

After recording return to:
Stephen C. Schutt
P.O. Box 1032
Anacortes, WA 98221



201907180026

07/18/2019 11:37 AM Pages: 1 of 7 Fees: \$107.50
Skagit County Auditor

AFFIDAVIT OF SURVIVING SPOUSE OR DOMESTIC PARTNER
FOR CLAIMING AN EXEMPTION BASED ON
INHERITANCE OF REAL ESTATE

STATE OF WASHINGTON)
)
) :ss
COUNTY OF SKAGIT)

Name of deceased: HOMER C. TALBERT

I (survivor's name), KAREN E. TALBERT, affirm that I am the sole and rightful heir to the property described as: Full Legals Attached as "A"

Parcel/Tax ID Number(s): P58051/3806-010-018-0009
P58681/3812-003-002-0004

Lots 16-18 BL10
munks 1st Queen
Anne Add et al

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this 16 day of July, 2019 at Anacortes, Washington.

(Signature of surviving spouse or registered domestic partner)

KAREN E. TALBERT

(Printed name of surviving spouse or registered domestic partner)

1604 - 15th Street

(Address of surviving spouse or domestic partner)

Anacortes, WA 98221

(City, state and zip)

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2019 2982
JUL 18 2019

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

ATTACHMENT "A" LEGALS

FULL LEGAL OF: P58051/3806-010-018-0009

Lots 16 To 18, inclusive, Block 10, "MUNK'S FIRST QUEEN ANNE ADDITION TO ANACORTES", as per plat recorded in Volume 3 of Plats, page 1, records of Skagit County, Washington.

Situate in Skagit County, Washington.

FULL LEGAL OF: P58681/3812-003-002-0004

Lot 2, Block 3, "QUEEN ANNE ADDITION TO THE CITY OF ANACORTES", as per plat recorded in Volume 2 of Plats, page 39, records of Skagit County, Washington.

Situate in Skagit County, Washington.

COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 2nd day of October, 2001, between **HOMER C. TALBERT** and **KAREN E. TALBERT**, husband and wife, both of whom are domiciled in the State of Washington. In consideration of the mutual benefits to be derived and their mutual agreements set forth below, the parties agree as follows:

1. **Property Covered:** This Agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife (except for assets for which a separate beneficiary designation has been or is hereafter made by Husband or Wife and approved by the other spouse) even though some items may have been or may be purchased or acquired by one or the other or both of may have been registered in the name of one or the other or both. If Husband dies and Wife survives, any separate property of Husband which is owned by Husband at the time of his death (except for assets for which Husband has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of his death, and if Wife dies and Husband survives here, any separate property of Wife which is owned by Wife at the time of her death (except for assets for which Wife has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of her death. All such property is referred to in this Agreement as the "described community property."

2. **Vesting at Death of a Spouse:** If Husband dies and Wife survives him, all of the described community property shall vest in Wife as of the moment of Husband's death. If Wife dies and Husband survives her, all of the described community property shall vest in Husband as of the moment of Wife's death.

3. **Disclaimer:** 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 assets thereof, in which event the interest disclaimed shall pass as if the provisions of paragraph 2 had

been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.

4. **Automatic Revocation:** The provisions of paragraph 2 shall be automatically revoked:

(a) Upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce; or

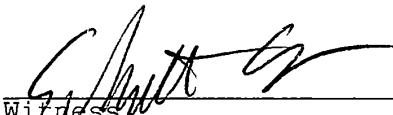
(b) upon the establishment of a domicile out of the State of Washington by either party; or



(c) immediately prior to death, if the order of death cannot be ascertained.

5. **Optional Revocation by One Party:** If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 3 and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardians, if any, of the person and of the estate of the disabled person. For the purposes of this paragraph, a spouse shall be deemed disabled if a person duly licensed to practice medicine in Washington signs a statement declaring that the spouse is unable to manage his or her own affairs.

6. **Powers of Appointment:** This Agreement shall not affect any power of appointment now held by or hereafter given to Wife or Husband or both of them, now shall it obligate Husband or Wife or both of them to exercise any such power of appointment in any way.

7. **Inconsistent Agreement:** To the extent this Agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.


Witness


Witness



HOMER C. TALBERT


KAREN E. TALBERT

STATE OF WASHINGTON)
) ss
COUNTY OF SKAGIT)

On 2nd October 2001 personally appeared
before me **Homer C. Talbert** and **Karen E. Talbert** to me known to be
the individuals described in and who executed the within and
foregoing Community Property Agreement, and acknowledged that
they signed the same as their free and voluntary act and deed for
the uses and purposes therein mentioned.

GIVEN under my hand and official seal on the date first set
out above.



Lois LeBlonde

NOTARY PUBLIC in and for the
State of Washington

My commission expires: 6-25-02

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-022054

DATE ISSUED: 05/16/2019

FEE NUMBER: 310519

FIRST AND MIDDLE NAME(S): HOMER CHARLES

LAST NAME(S): TALBERT

COUNTY OF DEATH: KING

DATE OF DEATH: MAY 08, 2019

HOUR OF DEATH: 10:47 AM

SEX: MALE AGE: 82 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: ANACORTES, WA

MARITAL STATUS: MARRIED

SPOUSE: KAREN BARCELLA

OCCUPATION: CONTRACTOR

INDUSTRY: CONSTRUCTION

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: YES

INFORMANT: KAREN TALBERT

RELATIONSHIP: SPOUSE

ADDRESS: 1604 15TH ST. ANACORTES, WA. 98221

CAUSE OF DEATH:

A: RIGHT SUBDURAL HEMATOMA

INTERVAL: DAYS

B: BLUNT FORCE INJURY OF THE HEAD

INTERVAL: DAYS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSIVE AND
ATHEROSCLEROTIC CARDIOVASCULAR DISEASE(ON ANTIPLATELET THERAPY),
AORTIC STENOSIS, AND ISCHEMIC CARDIOMYOPATHY

DATE OF INJURY: MAY 05, 2019

HOUR OF INJURY: 12:00 PM PRESUMED

INJURY AT WORK: NO

PLACE OF INJURY: DECEDENTS HOME

LOCATION OF INJURY: 1604 15TH ST.

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

COUNTY: SKAGIT

DESCRIBE HOW INJURY OCCURRED: UNWITNESSED GROUND LEVEL FALL

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: HARBORVIEW MEDICAL CENTER

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98104

RESIDENCE STREET: 1604 15TH ST.

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 44 YEARS

FATHER/PARENT: HOMER EMANUAL TALBERT

MOTHER/PARENT: JULIA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON

DISPOSITION DATE: MAY 16, 2019

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C

CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036

FUNERAL DIRECTOR: BRENT J. GLENN

MANNER OF DEATH: ACCIDENT

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: MICHELINE LUBIN, MD

TITLE: CORONER/ME

CERTIFIER ADDRESS: 325 9TH AVENUE #359792 MEDICAL EXAMINER

CITY, STATE, ZIP: SEATTLE, WA 98104

DATE SIGNED: MAY 13, 2019

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: 19-0994

ATTENDING PHYSICIAN: MARK ZAROS, MD

LOCAL DEPUTY REGISTRAR: DIANE BOGAN

DATE RECEIVED: MAY 16, 2019

Affidavit for Correction 07/18/2019 11:37 AM Page 7 of 7



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

 Mail to: Center for 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
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Required information must match current information on record

Required	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:	
	First	Middle	Last	MM/DD/YYYY	(City or County)	
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
	First	Middle	Last/Maiden	First	Middle	Last/Maiden
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:		
PO Box or Street Address		City State Zip
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:	Date:	Printed name:	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 | Adult (18 years or older) |
| <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 using this form, 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)

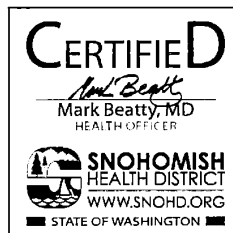
Death Certificates

- 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). 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 January 2015


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


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