

After recording please return to:
Benner-Rothboeck
1008 5th Street
Anacortes, Washington 98221



201910290115

10/29/2019 03:28 PM Pages: 1 of 6 Fees: \$108.50
Skagit County Auditor

AFFIDAVIT OF
COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON)
) ss
COUNTY OF SKAGIT)

Lori Sue Cartmell, being duly sworn, upon oath, declares as follows:

1. On July 17th, 2013, my husband Richard John Cartmell and I executed a valid written Community Property Agreement (CPA herein) which was never revoked or otherwise invalidated. A true and correct copy of the CPA is attached to this Affidavit as **Exhibit A**.
2. In executing the CPA, my husband and I agreed the property we owned at that time, whether jointly or separate, and all the property we acquired thereafter, was the property of our marital community regardless of its prior status.
3. On November 3, 2017, Richard John Cartmell passed away. A true and correct copy of Richard's death certificate is attached to this Affidavit as **Exhibit B**.
4. I make and record this Affidavit so that any individual who may be charged with the transfer of title or possession of any property, real or personal, owned by our marital community or with title in the name of Richard individually, can rely on this Affidavit and its attachments to transfer title or possession of that property to me. Per our agreement, Richard did not own any separate property when he

passed away and all our community property, whether or not so titled, passed to me.

5. No proceeding has begun or is anticipated to begin to admit Richard's Will to probate, to appoint a personal representative over Richard's estate, to Administer his Estate, to file a small estate affidavit or to distribute or manage his estate in any manner other than pursuant to the terms of our CPA.
6. All of Richard's debts and expenses, including the expenses of his last illness, funeral and burial, are obligations of the Community and have been paid in full or, without waiving any defense to an improper claim, will be borne by me.

Dated this 22 day of October 2019.

Lori S. Cartmell

Lori Sue Cartmell

SUBSCRIBED AND SWORN TO before me on this 22nd day of October 2019.

Justin Rothboeck

Justin Rothboeck
Notary Public in and for the State of Washington
Residing at Anacortes, Washington.
My appointment expires November 9, 2022.

JUSTIN R ROTHBOECK
Notary Public
State of Washington
Commission # 175044
My Comm. Expires Nov 9, 2022

COMMUNITY PROPERTY AGREEMENT

Richard John Cartmell ("Husband") and **Lori Sue Cartmell** ("Wife"), husband and wife, acting pursuant to the provisions of Revised Code of Washington 26.16.120, providing for agreements between husband and wife for fixing of the status and disposition of community property, **HEREBY AGREE AS FOLLOWS:**

1. All property now owned or hereafter acquired by either Husband or Wife is designated as Community Property, unless, after the date of this Agreement, the parties shall agree otherwise by making a separate property designation signed by both of them. This designation of Community Property applies even though some items of property may have been or may be purchased or acquired by one or the other or both, or may have been or may be registered in the name of one or the other or both.
2. If one spouse dies and the other spouse survives by ten (10) days, all Community Property shall vest in the surviving spouse as of the moment of death of the first spouse to die.
3. 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 property. The interest disclaimed shall pass as if the provisions of Section 2 above had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition applicable to the disclaimed interest.
4. Property held by the parties in joint tenancy, and any transfer or attempted transfer of Community Property into joint tenancy form, shall not change its status as Community Property. Holding of such property in joint tenancy, or any transfer or attempted transfer, shall be deemed to be for the convenience of the parties only and such property shall be Community Property and ownership and title shall vest as provided in Section 2 above.
5. The provisions of Section 2 above 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. Immediately prior to death if neither party survives the other by ten days.

Community Property Agreement of
Richard John Cartmell and
Lori Sue Cartmell
Page 1 of 2

RC. L. C.

Law Office of Alan R. Souders
913 Seventh Street
P.O. Box 1950
Anacortes, Washington 98221
(360) 299-3060

6. If either party becomes incapacitated, the other party shall have the power to terminate the provisions of Section 2 above. The termination shall be effective upon the delivery of written notice thereof to the incapacitated spouse and to the guardians, if any, of the person and of the estate of the incapacitated spouse. Each party designates the other party as attorney-in-fact to become effective upon incapacity to agree to the termination. For the purposes of this section, a spouse shall be deemed incapacitated if a person duly licensed to practice medicine in the state of Washington signs a statement declaring that the named spouse is unable to manage his or her own affairs.

7. To the extent this agreement is inconsistent with the provisions of any Community Property Agreement, Will or other arrangement previously made by either or both of the parties that affect community property, the terms of this agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

IN WITNESS WHEREOF, we have hereunto set our hands this 17th day of July 2013.

Richard John Cartmell
Richard John Cartmell

Lori Sue Cartmell
Lori Sue Cartmell

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that **Richard John Cartmell** and **Lori Sue Cartmell**, husband and wife, are the persons who appeared before me, and said persons acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 17th day of July 2013.

Darcy A. J. Sweetnam
(Signature)
Darcy A. J. Sweetnam
(Print Name)

Notary Public in and for the State of
Washington, residing at Anacortes, WA
My appointment expires Nov 29, 2013

Community Property Agreement of
Richard John Cartmell and
Lori Sue Cartmell
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R.C. L.C.

Law Office of Alan R. Souders
913 Seventh Street
P.O. Box 1950
Anacortes, Washington 98221
(360) 299-3060

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-047737

DATE ISSUED: 11/08/2017

FEE NUMBER:

FIRST AND MIDDLE NAME(S): RICK J

LAST NAME(S): CARTMELL

AKA: RICHARD JOHN CARTMELL

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: NOVEMBER 03, 2017

HOUR OF DEATH: 01:16 PM

SEX: MALE AGE: 68 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: CHICAGO, IL

MARITAL STATUS: MARRIED

SPOUSE: LORI SUE THOMAS

OCCUPATION: LABORER

INDUSTRY: OIL REFINERIES

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: LORI S CARTMELL

RELATIONSHIP: WIFE

ADDRESS: 1512 - 16TH STREET, ANACORTES, WA 98221

CAUSE OF DEATH:

A: CHRONIC OBSTRUCTIVE PULMONARY DISEASE

INTERVAL: 10 YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CLOSTRIDIA DIFFICILE COLITIS,
ATRIAL FIBRILLATION, COR PULMONALE.

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

AKA:

AKA:

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: ISLAND HOSPITAL

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1512 - 16TH STREET

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 38 YEARS

FATHER/PARENT: JAMES CARTMELL

MOTHER/PARENT: CLARA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: NOVEMBER 08, 2017

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: JOSEPH J. WAHAM

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: BRYAN H. MURRAY, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 912 32ND STREET, SUITE A

CITY, STATE, ZIP: ANACORTES, WA 98221

DATE SIGNED: NOVEMBER 07, 2017

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: NOVEMBER 07, 2017



Affidavit for Correction

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 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
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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 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:
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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 foregoing is true and correct

16a. Signature:	16b. Signature of 2 nd parent (if required):
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Printed name:	Date:	Printed name:	Date:
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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). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
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 (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

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 (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.
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


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

CERTIFIED

NOV 08 2017

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


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