

RETURN TO:
Patrick Hayden
PO Box 454
Sedro-Woolley, WA. 98284



202008240087

08/24/2020 11:09 AM Pages: 1 of 7 Fees: \$109.50
Skagit County Auditor

DOCUMENT TITLE(S) (or transactions contained herein):

COMMUNITY PROPERTY AFFIDAVIT

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S) (Last name, first name and initials):

1. Krieger, Donald A.

GRANTEE(S) (Last name, first name and initials):

1. Krieger, Carmen M.

LEGAL DESCRIPTION (Abbreviated: i.e., lot, block, plat or quarter, quarter, section, township and range).

**Tract 2 of Skagit County Short Plat No. 1-87, approved February 13, 1987, and recorded February 17, 1987, under Auditor's File No. 8702170009
Being a portion of the NW 1/4 of the NW 1/4 of Section 17, Township 33 N, Range 5 East, W.M.;
and of the NW 1/4 of the NE 1/4 of Section 18, Township 33 N, Range 5 East, W.M.;
Situated in Skagit County, Washington.
INCLUDING MANUFACTURED HOME 1983 SUPREME 48X24 SERIAL NUMBER
AB7SC1757DR**

ASSESSOR'S PARCEL/TAX I.D. NUMBER:

APN: P18135 / 330518-1-001-0300 and P18111 / 33517-2-005-0107

COMMUNITY PROPERTY AFFIDAVIT

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2020 3288
AUG 24 2020

Amount Paid \$
Skagit Co. Treasurer
By Deputy

Carmen M. Krieger, being first duly sworn, upon oath, declares as follows:

1. Status. I am the surviving spouse of Donald A. Krieger, who died on April 3, 2016 in Skagit County, Washington. A certified copy of his/her Certificate of Death is attached to this Affidavit.

2. Community Property Agreement. On October 26, 2009, Decedent and I, as husband and wife, validly executed a written Community Property Agreement (the "Agreement"), which has remained valid and in full force since its execution. The Agreement is attached to this affidavit.

3. Purpose of Affidavit. I am making this Affidavit for recordation regarding the Agreement. The statements I make in this Affidavit are representations of fact that all parties dealing with the real property located in Skagit County, Washington, and more fully described in the attachment to this Affidavit may rely upon.

4. Community Property Subject to the Agreement. Decedent's and my Community Property is listed below. All of the Community Property is subject to the Agreement, all of its disposition is controlled by the Agreement, and all of it passed to me upon Decedent's death. Decedent owned no separate property at death.

Tract 2 of Skagit County Short Plat No. 1-87, approved February 13, 1987, and recorded February 17, 1987, under Auditor's File No. 8702170009, in Book 7 of Short Plats, page 166, records of Skagit County, Washington. Being a portion of the Northwest 1/4 of the Northwest 1/4 of Section 17, Township 33 N, Range 5 East, W.M.; and of the Northwest 1/4 of the Northeast 1/4 of Section 18, Township 33 N, Range 5 East, W.M.;

Situated in Skagit County, Washington.

INCLUDING MANUFACTURED HOME 1983 SUPREME 48X24 SERIAL NUMBER AB7SC1757DR

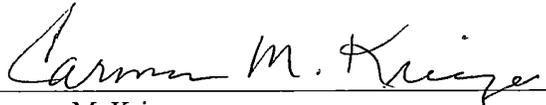
APN: P18135 / 330518-1-001-0300 and P18111 / 33517-2-005-0107

5. Decedent's Will & Probate. No proceedings have begun or are anticipated:

- To have a Will of Decedent admitted to probate,
- To have a Personal Representative for Decedent appointed, or
- To set aside, cancel, or revoke the Agreement.

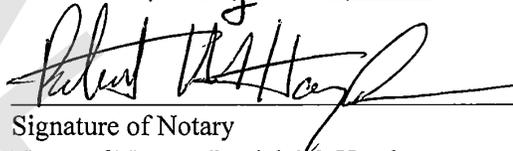
6. Decedent's Debts & Expenses. All of the debts and expenses (including expenses of last illness, funeral, and burial) of Decedent and the liabilities and other obligations of the marital community have been paid in full.

Dated: Aug 19, 2020.



Carmen M. Krieger
20106 SR 9
Mount Vernon, WA. 98274

SUBSCRIBED & SWORN TO before me on: Aug 19, 2020.



Signature of Notary
Name of Notary: Patrick M. Hayden
NOTARY PUBLIC in and for the State of
Washington, residing at: Sedro-Woolley
My appointment expires on: 4-27-21



COMMUNITY PROPERTY AGREEMENT
OF
DONALD A. KRIEGER AND CARMEN M. KRIEGER

THIS AGREEMENT, is made on the date set forth below, between **DONALD A. KRIEGER** and **CARMEN M. KRIEGER**, 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. 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 or 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 or may have registered in the name of one or the other or both. If Husband dies and Wife survives, 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, 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 regarded to in this Agreement as the "subject property."

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

3. 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.

4. 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.

ORIGINAL



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-014427

DATE ISSUED: 04/15/2016

FEE NUMBER: 000000029

GIVEN NAMES: DONALD A
LAST NAME: KRIEGER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 03, 2016
HOUR OF DEATH: 10:20 P.M.
SEX: MALE
AGE: 78 YEARS

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 20106 STATE ROUTE 9
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
INSIDE CITY LIMITS? NO

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 4 YEARS

BIRTHDATE: [REDACTED]
BIRTHPLACE: MOUNT VERNON, SKAGIT CNTY, WASHINGTON

FATHER/PARENT: HENRY KRIEGER
MOTHER/PARENT: JOSEPHINE [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: CARMEN GUTIERREZ

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: APRIL 11, 2016

OCCUPATION: TRUCK LOADER
INDUSTRY: FOUNDRY SAND
EDUCATION: 8 YEARS
US ARMED FORCES? YES

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME
ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON WA 98273
FUNERAL DIRECTOR: KIRK S. DUFFY

INFORMANT: CARMEN KRIEGER
RELATIONSHIP: WIFE
ADDRESS: 20106 STATE ROUTE 9 MOUNT VERNON WA 98274

- CAUSE OF DEATH:
- A. ACUTE RESPIRATORY FAILURE
INTERVAL: 12 HOURS
 - B. CARDIAC ARREST
INTERVAL: 12 HOURS
 - C. ACUTE INTRACRANIAL HEMORRHAGE
INTERVAL: UNKNOWN
 - D. METASTATIC LUNG CANCER
INTERVAL: UNKNOWN

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? YES
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CERTIFIER NAME: BHUPINDER S. WALIA, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1400 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: APRIL 07, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

LOCAL DEPUTY REGISTRAR:
MARIA VIVANCO
DATE RECEIVED: APRIL 07, 2016





Affidavit for Correction

08/24/2020 11:09 AM Page 7 of 7

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 File Number, Fee Number, Initials, Date, Affidavit Number, Record Type, Name on Record, Date of Event, Place of Event, Father/Parent Full Legal Name, Mother/Parent Full Birth Name, Name of Person Requesting Correction, Relationship to Person on Record, Return Mailing Address, Telephone Number, 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: (8-14) and The true fact is: (9-15)

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

Signature fields: 16a. Signature; 16b. Signature of 2nd parent (if required); 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

- 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).
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, 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). The informant may change marital status with proof. 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 October 2015

CERTIFIED

APR 15 2016

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

EE00087485