



201912120016

12/12/2019 09:22 AM Pages: 1 of 6 Fees: \$108.50
Skagit County Auditor

After recording mail to:

Stiles Law Inc., P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284

Address: 1.) 10904 Carl Ann Court, Burlington, WA 98233
2.) 1050 Crystal Court, Burlington, WA 98233

Tax Parcel # 1.) P81077 / 4386-000-011-0003
2.) P106878 / 4631-000-005-0004

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON) ss.
COUNTY OF SKAGIT)

Eileen H. Beitler, being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of John V. Beitler, who died at Mount Vernon, County of Skagit, State of Washington, on September 14, 2019, having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated June 21, 2007, 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:

**1.) 10904 Carol Ann Court, Burlington, WA 98233
P81077 / 4386-000-011-0003**

Lot 11, COUNTRY MEADOWS, according to the plat thereof recorded in Volume 12 of Plats, page 33, records of Skagit County, Washington.

**2.) 1050 Crystal Court, Burlington, WA 98233
P106878 / 4631-000-005-0004**

Lot 5, "PLAT OF SAHLBOM ANNEX", as per plat recorded in Volume 15 of Plats, pages 179 and 180, records of Skagit County, Washington.

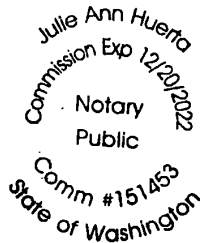
4. This affidavit is made to induce any title company to issue its policies of title insurance on real property passing to the affiant as surviving spouse by virtue of said community property survivorship agreement in reliance upon the representations hereinabove set forth.

DATE: 12-10-19, Eileen H. Beitler
Eileen H. Beitler

State of Washington) ss.
County of Skagit)

On this day personally appeared before me **Eileen H. Beitler**, who executed the within and foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal on 12/10/19.



Julie Ann Huerta
NOTARY PUBLIC in and for the State of Washington, residing at Sedro Woolley
Commission Expires: 12-20-22

Community Property Agreement
of
John V. Beitler and Eileen H. Beitler

THIS AGREEMENT, is made on the date set forth below, between John V. Beitler and Eileen H. Beitler, Husband and Wife, both of whom are domiciled in the State of Washington. In consideration of their mutual promises 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 or may have been or may be registered in the name of one or the other or both or 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, 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 regarded to in this Agreement as the "subject property."

2. Vesting at Death. On the death of either Husband or Wife, all of the subject property shall vest in the survivor of them.

3. Disclaimer. Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, and the interest disclaimed shall pass under the terms and conditions of any validly executed will which the decedent may have executed, and in default thereof according to the laws of intestacy as governed by the statutes of the State of Washington then in effect.

4. Automatic Revocation. In the absence of other evidence indicating the party's intent to terminate this Agreement, it shall, nevertheless, be deemed mutually terminated and of no further force or effect upon either party's filing a petition, complaint or other pleading for dissolution of their marriage or divorce, or upon a court of competent jurisdiction dissolving the marriage or granting a decree of divorce or separate maintenance to either of them.

ORIGINAL

5. Optional Revocation by One Party. If either party becomes disabled, the other party shall have the power to terminate this Agreement, and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. Such termination shall be effective upon the delivery of written notice thereof to the disabled spouse, and to the guardian, if any, of the person and of the estate of the disabled person. For the purpose of this paragraph, a spouse shall be deemed disabled if such spouse's regularly attending physician signs a statement declaring that such spouse is unable to manage his or her own affairs; or if such spouse has no regularly attending physician, if such a statement is signed by two qualified physicians who have adequately examined the disabled spouse. An adjudication of incompetence by a court of competent jurisdiction shall also be proof of a spouse's disability for purposes of this paragraph.

6. Survivorship. As used herein, the term "survivor", "survive", or "survivorship" shall mean living for a period of thirty days following the death of the first of the aforementioned parties to die.

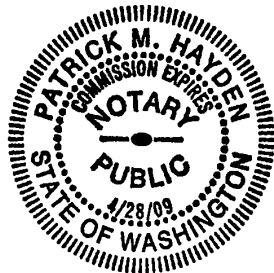
DATED this 21st day of June, 2007.

John V. Beitler
John V. Beitler
Eileen H. Beitler
Eileen H. Beitler

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

This is to certify that on the date set forth below, before me, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally came John V. Beitler and Eileen H. Beitler, to me known to be the individuals described in and who executed the within instrument, and acknowledged to me that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

Witness my hand and official seal this 21 day of June, 2007.



Patrick M. Hayden
Notary Public in and for the State of
Washington residing at Sedro Woolley
My Commission Expires: 4-28-09
Print Name Patrick M. Hayden

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-040576

DATE ISSUED: 09/18/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOHN VERNON
LAST NAME(S): BEITLER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: SEPTEMBER 14, 2019
HOUR OF DEATH: 04:45 PM
SEX: MALE AGE: 88 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: [REDACTED]
BIRTHPLACE: SAINT JOHN, KS

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: EILEEN ALLEN

OCCUPATION: HEAVY EQUIPMENT MECHANIC
INDUSTRY: CONSTRUCTION
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

INFORMANT: EILEEN BEITLER
RELATIONSHIP: WIFE
ADDRESS: 10904 CAROL ANN COURT BURLINGTON, WA 98233

CAUSE OF DEATH:
A: SUBDURAL HEMATOMA
INTERVAL: DAYS
B: GROUND LEVEL FALL
INTERVAL: DAYS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: SEPTEMBER 09, 2019
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: NO
PLACE OF INJURY: RESTAURANT

LOCATION OF INJURY: 818 METCALF STREET

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
COUNTY: SKAGIT

DESCRIBE HOW INJURY OCCURRED: THE DECEDENT WAS WALKING OUT
OF A RESTAURANT AND SUSTAINED A GROUND LEVEL FALL OUTSIDE.

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: 10904 CAROL ANN COURT
CITY, STATE, ZIP: BURLINGTON, WA 98233
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 35 YEARS

FATHER/PARENT: GEORGE HAROLD BEITLER
MOTHER/PARENT: PAULINE GOLD [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: SEPTEMBER 17, 2019

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: TOBI G. STIDMAN

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: HAYLEY THOMPSON
TITLE: CORONER/ME
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: SEPTEMBER 16, 2019

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 19SK0306
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: SEPTEMBER 16, 2019



Affidavit for Correction

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

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: First, Middle, Last
2. Date of Event: MM/DD/YYYY
3. Place of Event: (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)
6. Name of Person Requesting Correction: Relationship to Person on Record: Self, Guardian, Informant, Hospital, Parent(s), Funeral Director, 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:

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: 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). 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 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

- 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). 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 January 2015



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

CERTIFIED

SEP 18 2019

Signature of Howard Leibrand M.D., Health Officer



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