

Return Address:

LAND TITLE AND ESCROW

Order Number: 02-177945-OE

State of Washington

County of Skagit

Real Estate Excise Tax
Exempt

Skagit County Treasurer

By Marissa Guerrero

Affidavit No. 2020-2071

Date 06/11/2020

LACK OF PROBATE AFFIDAVIT

BEFORE ME, this undersigned authority, on this day personally appeared Lori J. Halverson Affiant(s), being by me first duly sworn upon his/her oath, did depose and say:

1. This affidavit is made pursuant to RCW 82.45.197.
2. The full name of the decedent is: Charles Franklin Sharp
3. The decedent died on 11.09.19 (date) at Anacortes (City), Skagit (County), WA (State).
4. My/ Our relationship to the decedent is as follows:
Daughter
5. I am/ We are the rightful heirs to the property described herein.
6. Decedent left no last Will; or Decedent left a Will that is not being probated.
7. The property subject to this affidavit is described as (see Exhibit A attached hereto)

Abbreviated legal:

Lot 39, The Orchards PUD.

Tax ID Number: P124022

8. The Affiant acknowledges that a certified copy of the deceased Death Certificate will be attached to this document prior to recording if required by the County.

9. The deceased is survived by the following heirs:

Full Name	Age	Relationship
<u>Louise Maria Sharp</u>	<u>89</u>	<u>Spouse</u>
Full Name	Age	Relationship
<u>Lori J. Halverson</u>	<u>58</u>	<u>Daughter</u>

Full Name	Age	Relationship
Susan Lynn James	61	Daughter
Full Name	Age	Relationship
Full Name	Age	Relationship
Full Name	Age	Relationship

DATED this 10th day of June, 2020

Lori J. Halverson
Affiant's Signature

Lori J. Halverson
Printed Name of Affiant

11089 Carmichael Lane
Anacortes, WA 98221
Address

State of: Washington

County of: Skagit

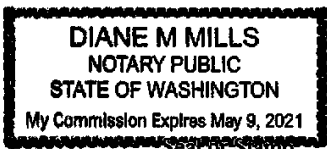
I certify that I know or have satisfactory evidence that Lori J. Halverson is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 6.10.2020

Diane M. Mills
Signature

Notary Public
Title

My appointment expires: 5.09.21



Seal of Stamp

EXHIBIT A

Lot 39, "THE ORCHARDS P.U.D.," as per plat recorded January 19, 2006, under Auditor's File No. 200601190126, records of Skagit County, Washington.

Situate in the City of Anacortes, County of Skagit, State of Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-049466

DATE ISSUED: 11/20/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): CHARLES FRANKLIN

LAST NAME(S): SHARP

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: NOVEMBER 09, 2019

HOUR OF DEATH: 08:15 PM

SEX: MALE

AGE: 88 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: KETCHUM, ID

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: LOUISE MARIE LANE

OCCUPATION: ACCOUNTANT

INDUSTRY: AERONAUTICAL

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: YES

INFORMANT: SUE SHARP

RELATIONSHIP: WIFE

ADDRESS: 4211 ORCHARD AVENUE, ANACORTES, WA 98221

CAUSE OF DEATH:

A: DIASTOLIC HEART FAILURE

INTERVAL: MONTHS

B: CORONARY ARTERY DISEASE

INTERVAL: YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PLEURAL EFFUSIONS.

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: 4211 ORCHARD AVENUE

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 4211 ORCHARD AVENUE

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER: PAUL SHARP

MOTHER: MAY I

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: NOVEMBER 13, 2019

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105.32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: LEONARD J. WILLIAMS

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: ANITA M. MEYER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: NOVEMBER 11, 2019

CASE REFERRED TO MEACORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: NOVEMBER 12, 2019



Affidavit for Correction

06/11/2020 02:10 PM Page 5 of 8
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

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: First Middle Last		2. Date of Event: MM/DD/YYYY
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden
	6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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 forgoing is true and correct

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



CERTIFIED

NOV 20 2019

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

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



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FILED
SKAGIT COUNTY CLERK
SKAGIT COUNTY, WA

2020 MAR 31 PM 3:06

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SUPERIOR COURT OF WASHINGTON FOR SKAGIT COUNTY

In Re the Estate of:

LOUISE M. SHARP,

Deceased.

NO. 20-4-00120-29

COMMUNITY PROPERTY AGREEMENT

See attached.

STEPHEN C.
SCHUTT
ATTORNEY AT LAW
WSBA # 14107
11 EIGHTH STREET
P.O. BOX 1032
ANACORTES,
WASHINGTON 98221
(360) 293-5094

COMMUNITY PROPERTY AGREEMENT

COMMUNITY PROPERTY AGREEMENT

Agreement made in Seattle, Washington on the 12 day of June, 1991, between Charles F. Sharp ("Husband") and Louise M. Sharp ("Wife"), husband and wife, both of whom are 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 and Wife and approved by the other spouse) even though some items may have been or may be purchased or registered in the name of one or both. If Husband dies and Wife survives him by ten (10) days, 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 by ten (10) days, 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 by ten (10) days, 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 by ten (10) days, 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 any alternate disposition.

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

(a) Upon the 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 neither party survives the other by ten (10) days.

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, 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 named 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 the 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.

X Charles F. Sharp

X Louise M. Sharp

STATE OF WASHINGTON)
) ss
COUNTY OF KING)

On this 12 day of June, 1996, before me, a Notary Public in and for the State of Washington, personally appeared Charles F. Sharp and Louise M. Sharp, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person who executed this instrument and acknowledged it to be their free and voluntary acts and deeds for the uses and purposes mentioned in the instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year first above written.

[Signature]
NOTARY PUBLIC in and for the State
of Washington, residing at Seattle