands and seals the day and date first above written.

Signed, Sealed and Delivered
In the presence of

Leslie A. Johnson) Jack Bruer Tobien (SEAL)
Sharon E. Jewett) Sarah Tobien (SEAL)

STATE OF WASHINGTON)
) SS.
County of Skagit)

THIS IS TO CERTIFY that on this 8th day of May, 1987, before me, **LESLIE A. JOHNSON**, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally came **JACK BRUER TOBIEN** and **SARAH TOBIEN**, husband and wife, to me known to be the individuals described in and who executed the within instrument, and acknowledged 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.

Leslie A. Johnson
NOTARY PUBLIC in and for the State of
Washington, residing at Anacortes

My appointment expires: November 19, 1988

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-056301

DATE ISSUED: 12/28/2018
FEE NUMBER:FIRST AND MIDDLE NAME(S): JACK BRUER
LAST NAME(S): TOBIENCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 22, 2018
HOUR OF DEATH: 05:34 PM
SEX: MALE AGE: 92 YEARS
SOCIAL SECURITY NUMBER: 532-20-2701HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: DECEMBER 13, 1926
BIRTHPLACE: VALENTINE, NEMARITAL STATUS: MARRIED
SPOUSE: SARAH CHAMBERSOCCUPATION: OWNER-OPERATOR
INDUSTRY: HARDWARE INDUSTRY
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YESINFORMANT: SARAH TOBIEN
RELATIONSHIP: WIFE
ADDRESS: 3817 RIDGETOP DRIVE, ANACORTES, WA 98221CAUSE OF DEATH:
A: MULTIPLE COMPLICATIONS AFTER ACUTE SMALL BOWEL OBSTRUCTION WITH SURGICAL ADHESIOLYSIS
INTERVAL: 3 WEEKS
B: INCARCERATED PERISTOMAL HERNIA
INTERVAL: 3 WEEKS
C: COLON RESECTION AND COLOSTOMY PLACEMENT
INTERVAL: 15 YEARS
D: RECTAL CANCER
INTERVAL: 15 YEARSOTHER CONDITIONS CONTRIBUTING TO DEATH: COMPLICATIONS INCLUDED
ENCEPHALOPATHY, RAPID ATRIAL FIBRILLATION, ILEUS, URINARY RETENTION,
DYSPHAGIA WITH ASPIRATION AND ANOREXIADATE 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: 3817 RIDGETOP DRIVE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221RESIDENCE STREET: 3817 RIDGETOP DRIVE
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 19 YEARSFATHER/PARENT: JOHN STETTER TOBIEN
MOTHER/PARENT: CLARA MARTHA BRUERMETHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORYCITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: DECEMBER 27, 2018

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: JOSEPH J. WAHAMMANNER 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 RESPONSECERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: DECEMBER 24, 2018CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: LINDA FERRARIO
DATE RECEIVED: DECEMBER 24, 2018



Affidavit for Correction

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

 Health Statistics
 P.O. Box 47814
 Olympia, WA 98504-7814
 360-236-4300

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:		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 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

- 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

DEC 28 2018

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


0 2 0 2 3 8 2 2

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