



**202005010141**

05/01/2020 02:51 PM Pages: 1 of 10 Fees: \$112.50  
Skagit County Auditor

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LAWRENCE A. PIRKLE  
P.O. Box 1788  
Mount Vernon, WA 98273  
(360) 336-6587

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DOCUMENT TITLE(S): AFFIDAVIT IN SUPPORT OF COMMUNITY  
PROPERTY AGREEMENT

REFERENCE NUMBER(S):

GRANTOR: JAMES E. ROSS

GRANTEE: PUBLIC

LEGAL DESCRIPTION: Ptn SW 1/4 of SW 1/4, 33-34-5 EE.W.M.

ASSESSOR PARCEL / TAX ID NUMBER(S): 340533-3-004-0006 (P30610)  
340533-3-005-0013 (P30613)  
340533-3-004-0201 (P107248)



**AFFIDAVIT IN SUPPORT  
OF  
COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON        )  
  ) ss.  
COUNTY OF SKAGIT         )

JAMES E. ROSS, being first duly sworn, on oath, deposes and says:

1. This Affidavit provides information for the record regarding that certain Community Property Agreement dated the 3rd day of March, 2011, executed by JAMES E. ROSS and NANCY J. ROSS, husband and wife, (the "Agreement") attached as Exhibit "A" incorporated herein by this reference. The statements set forth in this Affidavit are representations of fact which may be relied upon by all parties dealing with the properties commonly known as 24128 N. Westview Road, Mount Vernon, Washington 98274 and more fully described as follows:

**Assessor's Parcel No's:**

**340533-3-004-0006 (P30610),  
340533-3-005-0013 (P30613),  
340533-3-004-0201 (P107248)**

Legal description is more fully described and set forth on Exhibit B and incorporated herein by this reference.

Ptn SW ¼ of SW ¼, 33-34-5 EE.W.M.

2. NANCY J. ROSS (the "Decedent") was one of the parties to the Agreement and passed away on July 10, 2019 in Skagit County, Washington. The Decedent's Death Certificate is attached as Exhibit "C" incorporated herein by this reference.

3. The parties to the Agreement were legally competent at the time of the Agreement and executed no subsequent Wills or agreement which would have the effect of abrogating or nullifying the Agreement.

4. The real property owned by the Decedent and the affiant is legally described above.

5. The Decedent left no separate property.

6. All obligations of the community composed of the Decedent and the affiant owing at the date of the Decedent's death have been paid in full, and all expenses of last illness and for funeral and burial services of the Decedent have been paid.

7. The Decedent was survived by the following persons:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
JAMES E. ROSS 26024 Walker Valley Road Mount Vernon, WA 98274	Spouse	Legal
BARBARA J. BRAZIL 12410 SE 210th Street Kent, WA 98031	Daughter	Legal
DENNIS B. ROSS 26024 Walker Valley Road Mount Vernon, WA 98274	Son	Legal
VALERIE A. ROSS 8981 Delta Line Road Custer, WA 98240	Daughter	Legal

8. I, JAMES E. ROSS, affirm that I am the sole and rightful heir to the property legally described above.

9. That the transfer of this property is exempted from the real estate excise tax pursuant to WAC 458-61A-202(6)(a).

DATED this 24<sup>th</sup> day of April, 2020.

  
 \_\_\_\_\_  
 JAMES E. ROSS



**COMMUNITY PROPERTY AGREEMENT**

AGREEMENT made this 3rd day of March, 2011, between JAMES E. ROSS and NANCY J. ROSS, 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:

A. *Revocation of Prior Agreements.* If before this date the parties have executed a community property agreement or any other agreement other than a Will or trust which is signed by both of them and which specifically provides for the disposition of their community property at the time either or both of them die, then any such agreement is terminated by this Agreement.

B. *Property Covered.* This Agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife. Any separate property of either, [now owned or hereafter acquired,] shall become and be considered community property upon the death of the party owning said separate property. All such community property is referred to in this Agreement as the "subject property."

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

D. *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.

E. *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.

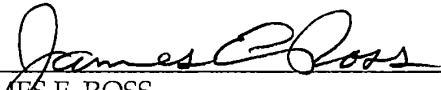
F. *Optional Revocation by One Party.* This Agreement may be terminated by either party acting alone by delivery of a written notice of revocation to the other party or the other party's legal representative, and by recording such revocation with the Skagit County, Washington, Recorder's Office where real property transactions in Skagit County, Washington are recorded.

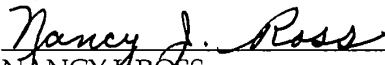
If either party becomes disabled, the other party shall have the power to terminate this Agreement, and each party designates the other as attorney-in-fact to become effective

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.

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

H. *Survivorship.* As used herein, the term "survivor survive," or "survivorship" shall mean living for a period of thirty (30) days following the death of the first of the aforementioned parties to die.

  
\_\_\_\_\_  
JAMES E. ROSS

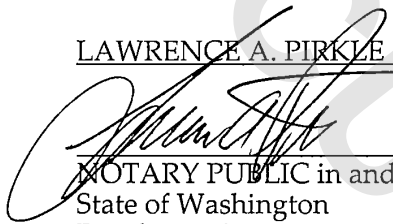
  
\_\_\_\_\_  
NANCY J. ROSS

STATE OF WASHINGTON        )  
  )  
COUNTY OF SKAGIT        )        ss

On this day personally appeared before me, JAMES E. ROSS and NANCY J. ROSS, to me known to be the individuals described in and who executed the within and foregoing instrument, 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 3rd day of March, 2011.

Lawrence A. Pirkle  
Notary Public, State of Washington  
My Commission Expires 5-07-2011

  
\_\_\_\_\_  
LAWRENCE A. PIRKLE  
\_\_\_\_\_  
NOTARY PUBLIC in and for the  
State of Washington  
Residing at Mount Vernon  
My Commission Expires: 5/7/11

**EXHIBIT "B"****DESCRIPTION:****PARCEL "A":**

The West 350 feet of the South 628 feet of that portion of the Southwest ¼ of the Southwest ¼ of Section 33, Township 34 North, Range 5 East, W.M., lying South of the Walker Valley Road, records of Skagit County, Washington,

EXCEPT Peter Burns Road.

Situate in the County of Skagit, State of Washington.

**PARCEL "B":**

That portion of the Southwest ¼ of the Southwest ¼ of Section 33, Township 34 North, Range 5 East, W.M., described as follows:

Beginning at the Southwest corner of said Section;  
thence East along the South line thereof, 350.00 feet to the true point of beginning;  
thence continuing East along the South line of said Section 958.00 feet;  
thence North 36°18'46" West 1,107.65 feet;  
thence South 44°11'02" West 178.74 feet;  
thence South 66°59'32" West 356.00 feet to a point on the North line of that certain tract of land as conveyed to Leslie D. Tracy, a married man, by Deed dated January 31, 1976, and recorded January 31, 1976, under Auditor's File No. 694135, records of Skagit County;  
thence East along the North line of the said Tracy property 150.27 feet to the Northeast corner thereof;  
thence South along the East line of the said Tracy property 627.14 feet to the true point of beginning,

EXCEPT the Northeasterly 60 feet thereof, as conveyed to Donald Albert Tracy by deed recorded under Auditor's File No. 8505300019, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

**PARCEL "C":**

That portion of the Southwest ¼ of the Southwest ¼ of Section 33, Township 34 North, Range 5 East, W.M., described as follows:

Beginning at a point on the South line of said Section which is 1,308.00 feet East of the Southwest corner of said Section and the true point of beginning;  
thence North 02°02'13" East, a distance of 472.12 feet;  
thence South 66°11'27" West, a distance of 352.05 feet;  
thence South 34°54'58" East, a distance of 400.00 feet to the South line of said Section;  
thence East along said South line a distance of 74.35 feet to the true point of beginning.

Situate in the County of Skagit, State of Washington.

-continued-

**EXHIBIT "B"**

DESCRIPTION CONTINUED:

PARCEL "C-1":

A non-exclusive easement for ingress, egress and utilities over, under and across the following described tract:

Beginning at the Southwest corner of said Section 33;  
thence East along the South line thereof 350.00 feet to the true point of beginning;  
thence continuing East along the South line of said Section 958.00 feet;  
thence North  $36^{\circ}18'46''$  West 1,107.65 feet;  
thence South  $44^{\circ}11'02''$  West 178.74 feet;  
thence South  $66^{\circ}59'32''$  West 356.08 feet to a point on the North line of that certain tract of land as conveyed to Leslie D. Tracy, a married man, by deed dated January 31, 1976, and recorded January 31, 1976, under Auditor's File No. 694135, records of Skagit County, Washington;  
thence East along the North line of the said Tracy property 150.27 feet to the Northeast corner thereof;  
thence South along the East line of the said Tracy property 627.14 feet to the true point of beginning.

Situate in the County of Skagit, State of Washington.

\*Includes a 1991 Liberty Mobile Home that is located on the property.

TOGETHER WITH AND SUBJECT TO: All covenants, conditions, restrictions, reservations, agreements, easements, assessments and provisions, if any.

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-030850

DATE ISSUED: 07/15/2019  
FEE NUMBER:FIRST AND MIDDLE NAME(S): NANCY JEAN  
LAST NAME(S): ROSSCOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JULY 10, 2019  
HOUR OF DEATH: 08:32 AM  
SEX: FEMALE AGE: 80 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE: [REDACTED]  
BIRTHPLACE: GILROY, CAMARITAL STATUS: MARRIED  
SPOUSE: JAMES ROSSOCCUPATION: HUMAN RESOURCES  
INDUSTRY: FOOD PROCESSING  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NOINFORMANT: JAMES ROSS  
RELATIONSHIP: HUSBAND  
ADDRESS: 26024 WALKER VALLEY RD. MOUNT VERNON, WA 98274CAUSE OF DEATH:  
A: VASCULAR DEMENTIA  
INTERVAL: YEARS  
B: STROKE  
INTERVAL: DAYS  
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: HOME  
FACILITY OR ADDRESS: 26024 WALKER VALLEY RD  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274RESIDENCE STREET: 26024 WALKER VALLEY RD  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 10 YEARSFATHER/PARENT: WILLIAM BROOKMAN  
MOTHER/PARENT: LETA JUNE [REDACTED]METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: JULY 12, 2019

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: THOMAS CUFLEYMANNER 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 RESPONSECERTIFIER NAME: SANDEEP BAL, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1415 EAST KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
DATE SIGNED: JULY 12, 2019CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: SANDEEP BAL, MDLOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL  
DATE RECEIVED: JULY 12, 2019



Affidavit for Correction

Mail to: Center for 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

Form fields for State Office Use Only including Record Type (Birth, Death, Marriage, Dissolution), Name on Record, Date of Event, Place of Event, and Relationship to Person on Record.

Form fields for Return Mailing Address, Telephone Number, and Email Address.

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

Table with 2 columns: The record now shows: and The true fact is: with rows 8-15 for recording discrepancies.

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

Signature fields for 16a. Signature and 16b. Signature of 2nd parent (if required), including printed names and dates.

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

- List of required documentary proof items: 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
Adult (18 years or older)
- 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
\*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



\*CERTIFIED\*

JUL 15 2019

Handwritten signature of Howard Leibrand

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



0 2 9 8 3 4 8 5

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