



**201909170050**

09/17/2019 01:30 PM Pages: 1 of 5 Fees: \$107.50  
Skagit County Auditor

Recorded by and return to:

STILES LAW INC., P.S.  
P.O. Box 228 / 925 Metcalf Street  
Sedro Woolley, WA 98284

Legal: BINGHAM PLACE LOT 11  
Tax Parcel #: 4197-000-011-0002 / P77978

**AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON ) ss.  
COUNTY OF SKAGIT )

Dean L. Hansen, being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of Adrenna D. Hansen, who died at Mount Vernon, County of Skagit, State of Washington, on April 09, 2016 having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated April 25, 1991, which agreement has been recorded simultaneously with this affidavit and a copy of the decedent's death certificate under the records of the Auditor for Skagit, Washington.

2. That there are no unpaid creditors of said decedent or the former marital community nor unpaid funeral expense or expense of last illness, except for:

NONE

3. Among other items of community property was the following described real estate:

Address: 701 Bingham Place  
Parcel ID: 4197-000-011-0002 / P77978

LOT 11, BINGHAM PLACE, ACCORDING TO THE PLAT THEREOF  
RECORDED IN VOLUME 10 OF PLATS, PAGE 17, RECORDS OF  
SKAGIT COUNTY, WASHINGTON.

SUBJECT TO: RESTRICTIONS, RESERVATIONS, AND EASEMENTS  
OF RECORD.

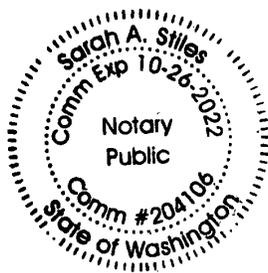
4. This affidavit is made to induce any title company to issue its policies of title insurance on real property passing to the affiant as surviving spouse by virtue of said community property survivorship agreement in reliance upon the representations hereinabove set forth.

DATE: SEPT. 16 2019, Dean L. Hansen  
Dean L. Hansen

State of Washington ) ss.  
County of Skagit )

On this day personally appeared before me **Dean L. Hansen**, who executed the within and foregoing instrument and acknowledged that he signed the same as his free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal on September 16, 2019.



Sarah A. Stiles  
NOTARY PUBLIC in and for the State of  
Washington, residing at Sedro Woolley Arlington WA  
Commission Expires: 10-26-22



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-014737

DATE ISSUED: 04/11/2016

FEE NUMBER: 000000029

GIVEN NAMES: ADRENNA DEE  
LAST NAME: HANSEN  
AKA: DENA HANSEN

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: APRIL 09, 2016  
HOUR OF DEATH: 07:00 P.M.  
SEX: FEMALE  
AGE: 60 YEARS

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

RESIDENCE STREET: 701 BINGHAM PLACE  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 24 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

FATHER/PARENT: WILLIAM NICHOLSON  
MOTHER/PARENT: ILENE FRANCIS

BIRTHDATE: [REDACTED]  
BIRTHPLACE: SEDRO WOOLLEY, SKAGIT CNTY, WASHINGTON

MARITAL STATUS: MARRIED  
SPOUSE: DEAN LARS HANSEN

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: WALLIN FUNERAL HOME & CREMATIO  
CITY, STATE: OAK HARBOR, WA  
DISPOSITION DATE: APRIL 11, 2016

OCCUPATION: TELLER  
INDUSTRY: BANKING  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES? NO

FUNERAL FACILITY: LEMLEY CHAPEL  
ADDRESS: 1008 THIRD ST  
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284  
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

INFORMANT: DEAN HANSEN  
RELATIONSHIP: HUSBAND  
ADDRESS: 701 BINGHAM PLACE SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:

- A. ARDS  
INTERVAL: 15 DAYS
- B. PNEUMONIA  
INTERVAL: 16 DAYS
- C. INTERVAL:
- D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK?  
PLACE OF INJURY:

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

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

CERTIFIER NAME: BHUPINDER S. WALIA, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 1400 E. KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON WA 98274  
DATE SIGNED: APRIL 11, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE

ITEM(S) AMENDED: NONE

ATTENDING PHYSICIAN:  
NOT APPLICABLE

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

LOCAL DEPUTY REGISTRAR:  
MEL PEDROSA  
DATE RECEIVED: APRIL 11, 2016





Affidavit for Correction

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

Washington State Department of 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: Birth, Death, Marriage, Dissolution (Divorce). 1. Name on Record, 2. Date of Event, 3. Place of Event, 4. Father/Parent Full Legal Name, 5. Mother/Parent Full Birth Name, 6. Name of Person Requesting Correction.

7. Return Mailing Address: P.O. 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:

8. The record now shows: 9. The true fact is: 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 2nd parent (if required)

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

- 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).
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
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
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



APR 11 2016

Handwritten signature: Sheila Anderson, Sheriff's County Public Health Department, Howara Zebrians M.D., Health Officer

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