

When recorded return to:

201911060049
11/06/2019 10:24 AM Pages: 1 of 7 Fees: \$109.50
Skagit County Auditor

QUIT CLAIM DEED

THE GRANTOR(S)

Elizabeth Ann Little, Surviving Spouse of
Roger Eugene Little, deceased
for and in consideration of
Inheritance

in hand paid, conveys and quit claims to

Elizabeth Ann Little
the following described real estate, situated in the County of Skagit, State of Washington

together with all after acquired title of the grantor(s) herein:

Lot 4, "Broadview Addition to the City of Anacortes

Abbreviated Legal: (Required if full legal not inserted above.)

Tax Parcel Number(s): P56914

Dated: 11/6/2019

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20194871
NOV 06 2019

Amount Paid \$
Skagit Co. Treasurer
By M Deputy

Elizabeth Ann Little

STATE OF WA

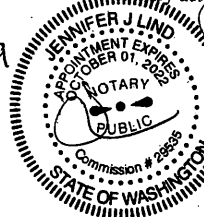
COUNTY OF Skagit

ss.

I certify that I know or have satisfactory evidence that Elizabeth Ann Little
(is/are) the person(s) who appeared

before me, and said person(s) acknowledged that she signed this instrument and acknowledged it to be
her free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: 11/6/19



Notary name printed or typed: Jennifer J. Lind
Notary Public in and for the State of WA
Residing at: [Signature]
My appointment expires: 10/01/2022

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-046858

DATE ISSUED: 10/28/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROGER EUGENE

LAST NAME(S): LITTLE

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: OCTOBER 23, 2019

HOUR OF DEATH: 07:10 AM

SEX: MALE

AGE: 66 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: RENTON, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: ELIZABETH ANN SCHULTZ

OCCUPATION: CARPENTER

INDUSTRY: CONSTRUCTION

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: ELIZABETH LITTLE

RELATIONSHIP: SPOUSE

ADDRESS: 3808 M AVENUE, ANACORTES, WA, 98221

CAUSE OF DEATH:

A: METASTATIC PROSTATE CANCER STAGE 4

INTERVAL: 3 MONTHS

B:

INTERVAL:

C:

INTERVAL:

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: HOSPITAL

FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 3808 M AVENUE

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 17 YEARS

FATHER: CECIL ALLEN LITTLE

MOTHER: CLARA JEA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: OCTOBER 26, 2019

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: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: MEHRDAD JAFARI, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 307 S. 13TH ST., SUITE 100

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: OCTOBER 25, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: OCTOBER 25, 2019



Affidavit for Correction

11/06/2019 10:24 AM Page 8 of 8
 Maudslayi Memorial 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
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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:
	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	
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:			
PO Box or Street Address		City	State
		Zip	

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 2nd 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 <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 	Adult (18 years or older) <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
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- *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.

CERTIFIED

OCT 28 2019

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



0 3 2 6 4 8 8 6

COMMUNITY PROPERTY AGREEMENT**OF****ROGER EUGENE LITTLE AND ELIZABETH ANN LITTLE**

THIS COMMUNITY PROPERTY AGREEMENT ("Agreement") is made Oct 15, 2019, by and between ROGER EUGENE LITTLE ("Roger") and ELIZABETH ANN LITTLE ("Liz"), husband and wife (referred to herein collectively as the "parties," individually as a "party"), pursuant to Section 26.16.120 of the Revised Code of Washington.

For good and valuable consideration the parties agree as follows:

1. Status of Property. All property of whatsoever nature or description, whether real, personal or mixed and wheresoever situated now owned by Roger and Liz, or by either of them, is hereby declared to be the parties' community property. The parties further agree that all property acquired by each of them or both of them after the date of this Agreement, including gifts, devises, bequests and inheritances, shall immediately become the parties' community property.
2. Disposition of Community Property. If either party survives the other by thirty (30) days, all of the decedent spouse's interest in community property shall vest in the surviving spouse.
3. Powers of Appointment. This Agreement shall not affect any power of appointment that is now held or is hereafter given to Roger, Liz, or either of them, nor shall it obligate Roger, Liz, or either of them, to exercise any such power of appointment in any way.
4. Revocation of Inconsistent Agreements. To the extent this Agreement is inconsistent with the provisions of any community property agreement or other arrangement previously made by the parties affecting community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.
5. Marriage Termination. This Agreement shall terminate (the "Termination") upon the filing by either party of a petition for separation, for dissolution of their marriage, for divorce


DATED as first above stated.

Roger Eugene Little Elizabeth Ann Little

STATE OF WASHINGTON)
) ss
COUNTY OF KING)

Dated: October 15, 2019.




Print name: Casey J Little
Notary public in and for the State of
Washington, residing at: Mercer Island
My appointment expires 6-26-21

Elizabeth Ann Little
3808 M Avenue
Anacortes, WA 98221

COMMUNITY PROPERTY AFFIDAVIT

Grantor:	Roger Eugene Little
Grantee:	Elizabeth Ann Little
Legal Description:	BROADVIEW ADD TO ANA, TR 4
Assessor's Tax Parcel #:	P56914

STATE OF WASHINGTON)
) ss.
COUNTY OF _____)

Elizabeth Ann Little, being first duly sworn upon oath, declares as follows:

1. Status. I am the surviving spouse of Roger Eugene Little (the "Decedent"), who died on October 23, 2019, at Anacortes, Skagit County, State of Washington.

2. Community Property Agreement. On October 15, 2019, the Decedent and I, as husband and wife, validly executed a written Community Property Agreement (the "Agreement"), which has remained valid and in full force since its execution. There is no more recent Will or other document which would serve to terminate this Agreement.

3. Purpose of Affidavit. I am making this Affidavit and the representations made in it to induce any party dealing with the above-referenced Agreement and any property, real, personal, or mixed, subject to the Agreement, to rely upon the Agreement and all of its terms and provisions. Additionally, this affidavit is made to induce any title insurance company (the Company) to insure real property covered by the Company's commitment for title insurance in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy of title insurance to full reliance upon the representations set forth herein. The undersigned, for herself and for the undersigned's heirs, executors and administrators, indemnifies the Company or any other person, including a purchaser of the Real Estate, for any loss arising from reliance on any misstatement of fact herein.

4. Community Property Subject to the Agreement. All of the Decedent's community property is subject to the Agreement, and its entire disposition is controlled by the Agreement. Decedent owned no separate property at the time of his passing.

5. Decedent's Will and Probate. No proceedings have begun to have a Will of the Decedent admitted to probate, to have a Personal Representative for the Decedent appointed, or to set aside, cancel, or revoke the Agreement.

cj31hz01z6

6. Decedent's Debts and Expenses. All of the debts and expenses (including expenses of last illness, funeral, and burial) of the Decedent have been paid in full.

7. Taxes. The Estate is not required to file any Federal or State estate tax return.

8. Community Liabilities. All liabilities and other obligations of the marital community have been paid in full.

Dated: 11/5/2019

Elizabeth Ann Little
Elizabeth Ann Little

SUBSCRIBED AND SWORN to before me this 5th day of NOVEMBER, 2019,
by ELIZABETH ANN LITTLE.



Dan Dewispelaere-Rusch
Printed Name: DAN DEWISPELAERE-RUSCH
Notary Public
My appointment expires: 19 OCT 2021