

07/31/2020 03:59 PM Pages: 1 of 4 Fees: \$106.50
Skagit County Auditor

After recording please return to:
Benner-Rothboeck
1008 5th Street
Anacortes, Washington 98221

AFFIDAVIT OF COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON)
) ss
COUNTY OF SKAGIT)

Elaine Anderson, being duly sworn, upon oath, declares as follows:

1. On February 5, 2018, my husband John Winston “Win” Anderson and I executed a valid written Community Property Agreement (CPA herein) which was never revoked or otherwise invalidated. A true and correct copy of the CPA is attached to this Affidavit as **Exhibit A.**
2. In executing the CPA, my husband and I agreed that upon the death of either of all, us, all our property, whether separate property or community property, would immediately and completely vest in the survivor.
3. On April 23, 2020, John Winston Anderson passed away. A true and correct copy of his certificate of death is attached to this Affidavit as **Exhibit B.**
4. I make and record this Affidavit so that any individual who may be charged with the transfer of title or possession of any property, real or personal, owned by our marital community or with title in the name of John Winston Anderson individually, can rely on this Affidavit and its attachments to transfer title or possession of that property to me. Per our agreement, my husband did not own

any separate property when he passed away and all our community property, whether or not so titled, passed to me.

5. No proceeding has begun or is anticipated to begin to admit John Winston Anderson's Will to probate, to appoint a personal representative over his estate, to Administer his Estate, to file a small estate affidavit or to distribute or manage his estate in any manner other than pursuant to the terms of our CPA. However, his Will was duly filed with the Skagit County Superior Court pursuant to RCW 11.20.010.
6. All of John Winston Anderson's debts and expenses, including the expenses of his last illness, funeral and burial, are obligations of the Community and have been paid in full or, without waiving any defense to an improper claim, will be borne by me.
7. This Affidavit is intended generally to pass any and all property, of whatsoever nature and wheresoever situated, from John Winston Anderson's estate to me alone. However, I specifically intend to use this affidavit to transfer ownership of several pieces of real estate located in Skagit County and identified by parcel numbers: 96273, 32786, 32784, 32763 and 132832. Further, my husband is not title owner of Skagit County parcel numbers 312409 or 31410, but he has paid taxes for these parcels for many years and I intend to use this affidavit to transfer the tax bill for those parcels from his name into mine.

Dated this 9 day of July 2020.

Elaine Anderson

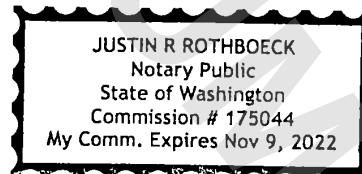
Elaine Anderson

SUBSCRIBED AND SWORN TO before me on this 9th day of July 2020 by Elaine Anderson.

Justin Rothboeck

Justin Rothboeck

Notary Public in and for the State of Washington
Residing at Anacortes, Washington.
My appointment expires November 9, 2022.



COMMUNITY PROPERTY AGREEMENT

This agreement is made and entered into this 5th day of February 2018, by and between John Winston "Win" Anderson and Elaine Anderson, husband and wife, of Skagit County, State of Washington, pursuant to RCW 26.16.120, permitting such agreements between a husband and wife regarding the status and disposition of community property to take effect upon the death of either;

That, in consideration of the love and affection that each of us has for the other, and in consideration of the mutual benefits to be derived by each of us, it is hereby agreed, covenanted, and promised as follows:

That upon the death of either of us, title to all community and separate property of whatsoever nature or description whether real, personal or mixed and wheresoever situated, at the time of the death of either of us, owned by both of us or either of us, shall immediately transfer as community property to the survivor and vest in fee simple in the survivor.

Immediately upon the filing of a Petition for Dissolution by either party, or upon the entry of a valid Decree of Dissolution, this Agreement shall cease to have any force or effect and shall be fully rescinded without further action from the parties.

IN WITNESS WHEREOF, we, John Winston Anderson and Elaine Anderson, have hereunto set our hands this 5th day of February 2018.

John Winston Anderson
John Winston Anderson

Elaine Anderson
Elaine Anderson

Witness 1:

Signature

Mariah Erken
Print Name

Witness 2:

Signature

MARK F. WRAY
Print Name

STATE OF WASHINGTON)

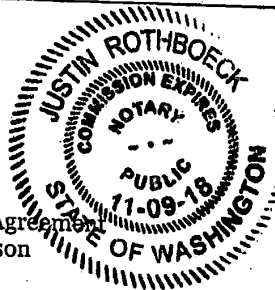
COUNTY OF SKAGIT)

)SS

I certify that I know or have satisfactory evidence that John Winston Anderson and Elaine Anderson both appeared before me and each acknowledged that they signed this instrument, and each acknowledged it to be his and her free and voluntary act for the uses and purposes mentioned in the instrument.

(Signature)

2/15/2018
Date



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

EXHIBIT B

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-018996

DATE ISSUED: 07/17/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOHN WINSTON
LAST NAME(S): ANDERSON

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: APRIL 23, 2020

HOUR OF DEATH: 09:15 PM

SEX: MALE

AGE: 81 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: SPOONER, WI

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: ELAINE PATRICIA MEYERS

OCCUPATION: BUSINESS OWNER

INDUSTRY: CONSTRUCTION

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: YES

INFORMANT: ELAINE P ANDERSON

RELATIONSHIP: WIFE

ADDRESS: 6237 S. SHORE ROAD, ANACORTES, WA 98221

CAUSE OF DEATH:

A: FOLLICULAR LYMPHOMA

INTERVAL: UNKNOWN

B:

INTERVAL:

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: HOSPITAL

FACILITY OR ADDRESS: ISLAND HOSPITAL

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 6237 S. SHORE ROAD

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 42 YEARS

FATHER: ISAAC ANDERSON

MOTHER: VIOLET [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: APRIL 27, 2020

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: UNKNOWN

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: RICHARD R. HOLMAN, DO

TITLE: DO

CERTIFIER ADDRESS: 1211 24TH STREET

CITY, STATE, ZIP: ANACORTES, WA 98221

DATE SIGNED: APRIL 25, 2020

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: 200424-75

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: APRIL 27, 2020