

201912160026

12/16/2019 08:56 AM Pages: 1 of 7 Fees: \$109.50
Skagit County Auditor

When recorded return to:

Michael A. Winslow
Attorney at Law
1204 Cleveland Avenue
Mount Vernon, Washington 98273

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20195357
DEC 12 2019

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

AFFIDAVIT: LACK OF PROBATE
(With Statement of Community Property)

GRANTOR: Wallace L. Parker, deceased.

GRANTEE: Delores E. Parker, surviving spouse.

LEGAL DESCRIPTION:

Lot 21, REVISION TO PLAT OF FIRWEST ESTATES, DIVISION NO. 1, according to the plat thereof recorded in Volume 12 of Plats, pages 89 and 90, records of Skagit County, Washington.

Situated in Skagit County, Washington.

ASSESSOR'S PROPERTY TAX

PARCEL OR ACCOUNT NO. 4406-000-021-0007 / P81575

REFERENCE NOS OF DOCUMENTS

ASSIGNED OR RELEASED: None.

Delores E. Parker, being first duly sworn, deposes and says:

The undersigned Affiant is the rightful heir, as listed on the Heirs at Law, to the real property described below, as the surviving spouse of Wallace L. Parker, who died on November 17, 2019, at Mount Vernon, Skagit County, Washington. A certified copy of the Death Certificate is attached hereto as *Exhibit A*.

Real Property Description:

Lot 21, REVISION TO PLAT OF FIRWEST ESTATES, DIVISION NO. 1, according to the plat thereof recorded in Volume 12 of Plats, pages 89 and 90, records of Skagit County, Washington.

Situated in Skagit County, Washington.

Status of Will

Decedent left a Community Property Agreement in favor of surviving spouse, a copy of which is attached hereto as *Exhibit B*. In addition, Decedent left a Last Will and Testament which has not been probated or revoked, a copy of which accompanied this document, for review by the Treasurer.

Heirs At Law

Affiant hereby identifies all heirs at law of the Decedent:

<u>Name and Address</u>	<u>Age</u>	<u>Relationship to Decedent</u>
Delores E. Parker 2739 N. 27th Street Mount Vernon, WA 98273	Legal	Spouse
Redeana R. Bell 501 N.E. Retford Avenue Hillsboro, OR 97124	Legal	Daughter

The Affiant states of her own knowledge that each of the obligations of the Estate of wallace L. Parker, including but not limited to the debts of the Decedent, last illness, funeral and burial, promissory notes, installment contracts, mortgages, and state and federal succession taxes, if any, have been paid in full or provided for by the Affiant, the Decedent's surviving spouse. The amount of income tax due to the federal government is not known at this time, but is believed to be well provided for by the Affiant/Decedent's spouse.

This Affidavit is made as an inducement to each purchaser and each title insurer of the above-described property to treat the title thereto, or title to an interest therein, relieved from interference of the said Decedent, his heirs, creditors, and the taxing authorities.

DATED this 10 day of December, 2019.

Delores E. Parker
Delores E. Parker, Affiant
2739 N. 27th Street
Mount Vernon, WA 98273
(360) 424-5457

State of Washington)
) :ss
County of Skagit)

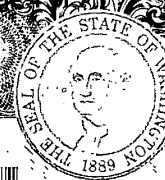
I certify that I know or have satisfactory evidence that Delores E. Parker is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes in the instrument.

Dated: December 10, 2019.



Piper Lee Eger
Piper Lee Eger, Notary Public
My appointment expires 8/19/22

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-050600

DATE ISSUED: 11/20/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): WALLACE LYNN

LAST NAME(S): PARKER

AKA: SWEDE PARKER

AKA:

AKA:

COUNTY OF DEATH: SKAGIT

PLACE OF DEATH: HOSPITAL

DATE OF DEATH: NOVEMBER 17, 2019

FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL

HOUR OF DEATH: 02:27 PM

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

SEX: MALE

AGE: 91 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 2739 N. 27TH ST.

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

RACE: WHITE

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 14 YEARS

BIRTH DATE: [REDACTED]

FATHER: CHARLES CLIFTON PARKER

BIRTHPLACE: LAVERNE, OK

MOTHER: MINA BELL [REDACTED]

MARITAL STATUS: MARRIED

METHOD OF DISPOSITION: BURIAL

SURVIVING SPOUSE: DELORES E SNELL

PLACE OF DISPOSITION: UNION CEMETERY

OCCUPATION: HEAVY EQUIPMENT OPERATOR

CITY, STATE: SEDRO WOOLLEY, WASHINGTON

INDUSTRY: CONSTRUCTION

DISPOSITION DATE: NOVEMBER 23, 2019

EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE

US ARMED FORCES: YES

FUNERAL FACILITY: LEMLEY CHAPEL

INFORMANT: DELORES E PARKER

RELATIONSHIP: SPOUSE

ADDRESS: 1008 THIRD ST

ADDRESS: 2739 N. 27TH STREET, MOUNT VERNON, WA 98273

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

FUNERAL DIRECTOR: DOUGLAS E. HUTTER

CAUSE OF DEATH:

A: ACUTE RESPIRATORY FAILURE

INTERVAL: DAYS

B: ACUTE ON CHRONIC DIASTOLIC CONGESTIVE HEART FAILURE

INTERVAL: DAYS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL

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

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

CERTIFIER NAME: ROBERT W. COONEY, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 E. K'NCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

DATE SIGNED: NOVEMBER 19, 2019

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: NOVEMBER 19, 2019

EXHIBIT A



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

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:

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 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



CERTIFIED

NOV 20 2019

Handwritten signature

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



0 3 2 6 5 7 1 4

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

COMMUNITY PROPERTY AGREEMENT

This Agreement is made on October 14, 1998, between WALLACE L. PARKER and DELORES E. PARKER domiciled in the state of Washington. In consideration of their mutual agreements 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 in writing) 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. 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 her, 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 referred to in this Agreement as the "described community property."

2. **Vesting at Death of a Spouse.** If husband dies and wife survives him, all of the described community property shall vest in wife as of the moment of husband's death. If wife dies and husband survives her, all of the described community property shall vest in husband as of the moment of wife's death.

3. **Disclaimer.** 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 assets thereof, in which event the interest disclaimed shall pass as if the provisions of Paragraph 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by an alternate disposition.

4. **Automatic Revocation.** The provisions of Paragraph 2 shall be automatically revoked

(a) Upon filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce; or

(b) Upon the establishment of a domicile out of the State of Washington by either party; or

(c) Immediately prior to death, if the order of death cannot be ascertained.


5. **Optional Revocation by One Party** If either party becomes disabled, the other party shall have the power to terminate the provisions of Paragraph 2 and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardians(s), if any, of the person and of the estate of the disabled person. For the purposes of this paragraph, a

spouse shall be deemed disabled if a person duly licensed to practice medicine in the state of Washington signs a statement declaring that the person is unable to manage his or her own affairs.

6. **Powers of Appointment.** This Agreement shall not affect any power of appointment now held by or hereafter given to husband or wife or both of them, nor shall it obligate husband or wife or both of them to exercise any such power of appointment in any way.

7. **Revocation of Inconsistent Agreements** To the extent this Agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

IN WITNESS WHEREOF, WALLACE L. PARKER and DELORES E. PARKER have set their signatures on October 14, 1998.

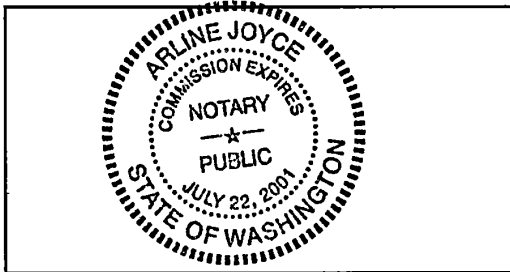

WALLACE L. PARKER


DELORES E. PARKER

State of Washington)
)ss
County of Skagit)

I certify that I know or have satisfactory evidence that WALLACE L. PARKER and DELORES E. PARKER, husband and wife, are the persons who appeared before me, acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes in the instrument.

Dated: October 14, 1998.



PLACE NOTARY SEAL IN THIS BOX


Notary Public
My appointment expires 7-22-01