JONES BUTLER DOLAN, PS P.O. Box 2784 Mount Vernon, WA 98273 360-336-2939

202009220120

09/22/2020 02:20 PM Pages: 1 of 7 Fees: \$109.50 Skagit County Auditor



# COMMUNITY PROPERTY AFFIDAVIT OF SURVIVING SPOUSE

**Document Title:** 

Community Property Affidavit of Surviving Spouse

**Grantor:** 

Delno M. Crumm

Grantee:

Laura F. Crumm

**Assessor Parcel No:** 

P116528 - 4743-000-003-0000

**Abbreviated Legal:** 

LOT 3, "PLAT OF 37<sup>TH</sup> COURT" (TITLE ELIMINATION) INCLUDING MANUFACTURED HOME 2008 SKYLINE

66 X 28 SERIAL NUMBER 2F910106W

Reference Number:

200705160071

STATE OF WASHINGTON

) ss: **COUNTY OF SKAGIT** 

Laura F. Crumm, being first duly sworn, on oath deposes and says:

#### 1. **Surviving Spouse**

I am a resident of Skagit County, Washington, and I am the surviving spouse of Delno Crumm, deceased, who died on March 7, 2020, in Skagit County, Washington. A certified copy of Delno M. Crumm's Certificate of Death is attached hereto as Exhibit A.

## 2. Community Property Agreement

On May 11, 2007, Decedent and I, as husband and wife, validly executed a written Community Property Survivorship Agreement, which has remained valid and in full force since its execution, pursuant to RCW 26.16.120. The Community Property Survivorship Agreement is attached hereto as Exhibit B.

# 3. Purpose of this Affidavit

The statements set forth in this affidavit are representations of facts that may be relied upon by all parties dealing with the real properties located in Skagit County, Washington, more fully described in Exhibit C, as well as any other assets owned by Delno M. Crumm at the time of his death.

## 4. Real Property

Decedent and I acquired the real property described herein by Statutory Warranty Deed, dated May 11, 2007, and recorded pursuant to Skagit County Auditor's Number 20070516007.

### 5. Community Property Subject to the Agreement

All of the community property is subject to the Community Property Survivorship Agreement, more fully described herein, the disposition of all such property is controlled by the Agreement, and all of the community property passed to Laura F. Crumm upon Decedent's death.

#### 6. Probate

No proceedings have occurred or are anticipated to have a Will of Decedent admitted to probate, to have a Personal Representative appointed for Decedent, or to set aside, cancel, or revoke the Community Property Survivorship Agreement.

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# 7. Decedent's Debts, Expenses, Taxes

All debts and expenses of Decedent, and any liabilities or obligations of the marital community have been paid in full, and no estate taxes are due.

Signed in Mount Vernon, Washington, this  $\underline{\mathcal{G}}$  day of September, 2020.

TAURA F. CRUMM

STATE OF WASHINGTON ) ss. COUNTY OF SKAGIT )

I certify that I know or have satisfactory evidence that Laura F. Crumm is the person who appeared before me, and she acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

ROSIE GATES-MALONE
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
MARCH 5, 2021

ROSIE GATES-MALONE

Notary Public

In and for the State of Washington My appointment expires: 03-05-2021

# **LEGAL DESCRIPTION**

Lot 3, "PLAT OF 37<sup>TH</sup> COURT" according to the plat thereof recorded January 14, 2000 under Auditor's File No. 200001140071, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

Including manufactured home, 2008 Skyline 66x28 Serial Number 2F910106W.

# KSTATE OF WASHINGTON / DEPARTMENT OF HEALTH

#### CERTIFICATE OF DEATH



DATE ISSUED: 09/08/2020 FEE NUMBER:

CERTIFICATE NUMBER: 2020-010607

FIRST AND MIDDLE NAME(S): **DELNO MONROE** LAST NAME(S): **CRUMM** 

COUNTY OF DEATH: SKAGIT DATE OF DEATH: MARCH 07, 2020 HOUR OF DEATH: 07:05 AM

SEX: MALE AGE: 86 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: MARLAND, OK

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: LAURA FAY STONE

OCCUPATION: SUPERVISOR INDUSTRY: OIL REFINERY

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: YES

INFORMANT: LAURA CRUMM

RELATIONSHIP: WIFE

ADDRESS: 2316 37TH CT, ANACORTES, WA 98221

CAUSE OF DEATH: A: **SEPSIS** 

INTERVAL: 3 MONTHS

B: LAMINECTOMY

INTERVAL: 3 MONTHS

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: NURSING HOME/LONG TERM CARE FACILITY FACILITY OR ADDRESS: LIFE CARE CENTER OF SKAGIT VALLEY CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 2316 37TH COURT
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 13 YEARS

FATHER: ALVA LEE CRUMM

MOTHER: EDNA PEAR

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON DISPOSITION DATE: MARCH 10, 2020

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: JOSEPH J. WAHAM

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: SANDRA WILMOT, ARNP

TITLE: ARNP

CERTIFIER ADDRESS: 1201 PACIFIC AVENUE #600

CITY, STATE, ZIP: TACOMA, WA 98402 DATE SIGNED: MARCH 09, 2020

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

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL DATE RECEIVED: MARCH 10, 2020

**EXHIBIT** A

.. DON 422-132 (8/18)

#### 202009220120

# Washington State Department of Health

# **Affidavit for Correction**

09/22/2020 02<sup>1</sup>/2<sup>1</sup>[1] 中 Mel per 传史 诗 诗 对 序tatistics P.O. Box 47814

This is a legal document. Complete in ink and do not alter.

Olympia, WA 98504-7814

DOF	422-034 August 2019		<b></b>					300-230-4300	
			STA	TE OFF	CE USE ONLY				
Sta	te File Number	Fee Numb	er		Initials	Date		Affidavit Nu	mber
		Requir	ed information	n must n	natch current in	formation on	record		• • • • • • • • • • • • • • • • • • • •
1_	Record Type:	irth	Death	N	larriage	☐ Dissol	ution (Divor	ce)	
ᄝ	1. Name on Record:				2. Date of Even		vent:	3. Place of Event:	
.≌	First	iddle	Last			MM/DD/	YYYY	(City or C	County)
I⊋	4. Father/Parent Full Birth Nam	e (Spouse A for	spouse A for Marriage or Dissolution)			Full Birth Name	ull Birth Name (Spouse B for Marriage or Dissolution)		
Required	First M	iddle	Last/N	,	First	Mid	` .	ŭ	/Maiden
	6. Name of Person Requesting	Correction:		ationship son on Re	to Self ecord: Parent(s	☐ Guardiar Funeral I	n □ Inf Director □ Ot	formant her (specify)	☐ Hospital
	Return Mailing Address: O Box or Street Address		•		City		State		Zip
	ephone Number:				Email Address:		<b>91010</b>		ш,р
-	Use the section below	w for request	ing any chang	es on th	e record. The re	ecord is inco	rrect or inco	mplete as fo	ollows:
		currently show	<del></del>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The true fact is:				
8.		<u> </u>			9.				,
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12.					13.				
	I declare under pena	ity of perjury	under the lav	vs of the	State of Washi	ngton that the	e forgoing is	true and co	orrect.
14a. Signature:				14b. Signature of 2 <sup>nd</sup> parent (if required):					
Prir	ted name:		Date:		Printed name:			[	Date:
					.doh.wa.gov for me				
Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:  • Birth/Marriage/Divorce record • Military record (DD-214) • School transcripts • Social Security Numident Report • Certificate of Naturalization • Hospital/medical record • Copy of Passport / Enhanced ID • Green/Permanent Resident card (I-551)  You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.									
1. 2. 3. 4.	th Certificates Only a parent(s), legal guardian ( The proof(s) must match the as  Mary Ann Doe. Proof documentation must be five  This affidavit cannot be used to a  id under 18 If legal guardian(s), include cert  Up to age one or up to one year  of Parentage form, last name ca  on certificate (can be any combit  thereafter, a court order is requi-	serted fact(s). It is or more years add a parent to a sified court order following the fill in be changed of the firsted to change the services of the	For example, if the old or established birth certificate a proving guardiating of an Acknownce to either parest, middle or last the last name.	e affidavit ed within fi (use Ackn nship. ledgement ents' name	says the name sh ve years of birth. owledgment of Par Adult (18 years of Only the adult of the first or or required. of the first, mid is incorrect, tw	ould be Mary An rentage form DO or older) t can change his niddle name is r ddle and/or last vo pieces of pro	on Doe, the pro DH 422-159). It is or her birth ce nissing, three p name is misspe of documentation	ertificate. bleces of proof elled, or month on are require	documentation are

- No proof is required to change the first or middle name.\*
- To correct parent's information, one proof documentation is required.
- To correct the sex of the child, one proof documentation from a medical

provider 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.

#### **Death Certificates**

Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.

is required.

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 proof documentation.
   To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



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

SEP 0 8 2020

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



# 685439<sup>k</sup>

# Agreement as to Status of Community Property

# After Death of One of the Spouses

Know All Men by These Presents:	
That this agreement, made and entered into this	15thday of February, 1965.,
by and betweenDelno.M. Crumm	
andLoura F. Crumm	, husband and wife,
residing inCon	enty, State of Washington.
WITNESSETH, That whereas the said parties herete and are desirous that said property, together with all sonal, that may hereafter be acquired, shall pass, with to the survivor.	other community property, either real or per-
NOW, THEREFORE, for and in consideration of the is hereby acknowledged by each party hereto, and, also that each of said parties bears for the other, it is hereby	, in consideration of the love and affection
said Delno M. Grurm whi	
survives then the whole of said community property	now owned together with all other community
property, real or personal, that may hereafter be acqu	ired, shall at once vest in said
	ee simple; and in the event of the death of said ,
Laura F. Grunn white survives then the whole of said community property is	
property, real and personal, that may hereafter be ac	quired, shall at once vest in said
Delno M. Crumm	
IN WITNESS WHEREOF, the said	
andand seals the day and date first above written.	have hereunto set their hands
• • • • • • • • • • • • • • • • • • • •	
Signed, Sealed and Delivered in the Presence of	Delno M Cremm (SEAL)
	Welmo M Cum (SEAL)
)	Laura J. Cornann (SEAL)
STATE OF WASHINGTON,	Received for record at July 4 1966 2 06p at request of Delma M. Causana A. H. JOHNSON, Auditor Skagn Co., Washington
County of Shogit	SS. at request of Delino M. Cuigna
,	A. H. JOHNSON, Auditer Skagit Co., Washington
This is to certify that on thisday of	, 19, before me
Seon O. Kichan a No	otary Public in and for the State of Washington
duly commissioned and sworn, personally came	elno In Crumm
and sealed the same as their free and voluntary act a	
mentioned """, Land and official seal the day and ye	ar in this certificate first above written.
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Notar Project th and for the State of Washington	esiding at Assacate
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