

When recorded return to:

202008240069

08/24/2020 08:58 AM Pages: 1 of 8 Fees: \$110.50
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20203283
AUG 24 2020

Amount Paid \$ ~~0~~
Skagit Co. Treasurer
By *HJB* Deputy

QUIT CLAIM DEED

THE GRANTOR(S)

for and in consideration of

in hand paid, conveys and quit claims to

the following described real estate, situated in the County of

together with all after acquired title of the grantor(s) herein:

Skagit, State of Washington
The West 5 feet of Lot 5 and all of Lots 6 & 7
Block 503, "NORTHERN PACIFIC ADDITION
TO ANACORTES" as per plat recorded in
Volume 2 of Plats, page 2, records of
Skagit County,

Abbreviated Legal: (Required if full legal not inserted above.)

Tax Parcel Number(s): *58410*

Dated:

August 21 2020
Jenny M Remerden

STATE OF WashingtonCOUNTY OF Skagit

ss.

I certify that I know or have satisfactory evidence that Jenny Remerden
(is/are) the person(s) who appeared
before me, and said person(s) acknowledged that J signed this instrument and acknowledged it to be
free and voluntary act for the uses and purposes mentioned in this instrument..

Dated: August 21, 2020Benjamin Delmoe

Notary name printed or typed: Benjamin Delmoe
Notary Public in and for the State of Washington
Residing at Skagit County
My appointment expires: 08-11-2021

Notary Public
State of Washington
Benjamin Delmoe
Commission No. 194592
Commission Expires 08-11-2021

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this day by and between **STANLEY REMMERDEN** and **JENNY M. REMMERDEN**, husband and wife, domiciled and residing in the State of Washington, pursuant to the provisions of Section 26.16.120, Revised Code of Washington, providing for agreement between husband and wife for the fixing of the status and disposition of community property to take effect upon the death of either,

WITNESSETH:

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

FIRST: That all property of whatsoever nature or description, whether real, personal or mixed, and wheresoever situated, now owned or hereafter acquired by these parties, except property hereafter acquired by gift, bequest, devise or descent, shall be considered and is hereby declared to be community property.

SECOND: That upon the death of either of the parties hereto, title to all community property as defined in the preceding FIRST paragraph shall immediately vest in fee simple in the survivor of them.

THIRD: Notwithstanding anything herein to the contrary, it is agreed that in the event these parties are divorced from one another by a decree of Court, then this agreement is revoked and canceled as of the date of said decree of divorce.

FOURTH: This agreement shall not be effective as to any life insurance on the life of one spouse and owned by the other spouse, either presently owned or hereafter acquired.

IN WITNESS WHEREOF, the said **STANLEY REMMERDEN** and **JENNY M. REMMERDEN**, husband and wife, have hereunto set their hands and seals this ____ day of May, 1997.



STANLEY REMMERDEN


JENNY M. REMMERDEN

STATE OF WASHINGTON)
) ss
County of Skagit)

On this 22 day of May 1997, before me personally appeared **STANLEY REMMERDEN** and **JENNY M. REMMERDEN**, husband and wife, 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.

Subscribed and sworn to before me this 22 day of May, 1997.


Terrance M. Froese,

NOTARY PUBLIC in and for the
State of Washington, residing at Anacortes.
My Commission expires: 7-19-97

COMMUNITY PROPERTY AGREEMENT

This Agreement is made between **STANLEY REMMERDEN** and **JENNY M. REMMERDEN**, 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:

1. Revocation. 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.
2. 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. All such community property is referred to in this Agreement as the "subject property." Husband and Wife reserve the right to dispose of his or her share of the community property and his or her separate property.
3. Automatic Revocation. In the absence of other evidence indicating the parties' 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.
4. 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.

IN WITNESS WHEREOF, the parties have executed this agreement on November 30, 2000.


STANLEY REMMERDEN


JENNY M. REMMERDEN

STATE OF WASHINGTON)
) ss
County of Skagit)

On this 31st day of November, 2000, before me personally appeared **STANLEY REMMERDEN** and **JENNY M. REMMERDEN**, husband and wife, 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.

Subscribed and sworn to before me this 30th day of November, 2000.

Terrance M. Froese
Terrance M. Froese



NOTARY PUBLIC in and for the
State of Washington, residing at Anacortes.
My Commission expires: 7-19-01

ORIGINAL

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-005516

DATE ISSUED: 02/11/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): STANLEY LEE
LAST NAME(S): REMMERDEN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 04, 2020
HOUR OF DEATH: 01:30 PM
SEX: MALE AGE: 88 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: YAKIMA, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: JENNY MARION PIHL

OCCUPATION: CLAIMS ADJUSTOR
INDUSTRY: AUTO INSURANCE
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: YES

INFORMANT: JENNY REMMERDEN
RELATIONSHIP: WIFE
ADDRESS: 3012 W 2ND STREET, ANACORTES, WA 98221

CAUSE OF DEATH:
A: DEMENTIA
INTERVAL: SEVERAL YEARS

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: HOME
FACILITY OR ADDRESS: 3012 W 2ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 3012 W 2ND STREET
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 29 YEARS

FATHER: KUIN REMMERDEN
MOTHER: FERN [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: FEBRUARY 07, 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: 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: HELEN YOUNG, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 912 32ND STREET, SUITE A
CITY, STATE, ZIP: ANACORTES, WA 98221
DATE SIGNED: FEBRUARY 06, 2020

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: HELEN YOUNG, MD

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: FEBRUARY 07, 2020



Affidavit for Correction

08/24/2020 08:58 AM Page 2 of 2

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

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

FEB 11 2020

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



0 3 8 0 1 5 4 8

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