

Recorded by and return to:

STILES LAW INC., P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro-Woolley, WA 98284

Legal: Ptn. Lots 15 and 16, Block 2, "ROSEDALE GARDEN TRACTS OF SEDRO-
WOOLLEY"
Tax Parcel #: 4169-002-016-0403 / P76908

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON) ss.
COUNTY OF SKAGIT)

Wilma J. Kuhns, being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of Lyle Eugene Kuhns, who died at Burlington, County of Skagit, State of Washington, on October 6, 2019, having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated April 24, 2001, 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:

Address: 202 N. Central Avenue, Sedro-Woolley, WA 98284
Parcel ID: 4169-002-016-0403 / P76908

Then North 80 feet of the South 200 feet of the East 150 feet of Lots 15 and 16, Block 2, "ROSEDALE GARDEN TRACTS OF SEDRO-WOOLLEY", as per plat recorded in Volume 3 of Plats, page 52, records of Skagit County, Washington.

Situate in the County of Skagit, State of 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.

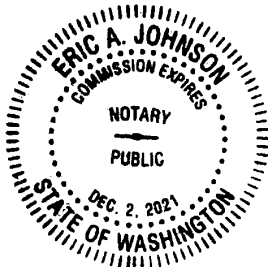
DATE: 2/7/2020

Patricia Douge
Patricia Douge as Attorney-in-Fact for
Wilma J. Kuhns, Affiant

State of Washington) ss.
County of Skagit)

On this day personally appeared before me **Patricia Douge as Attorney-in-Fact for Wilma J. Kuhns**, 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 February 7, 2020.



Eric A. Johnson
NOTARY PUBLIC in and for the State of
Washington, residing at Sedro Woolley
Commission Expires: 12/2/21

FILED FOR RECORD AT REQUEST OF:

LAW OFFICES OF BARRY M. MEYERS, P.S.
1616 Cornwall Avenue, Suite 103
Bellingham, WA 98225

WHEN RECORDED RETURN TO

LYLE E. KUHNS and WILMA J. KUHNS
8089 NE Capehorn Road
Concrete, WA 98237

COMMUNITY PROPERTY AGREEMENT

GRANTOR (Husband): LYLE E. KUHNS
GRANTEE (Wife): WILMA J. KUHNS
LEGAL DESCRIPTION: None
ASSESSOR'S TAX PARCEL ID#: None
REFERENCE NOS. OF DOCUMENTS: None

THIS AGREEMENT made this 24th day of April, 2001, between LYLE E. KUHNS ("Husband" or Spouse") and WILMA J. KUHNS ("Wife" or "Spouse"), husband and wife, both of whom are domiciled in the State of Washington, pursuant to Section 26.16.120 of the Revised Code 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 or separate property now owned or hereafter acquired by Husband and Wife or either of them (except for assets for which a separate beneficiary designation has been or is hereafter made by Husband and 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. All such property is declared to be community property of Husband and Wife and 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 by thirty(30) days, all of the described community property shall vest in Wife as of the moment of Husband's death. Otherwise, said community property shall be distributed pursuant to

Husband's Last Will and Testament. If Wife dies and Husband survives her by thirty(30) days, all of the described community property shall vest in Husband as of the moment of Wife's death. Otherwise, said community property shall be distributed pursuant to Wife's Last Will and Testament.

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 any alternate disposition.

3. Powers of Appointment. This Agreement shall not affect any power of appointment that is now held or is hereafter given to Husband, Wife, or either of them, nor shall it obligate Husband, Wife, 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 the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

5. Automatic Revocation. The provisions of Paragraph 2 shall be automatically revoked:

(a) Upon the establishment of a domicile outside the State of Washington by either Spouse;

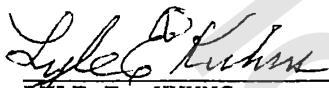
(b) Upon the filing by either Spouse of a petition, complaint or other pleading for separation, dissolution or divorce;

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

(d) If a Spouse has applied for federal or state benefits for the benefit of a disabled spouse and the non-disabled spouse dies first.

6. Optional Revocation by One Spouse. If either Spouse becomes incapacitated or disabled, the other Spouse shall have the power to terminate the provisions of Paragraph 2 and each Spouse designates the other as Attorney-in-Fact to become effective upon incapacity or disability thereof to the disabled Spouse and to the guardian(s), if any, of the person and estate of the incapacitated or disabled person. For the purposes of this paragraph, a Spouse shall be deemed incapacitated or disabled if: (a) a physician who has treated the Spouse for at least two(2) years certifies that the Spouse is unable to manage his or her own affairs; or (b) two(2) independent physicians so certify.

DATED as first above stated.



LYLE E. KUHN

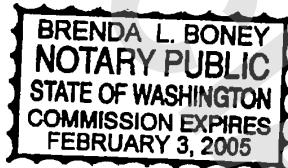


WILMA J. KUHN

STATE OF WASHINGTON)
) ss.
COUNTY OF WHATCOM)

On this day personally appeared before me LYLE E. KUHNS and WILMA J. KUHNS to me known to be the individuals described in and who executed the within and foregoing Community Property Agreement, and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 24th day of April, 2001.



Brenda Lee Boney

Brenda Lee Boney
(Printed Name of Notary Public)

Notary public in and for the
State of Washington, residing
at Bellingham

My appointment expires: 02/03/05

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-044099

DATE ISSUED: 10/14/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): LYLE EUGENE

LAST NAME(S): KUHNS

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: OCTOBER 06, 2019

HOUR OF DEATH: 11:40 AM

SEX: MALE AGE: 93 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: BELLINGHAM, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: WILMA JO CHILDS

OCCUPATION: FIREMAN

INDUSTRY: CITY GOVERNMENT

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: PATTY DOUGE

RELATIONSHIP: NIECE

ADDRESS: 4114 RIDGEWOOD AVENUE, BELLINGHAM, WA 98229

CAUSE OF DEATH:

A: UNSPECIFIED NATURAL CAUSES

INTERVAL: MONTHS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC RENAL INSUFFICIENCY, CHRONIC ANEMIA DUE TO RENAL INSUFFICIENCY, CARDIOMYOPATHY, CORONARY ARTERY DISEASE

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: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: WHERE THE HEART IS -410 S NORRIS ST.
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 410 SOUTH NORRIS STREET

CITY, STATE, ZIP: BURLINGTON, WA 98233

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 10 MONTHS

FATHER/PARENT: RALPH RAY KUHNS

MOTHER/PARENT: STELLA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: OCTOBER 09, 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: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ERIC STARK, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: PO BOX 329

CITY, STATE, ZIP: BURLINGTON, WA 98233

DATE SIGNED: OCTOBER 08, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: OCTOBER 09, 2019



Affidavit for Correction

02/10/2020 09:08 AM Page 8 of 8

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

 Merit Health
 P.O. Box 47814
 Olympia, WA 98504-7814
 360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required information must match current information on record

Required	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 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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <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 forgoing is true and correct

16a. Signature:	16b. Signature of 2nd parent (if required):
Printed name:	Printed name:
Date:	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



CERTIFIED

OCT 14 2019

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


0 3 2 6 4 4 2 6

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