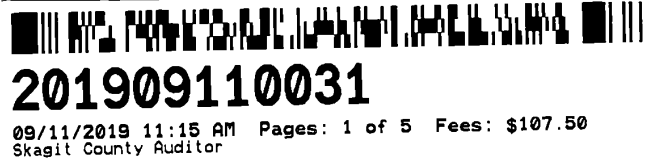


FILED FOR RECORD AT REQUEST OF:

ELDER LAW OFFICES OF
MEYERS, NEUBECK & HULFORD, P.S.
2828 Northwest Avenue
Bellingham, WA 98225-2335



WHEN RECORDED RETURN TO:

ELDER LAW OFFICES OF
MEYERS, NEUBECK & HULFORD, P.S.
2828 Northwest Avenue
Bellingham, WA 98225-2335

**AFFIDAVIT IN SUPPORT OF
COMMUNITY PROPERTY AGREEMENT**

GRANTOR:

STEVE AARVIK

GRANTEE:

MARIT E. AARVIK

ABBR. LEGAL DESCRIPTION:

LT 80 & 2ND CLASS SHORELANDS, LK CAVANAUGH
SUBDIVISION, DIV 3 (Additional legal found on page 2)

ASSESSOR'S TAX PARCEL NUMBER: P66847

REFERENCE NUMBERS:

200401290061
201909060071

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2019 3939
SEP 11 2019

STATE OF WASHINGTON)

) ss.

COUNTY OF WHATCOM)

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

MARIT E. AARVIK, being first duly sworn on oath, deposes and says:

1. This Affidavit is for the purpose of supplying information for record pertaining to the Community Property Agreement executed by STEVE AARVIK and MARIT E. AARVIK, husband and wife, dated August 16, 1988. The Community Property Agreement is being recorded simultaneously with this Affidavit and also for the Estate of STEVE AARVIK, deceased, one of the parties to said Agreement. It is intended that the statements set forth herein shall be considered representations of fact which may be relied upon by all parties.

2. STEVE AARVIK died on December 9, 2013, in Mount Vernon, Skagit County, Washington, and was at the time of his death a resident of Lynnwood, Snohomish County, Washington. (See Certified Copy of the Death Certificate Attached Hereto)

3. The parties to the Community Property Agreement entered into no subsequent Wills or Agreements which would have the effect of abrogating or nullifying the above mentioned Community Property Agreement.

4. The decedent left no separate estate.

5. Among other items of community property is the real property commonly known as 32733 South Shore Drive, Lake Cavanaugh, Washington, and legally described as follows:

LOT 80, BLOCK 1, LAKE CAVANAUGH SUBDIVISION, DIVISION NO. 3, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 6 OF PLATS, PAGES 25 TO 31, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON;

TOGETHER WITH SHORELANDS OF THE SECOND CLASS SITUATED IN FRONT OF, ADJACENT TO OR ABUTTING UPON LOT 80, BLOCK 1, LAKE CAVANAUGH SUBDIVISION, DIVISION NO. 3, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 6 OF PLATS, PAGES 25 TO 31, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON.

6. All obligations of the community owing at the date of death of decedent have been paid in full or provided for, and all expenses of last illness and for funeral and burial services have been paid or provided for.

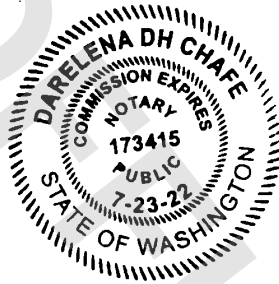
7. The decedent is survived by his spouse, MARIT E. AARVIK, who resides at 1209 Chestnut Court, Mount Vernon, Washington.

8. No inheritance tax or estate tax is due to either the State of Washington or to the United States.

Dated this 28th day of August, 2019.


MARIT E. AARVIK

Subscribed and sworn before me on this 28th day of August, 2019 by MARIT E.
AARVIK.



A handwritten signature of Darelena DH Chafe in black ink, written over a horizontal line.

DARELENA DH CHAFE
Notary Public in and for the
State of Washington
Residing in Burlington
My commission expires: 07/23/2022

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-023534

DATE ISSUED: 12/13/2013

FEE NUMBER: 0000311213

GIVEN NAMES: STEVE
LAST NAME: AARVIK

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 09, 2013
HOUR OF DEATH: 05:56 P.M.
SEX: MALE
AGE: 56 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: SEATTLE, KING CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: MARIT ELISE PEDERSEN

OCCUPATION: FISHERMAN
INDUSTRY: OWN BUSINESS
EDUCATION: MASTER'S DEGREE
US ARMED FORCES? NO

INFORMANT: MARIT AARVIK
RELATIONSHIP: WIFE
ADDRESS: 18316 68TH AVE W, LYNNWOOD, WA 98273

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 18316 68TH AVE W
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 980374141
INSIDE CITY LIMITS? YES
COUNTY: SNOHOMISH
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 25 YEARS

FATHER: SIGURD MONRAD AARVIK
MOTHER: [REDACTED]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: FLORAL HILLS CEMETERY
CITY, STATE, ZIP: LYNNWOOD, WA
DISPOSITION DATE: DECEMBER 19, 2013

FUNERAL FACILITY: PURDY & WALTERS AT FLORAL HILLS
ADDRESS: 409 FILBERT RD
CITY, STATE, ZIP: LYNNWOOD WA 98036
FUNERAL DIRECTOR: HEATHER M. BRAATZ

CAUSE OF DEATH:
A. ACUTE SEPTIC SHOCK
INTERVAL: 24 HOURS
B. ACUTE PERITONITIS
INTERVAL: 24 HOURS
C. PERFORATION OF GUT
INTERVAL: 24-48 HOURS
D. SUBSTANCE ABUSE WITH COCAINE AND METHADONE
INTERVAL: UNKNOWN

OTHER CONDITIONS CONTRIBUTING TO DEATH:
ACUTE RENAL FAILURE, DIABETES MELLITUS TYPE 2, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, ALCOHOLISM, HYPERTENSION

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:
LOCATION OF INJURY:
CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? YES
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: ONDER ORGUL, MD
TITLE: PHYSICIAN
CERTIFIER:
ADDRESS: 1400 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: DECEMBER 10, 2013

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

0



CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NJA
ATTENDING PHYSICIAN:
ONDER ORGUL MD

LOCAL DEPUTY REGISTRAR:
MARIA VIVANCO
DATE RECEIVED: DECEMBER 12, 2013

DOH 01-003 (7/13)



Affidavit for Correction

09/11/2019 11:15 AM Page 5 of 5
 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
-------------------	------------	----------	------	------------------

Use the section below for requesting any changes on the record.

Record Type: <input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution
---	--------------------------------	-----------------------------------	--------------------------------------

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
--------------------	-------------------	-------------------------------------

4. Father's Full Name (For Birth); Spouse A/Husband for Marriage or Dissolution	5. Mother's Full Maiden Name (For Birth); Spouse B/Wife for Marriage or Dissolution
---	---

The Record is Incorrect or Incomplete as follows:

The Record now shows:		The True fact is:	
6.		7.	
8.		9.	
10.		11.	
12.		13.	

14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)	Telephone Number:
--	-------------------

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
----------------	-----------	--------------

All vital records are registered as received.

We do not accept as proof: Driver's License, Social Security card or a hospital issued decorative birth certificate.

Examples of documentary proof:	Certificate of Naturalization	Numident Report (Social Security Administration)	School Transcripts (Official)
	Hospital /Medical Record	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Life Insurance Policy	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Record	Passport	

Birth Certificates:

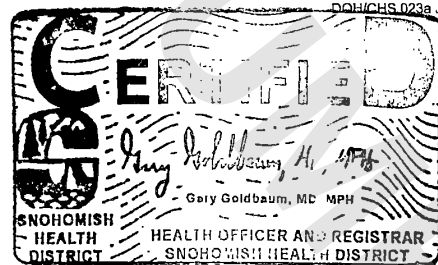
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Child under 18**
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
- Adult (18 years or older)**
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)**

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 someone other than the informant listed on the certificate. 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.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date, or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.



DOH/CHS 023a January 2013

YY00252078

DEC 10 2019