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09/08/2020 09:59 AM Pages: 1 of 5 Fees: \$107.50
Skagit County Auditor

After recording please return to:

Mrs. Claudia Young
324 Shelter Bay Dr.
La Conner, WA 98257

RECORDING COVER PAGE

DOCUMENT TITLE: AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

REFERENCE NUMBER OF RELATED DOCUMENT: N/A

GRANTORS: ANGUS ARTHUR YOUNG and CLAUDIA J. YOUNG

GRANTEES: THE PUBLIC

PARCEL NO.: P84321

LEGAL DESCRIPTION: LOT 324, SHELTER BAY DIV. #2, VOL. 43, PG. 833,
SKAGIT COUNTY

**AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT
OF
ANGUS ARTHUR YOUNG and CLAUDIA J. YOUNG**

2020-3541
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

State of Washington)
)
County of Skagit) ss.

SEP 08 2020

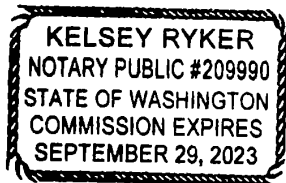
Claudia J. Young, being first duly sworn, deposes and says:

Amount Paid \$ 0
Skagit Co. Treasurer
By [Signature] Deputy

1. I am the surviving spouse of Angus Arthur Young, who died on October 27, 2019.
2. Angus Arthur Young and I, as husband and wife, executed a Community Property Agreement on October 27, 1982, which provided for the disposition of all community property as between ourselves. The original Community Property Agreement is attached to this Affidavit and will be recorded with the Skagit County Auditor's Office.
3. The Community Property Agreement was validly executed, and was in full force and effect on the date of Angus Arthur Young's death.
4. By virtue of the Community Property Agreement, all property owned by Angus Arthur Young passed to me as sole owner.
5. There are no unpaid creditors of Angus Arthur Young, nor unpaid funeral expenses or expenses of last illness. No state or federal estate tax is due on his estate.
6. This Affidavit is made to induce a title company to issue its policies of title insurance on real property passing to the surviving spouse, and to induce financial institutions to transfer funds or securities, by virtue of said community property agreement, and in reliance upon the representations set forth above.

Claudia J. Young
Claudia J. Young

Subscribed and sworn to before me this 01 day of ~~August~~ ^{September}, 2020 by Claudia J. Young.



[Signature]
Notary Public in and for the State
of Washington, residing at Amawalkes.
My Commission Expires: 09/29/2023

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-047633

DATE ISSUED: 10/31/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ANGUS ARTHUR

LAST NAME(S): YOUNG

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: OCTOBER 27, 2019

HOUR OF DEATH: 09:45 AM

SEX: MALE

AGE: 84 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: CLAUDIA PEARCE

OCCUPATION: ELECTRICIAN

INDUSTRY: CONSTRUCTION

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: CLAUDIA YOUNG

RELATIONSHIP: SPOUSE

ADDRESS: 324 SHELTER BAY DR, LA CONNOR, WA 98257

CAUSE OF DEATH:

A: ACUTE RESPIRATORY FAILURE WITH HYPOXIA

INTERVAL: 4 DAYS

B: ACUTE ON CHRONIC SYSTOLIC HEART FAILURE

INTERVAL: 4 DAYS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ISCHEMIC CARDIOMYOPATHY

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: SKAGIT VALLEY HOSPITAL

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 324 SHELTER BAY DR

CITY, STATE, ZIP: LA CONNER, WA 98257

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 6 YEARS

FATHER: CHESTER YOUNG

MOTHER: IVY [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: PUGET SOUND CREMATORY

CITY, STATE: PUYALLUP, WASHINGTON

DISPOSITION DATE: OCTOBER 31, 2019

FUNERAL FACILITY: CREMATION SOCIETY OF WASHINGTON

ADDRESS: PO BOX 7506

CITY, STATE, ZIP: TACOMA, WASHINGTON 98417

FUNERAL DIRECTOR: HENRY JOHNSTON

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: ALLEN L. JOHNSON, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 E. KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

DATE SIGNED: OCTOBER 29, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: ALLEN JOHNSON, MD

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: OCTOBER 31, 2019

Exhibit A

DOH 422-132 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

09/08/2020 09:59 AM Page 4 of 5
 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	Required information must match current information on record			
	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:	3. Place of Event:
	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				
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 2 nd 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	Adult (18 years or older)
<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 	<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
- *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



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

CERTIFIED

OCT 31 2019

Howard Leibrand

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



0 3 2 6 5 0 2 3

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 27 day of October, 1982, by and between A. ARTHUR YOUNG and CLAUDIA J. YOUNG, his wife, of Benton County, Washington, pursuant to the provisions of Section 26.16.120, Revised Code of Washington, providing for agreements 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 said parties has for the other, and in consideration of the mutual benefits to be derived by the parties, 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 situate now owned or hereafter acquired by them, or either of them, 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 paragraph shall immediately vest in fee simple in the survivor of them.

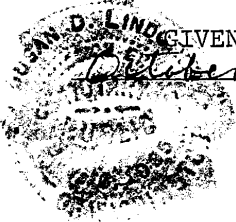
IN WITNESS WHEREOF, the said A. ARTHUR YOUNG and CLAUDIA J. YOUNG have hereunto set their hands the day and year first herein written.

A. Arthur Young
A. Arthur Young

Claudia J. Young
Claudia J. Young

STATE OF WASHINGTON)
 : ss.
COUNTY OF BENTON)

On this day personally appeared before me A. ARTHUR YOUNG and CLAUDIA J. YOUNG, to me known to be the individuals described in and who executed the foregoing instrument, and acknowledged to me 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 27 day of October, 1982.

Susan D. Ludwig
Notary Public in and for the State
of Washington residing at Richland