

Recorded at the request of:

Janice L. Taylor
90 Chinook Pl.
La Conner, WA 98257



201906260096

06/26/2019 04:17 PM Pages: 1 of 6 Fees: \$104.00
Skagit County Auditor

Document Title:

Affidavit of Community Property

Reference Number : N/A

Grantor(s):

☐ additional grantor names on page ____.

1. Kenneth R. Taylor, Deceased, by Janice L. Taylor, surviving spouse

2.

Grantee(s):

☐ additional grantee names on page ____.

1. Janice L. Taylor

2.

Abbreviated legal description:

☐ full legal on page(s) ____.

Full Legal Description: Lot No. 90, Survey of Shelter Bay Division No. 2, as recorded June 27, 1969 in official records of Skagit County, Washington under Auditor's File NBo. 728258. Situated in the County of Skagit, State of Washington.

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____.

5100-002-090-0000 / P128967

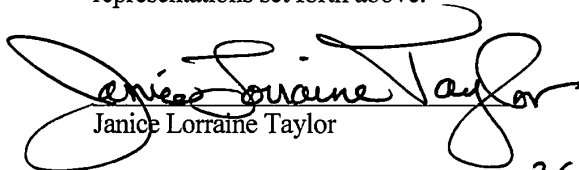
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2016 2580
JUN 26 2019
Amount Paid \$0
Skagit Co. Treasurer
By *Brynam* Deputy

**AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT
OF
KENNETH RAY TAYLOR AND JANICE LORRAINE TAYLOR**

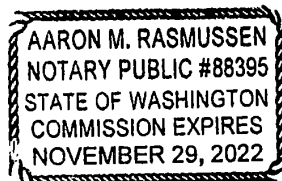
State of Washington)
)
County of Skagit) ss.


Janice Lorraine Taylor, being first duly sworn, deposes and says:

1. I am the surviving spouse of Kenneth Ray Taylor, who died on March 18, 2019.
2. Kenneth Ray Taylor and I, as husband and wife, executed a Community Property Agreement on February 8, 1980, which provided for the disposition of all community property as between ourselves. The original Community Property Agreement is attached to this Affidavit and will be recorded with the Skagit County Auditor's Office.
3. The Community Property Agreement was validly executed, and was in full force and effect on the date of Kenneth Ray Taylor's death.
4. By virtue of the Community Property Agreement, all property owned by Kenneth Ray Taylor passed to me as sole owner.
5. There are no unpaid creditors of Kenneth Ray Taylor, nor unpaid funeral expenses or expenses of last illness. No state or federal estate tax is due on his estate.
6. This Affidavit is made to induce a title company to issue its policies of title insurance on real property passing to the surviving spouse, and to induce financial institutions to transfer funds or securities, by virtue of said community property agreement, and in reliance upon the representations set forth above.


Janice Lorraine Taylor

Subscribed and sworn to before me this 26 day of June, 2019 by Janice Lorraine Taylor.




Notary Public in and for the State
of Washington, residing at Mt. Vernon
My Commission Expires: 11/29/22

COMMUNITY PROPERTY AGREEMENT

This Community Property Agreement made and entered into this 8th day of ~~December~~ FEBRUARY, 19~~79~~80, by and between KENNETH RAY TAYLOR and JANICE LORRAINE TAYLOR husband and wife, of Skagit County, State of Washington, pursuant to the provisions of the laws of the State of Washington providing for and authorizing agreements between husband and wife in which they fix and determine the status of any and all property in which each or either or both of them has or shall have or acquire any right, title, claim, equity or interest, whether the said property shall be real, personal or mixed or separate, and regardless of the time of the acquisition thereof, and the parties desire by this agreement and do hereby fix the status of such property wholly as community and the disposition of the same as community property to take effect upon the death of either.

WITNESSETH:: That for and in consideration of the mutual love and affection each of the parties hereto bears to and for the other and in consideration of the mutual benefits derived and to be derived by the parties hereto, it is hereby covenanted, agreed and promised and contracted by the parties hereto as follows, to wit:

FIRST: That any and all property of whatsoever kind and character, nature or description, tangible or intangible, and whether real, personal, community, separate or mixed and wheresoever the same may be situate, now owned or hereafter acquired by them or either of them, and whether the same may or might have a separate or other character or status and regardless of where the same may be situated, whether within or without Skagit County, State of Washington, or regardless of the date of the acquisition thereof, and whether the parties or either of them have previously hereto or shall after the date hereof state or declare or claim that the same is or might be separate of one or the other or community shall from and after the date of this agreement be considered and the whole thereof and all thereof is hereby declared to be community property and each of the parties hereby conveys, quit claims and transfers all of his or her separate or other interest in and to any such property to the community and to each other, whether separate or mixed or community and whether real or personal and wheresoever the same may be situated that he or she may now own or hereafter acquire so as to convert the same and the whole thereof to community property for the purpose of this agreement.

SECOND: That upon the death of either of the parties hereto, title to all of the community property as herein defined in the preceding paragraph shall vest immediately in fee simple in the survivor of the parties hereto, and become the sole and separate property of such survivor and shall be by the parties hereto and by all other parties or persons whomsoever deemed, esteemed, regarded, treated and known as community property.

IN WITNESS WHEREOF, the said KENNETH RAY TAYLOR and JANICE LORRAINE TAYLOR, husband and wife, have herunto set their hands and seals this 8th day of ~~December~~ FEBRUARY, 19~~79~~80

Witnesses:

Lee O. Woodmansee
Residing at Mt. Vernon, WA

Melores J. Beebe
Residing at Ledger Valley

Kenneth Ray Taylor
Janice Lorraine Taylor

Notary Public in and for the State of
Washington, residing at 291 1/2

K.R. ST. CLAIR
LAW OFFICES
1002 South Third, P.O. Box 1169
Mount Vernon, Washington
98273
Telephone 206-336-9655

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-012804

DATE ISSUED: 03/22/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): KENNETH RAY
LAST NAME(S): TAYLOR

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 18, 2019 FOUND
HOUR OF DEATH: UNKNOWN
SEX: MALE AGE: 71 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: ELLENSBURG, WA

MARITAL STATUS: MARRIED
SPOUSE: JANICE GIBBONS

OCCUPATION: MANAGER
INDUSTRY: PRE CAST CONCRETE
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

INFORMANT: JANICE TAYLOR
RELATIONSHIP: WIFE
ADDRESS: 90 CHINOOK PLACE LACONNER, WA 98257

CAUSE OF DEATH:
A: DILATED CARDIOMYOPATHY
INTERVAL: YEARS
B: PARKINSON'S DISEASE
INTERVAL: YEARS
C: DEMENTIA DUE TO PARKINSON'S DISEASE
INTERVAL: YEARS
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: 90 CHINOOK PLACE
CITY, STATE, ZIP: LACONNER, WASHINGTON 98257

RESIDENCE STREET: 90 CHINOOK PLACE
CITY, STATE, ZIP: LACONNER, WA 98257
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 19 YEARS

FATHER/PARENT: KENNETH R TAYLOR
MOTHER/PARENT: BETTIE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: MARCH 21, 2019

FUNERAL FACILITY: ALPHA-OMEGA BURIAL & CREMATION

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEY

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: SANDEEP BAL, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 EAST KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: MARCH 21, 2019

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: SANDEEP BAL, MD

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: MARCH 21, 2019



Affidavit for Correction

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

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

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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)					

7. Return Mailing Address:	
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Telephone Number:	Email Address:
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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

MAR 22 2019

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


0 2 1 3 7 6 6 0

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