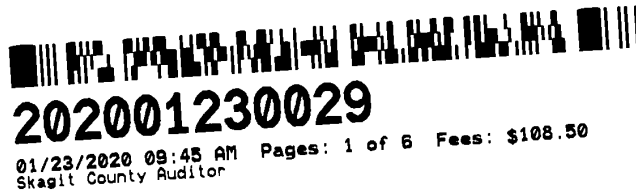


CHMELIK SITKIN & DAVIS P.S.
1500 Railroad Avenue
Bellingham, WA 98225
(360) 671-1796



DOCUMENT TITLE: COMMUNITY PROPERTY AFFIDAVIT

GRANTOR: JOANELL TYLOR FINEGAN AND
RAYMOND E. FINEGAN

GRANTEE: JOANELL TYLOR

ABBREVIATED LEGAL: PTN. LOTS 7-8, REPLAT FIRST ADDN, BIG LAKE
WATER FRONT TRACTS, LOTS 122-127

ASSESSOR'S PARCEL NUMBER: P78693

REFERENCE NUMBERS: N/A

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2020 211
JAN 23 2020

COMMUNITY PROPERTY AFFIDAVIT

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

STATE OF WASHINGTON)
COUNTY OF WHATCOM)

JOANELL TYLOR FINEGAN, BEING FIRST DULY SWORN, DEPOSES AND SAYS:

1. STATUS. I AM THE SURVIVING SPOUSE OF **RAYMOND E. FINEGAN**, WHO DIED ON JULY 1, 2010 IN SKAGIT COUNTY, WASHINGTON, THEN BEING A LEGAL RESIDENT OF MOUNT VERNON, WHATCOM COUNTY, WASHINGTON. A CERTIFIED COPY OF THE DEATH CERTIFICATE OF DECEDENT IS ATTACHED HERETO.
2. PURPOSE OF AFFIDAVIT. THAT THIS AFFIDAVIT AND THE REPRESENTATIONS MADE IN IT ARE TO INDUCE ANY PARTY DEALING WITH THE COMMUNITY PROPERTY AGREEMENT REFERENCED HEREIN (THE "AGREEMENT"), AND ANY PROPERTY, REAL, PERSONAL OR MIXED, SUBJECT TO THE AGREEMENT, TO RELY UPON THE AGREEMENT AND ALL OF ITS TERMS AND PROVISIONS.

IN ADDITION, THE STATEMENTS I MAKE IN THIS AFFIDAVIT ARE REPRESENTATIONS OF FACT THAT ALL PARTIES DEALING WITH THE REAL PROPERTY LOCATED IN

SKAGIT COUNTY, WASHINGTON, AND THE PROPERTY DESCRIBED IN THE AGREEMENT MAY RELY UPON, INCLUDING BUT NOT LIMITED TO THE REAL PROPERTY DESCRIBED IN EXHIBIT "A" ATTACHED HERETO AND INCORPORATED HEREIN BY REFERENCE.

I AM FURTHER MAKING THIS AFFIDAVIT TO INDUCE ANY AND ALL TITLE INSURANCE COMPANIES, IN RELIANCE ON THE REPRESENTATIONS MADE IN THIS AFFIDAVIT, TO ISSUE ITS POLICIES OF TITLE INSURANCE ON REAL PROPERTY PASSING TO ME, AS THE SURVIVING SPOUSE, BECAUSE THE REAL PROPERTY WAS AND IS COMMUNITY PROPERTY BY AND THROUGH THE COMMUNITY PROPERTY AGREEMENT DESCRIBED HEREIN.

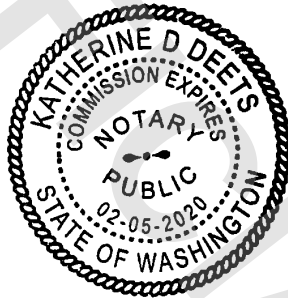
3. COMMUNITY PROPERTY AGREEMENT. ON NOVEMBER 13, 2009, THE DECEDENT AND I, AS HUSBAND AND WIFE, VALIDLY EXECUTED A WRITTEN COMMUNITY PROPERTY AGREEMENT, WHICH HAS REMAINED VALID AND IN FULL FORCE SINCE ITS EXECUTION. THE AGREEMENT WAS RECORDED WITH THE SKAGIT COUNTY, WASHINGTON AUDITOR ON NOVEMBER 20, 2009, UNDER AUDITOR'S FILE NO. 200911200131.
4. COMMUNITY PROPERTY SUBJECT TO THE AGREEMENT. ALL OF THE DECEDENT'S COMMUNITY PROPERTY SUBJECT TO THE AGREEMENT, AND ALL OF ITS DISPOSITION IS CONTROLLED BY THE AGREEMENT, AND ALL OF IT PASSED TO ME UPON THE DEATH OF DECEDENT, RAYMOND E. FINEGAN. DECEDENT OWNED NO SEPARATE PROPERTY AT DEATH. INCLUDED, BUT NOT LIMITED TO, AMONG OTHER ITEMS OF COMMUNITY PROPERTY IS THE FOLLOWING DESCRIBED REAL PROPERTY AND IMPROVEMENTS LEGALLY DESCRIBED IN EXHIBIT "A" ATTACHED HERETO AND INCORPORATED HEREIN BY REFERENCE.
5. DECEDENT'S WILL AND PROBATE. NO PROCEEDINGS HAVE BEGUN OR ARE ANTICIPATED TO HAVE THE LAST WILL AND TESTAMENT OF DECEDENT ADMITTED TO PROBATE, TO HAVE A PERSONAL REPRESENTATIVE APPOINTED, OR TO SET ASIDE, CANCEL OR REVOKE THE AGREEMENT.
6. CHARACTER AND VALUE OF DECEDENT'S ESTATE. AT HIS DEATH, THE DECEDENT'S ESTATE CONSISTED SOLELY OF HIS ONE-HALF SHARE OF COMMUNITY PROPERTY SUBJECT TO THE AGREEMENT. DECEDENT OWNED NO SEPARATE PROPERTY AT HIS DEATH.
7. DEBTS AND EXPENSES. ALL OF THE DEBTS AND EXPENSES OF RAYMOND E. FINEGAN AND/OR HIS MARITAL COMMUNITY, INCLUDING BUT NOT LIMITED TO ALL EXPENSES OF RAYMOND E. FINEGAN'S LAST ILLNESS, FUNERAL AND BURIAL EXPENSES, AND ALL APPLICABLE FEDERAL AND STATE SUCCESSION OR INHERITANCE TAXES, HAVE BEEN FULLY PAID OR PROVIDED FOR.

RAYMOND E. FINEGAN, DID NOT RECEIVE ANY MEDICAL ASSISTANCE PAID FOR OR PROVIDED BY THE WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS), INCLUDING NURSING FACILITY SERVICES, HOME OR COMMUNITY-BASED SERVICES, HOSPITAL, PRESCRIPTION DRUGS, OR ANY OTHER SERVICES.

DATED: JANUARY 7, 2020.


JOANNEL TYLOR FINEGAN

SUBSCRIBED AND SWORN TO BEFORE ME THIS 7 DAY OF JANUARY, 2020.



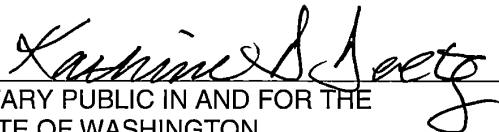

NOTARY PUBLIC IN AND FOR THE
STATE OF WASHINGTON
RESIDING AT BELLINGHAM

EXHIBIT "A"

PARCEL "A":

LOT 8, "REPLAT OF FIRST ADDITION, BIG LAKE WATER FRONT TRACTS, LOTS 122 TO 127," AS PER PLAT RECORDED IN VOLUME 11 OF PLATS, PAGE 3, RECORDS OF SKAGIT COUNTY, WASHINGTON;

EXCEPT A STRIP OF LAND 60 FEET WIDE, THE CENTERLINE OF WHICH IS AN EXISTING ROAD ON OR NEAR THE SOUTHEAST CORNER OF LOT 7 AND EXTENDING FROM THE COUNTY ROAD TO THE NORTH LINE OF THE NORTHEAST $\frac{1}{4}$ OF THE SOUTHWEST $\frac{1}{4}$ OF SECTION 7, TOWNSHIP 33 NORTH, RANGE 5 EAST, W.M.;

TOGETHER WITH A PERPETUAL, NON-EXCLUSIVE EASEMENT FOR INGRESS, EGRESS, ROADWAY AND UTILITIES AS CONTAINED IN DECLARATION OF EASEMENT AND ROAD MAINTENANCE AGREEMENT RECORDED AUGUST 13, 1991, NOVEMBER 16, 1998, APRIL 21, 1999 AND MAY 6, 1999, UNDER AUDITOR'S FILE NOS. 9108130041, 9811160159, 9904210098 AND 9905060089, RESPECTIVELY, RECORDS OF SKAGIT COUNTY WASHINGTON.

PARCEL "B":

THE WEST 330 FEET AS MEASURED ALONG THE SOUTH LINE AND MEASURED PARALLEL TO THE WEST LINE OF LOT 7, "REPLAT OF FIRST ADDITION, BIG LAKE WATER FRONT TRACTS, LOTS 122 TO 127," AS PER PLAT RECORDED IN VOLUME 11 OF PLATS, PAGE 3, RECORDS OF SKAGIT COUNTY, WASHINGTON;

EXCEPT A STRIP OF LAND 60 FEET WIDE, THE CENTERLINE OF WHICH IS AN EXISTING ROAD ON OR NEAR THE SOUTHEAST CORNER OF LOT 7 AND EXTENDING FROM THE COUNTY ROAD TO THE NORTH LINE OF THE NORTHEAST $\frac{1}{4}$ OF THE SOUTHWEST $\frac{1}{4}$ OF SECTION 7, TOWNSHIP 33 NORTH, RANGE 5 EAST, W.M.;

TOGETHER WITH A PERPETUAL, NON-EXCLUSIVE EASEMENT FOR INGRESS, EGRESS, ROADWAY AND UTILITIES AS CONTAINED IN DECLARATION OF EASEMENT AND ROAD MAINTENANCE AGREEMENT RECORDED AUGUST 13, 1991, NOVEMBER 16, 1998, APRIL 21, 1999 AND MAY 6, 1999, UNDER AUDITOR'S FILE NOS. 9108130041, 9811160159, 9904210098 AND 9905060089, RESPECTIVELY, RECORDS OF SKAGIT COUNTY WASHINGTON;

AND TOGETHER WITH A NON-EXCLUSIVE RIGHT-OF-WAY EASEMENT AS CONVEYED TO RAY FINEGAN ON SEPTEMBER 9, 2009 UNDER AUDITOR'S FILE NO. 200909090030.

ALL SITUATE IN SKAGIT COUNTY, STATE OF WASHINGTON.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: 564-10		Washington State Certificate of Death				State File Number: 2010 61638	
1. Legal Name (Include AKA's if any)		First		Middle	LAST	2. Death Date	
		Raymond Eugene		Finegan			July 1, 2010
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day		5. Social Security Number	6. County of Death	
Male	63	Months	Days	Hours		Skagit	
7a. Birthplace (City, Town, or County)		7b. (State or Foreign Country)		9. Decedent's Education			
Goodland		Kansas		Doctor of Chiropractic			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes specify		11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces?			
No		Caucasian		No			
13a. Residence: Number and Street (e.g. 624 SE 5th St.) (Include Apt. No.)						13b. City or Town	
19334 West Big Lake BLVD						Mount Vernon	
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?	
Skagit				Washington	98273	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)			
11 Years		Married		Joanell Tylor			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))				18. Kind of Business/Industry (Do not use Company Name)			
Doctor of Chiropractic				Chiropractic			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Willard Finegan				Leona			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip			
Joanell Tylor-Finegan		Wife		1500 A.E. College Way, #436, Mount Vernon, WA 98273			
24. Place of Death, if Death Occurred in a Hospital:				25. Facility Name (If not a facility, give number & street or location)			
Decedent's Home				19334 West Big Lake BLVD			
				26a. City, Town, or Location of Death		26b. State	27. Zip Code
				Mount Vernon		WA	98273
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State			
Cremation		Moles Greenacres Crematory		Ferndale, Washington			
31. Name and Complete Address of Funeral Facility						32. Date of Disposition	
Good Steward Funerals 1907 Front Street, Lynden, WA 98264						7/12/2010	
33. Funeral Director Signature X <i>Steve Horteegas</i> Steve Horteegas							
34. Enter the <u>chain of events</u> - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.							
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>anaplastic thyroid carcinoma</u> Interval between Onset & Death <u>9 months</u>							
Due to (or as a consequence of):							
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST							
b. Due to (or as a consequence of): Interval between Onset & Death							
c. Due to (or as a consequence of): Interval between Onset & Death							
d. Due to (or as a consequence of): Interval between Onset & Death							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above						36. Autopsy?	
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?			
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			
41. Date of Injury (mm/dd/yyyy)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g. Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work?	
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street Apt No							
City or Town: County: State Zip Code + 4:							
46. Describe how injury occurred						47. If transportation injury, specify:	
						<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician-To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated				48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
X <i>Anita Meyer MD</i>				X			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)						50. Hour of Death (24hrs)	
Anita Meyer, MD, 819 South 13th Street, Mount Vernon, WA 98273						1105	
51. Name and Title of Attending Physician (if other than Certifier (Type or Print)						52. Date Signed (mm/dd/yyyy)	
						7/7/2010	
53. Title of Certifier		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner?	
M.D.		MD000				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature <i>Cornie Anderson, Deputy</i>						58. Date Received (mm/dd/yyyy)	
						July 12, 2010	
59. Amendments							



Affidavit for Correction

01/23/2020 09:45 AM

Page 6 of 8

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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Use the section below for requesting any changes on the record

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record: 2. Date of Event: 3. Place of Event:

4. Father/Parent Full Birth Name 5. Mother/Parent Full Birth Name

The record is incorrect or incomplete as follows:

The record now shows:

The true fact is:

6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant Telephone Number:
☐ Funeral Director ☐ Other (Specify)

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature: 16. Date: 17. Address:

(Printed Name)

All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit.

We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

Examples of acceptable documentary proof:	Birth Record	Numident Report (Social Security Administration)	Voter's Registration Card (if it bears an effective date)
	Certificate of Naturalization	Marriage/Divorce Record	School Transcripts (Official)
	Military Record (DD-214)	Life Insurance Policy	Alien Registration (front and back)
	Passport	Hospital/Medical Record	

Birth Certificates:

- Only a parent, 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 exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
 - Child under 18**
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
 - Adult (18 years or older)**
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the first, middle and/or last name is misspelled, two pieces of documentary proof are required.
 - To correct parent's birth date, place of birth, or name, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.
4. This affidavit cannot be used to add a father to a birth certificate. (Use the acknowledgment form DOH 422-032)

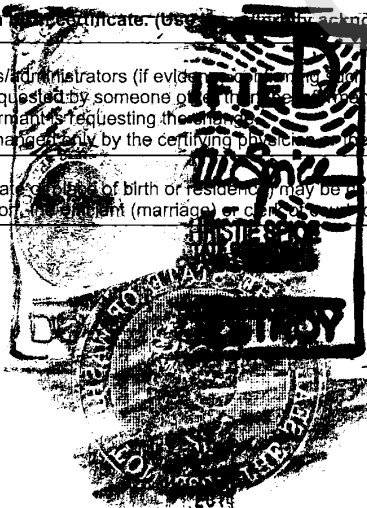
Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence of informant position is presented) may change the non-medical information. Proof is required to make changes if requested by someone other than the informant listed on the certificate. 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, the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the informant (marriage) or certifying party (dissolution) must sign the affidavit.

DOH 422-034 August 2013



ZZ00119362