

When recorded return to:



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09/24/2020 01:04 PM Pages: 1 of 6 Fees: \$108.50
Skagit County Auditor

QUIT CLAIM DEED

THE GRANTOR(S)

*Hildegard L. Radke, surviving spouse of
Jeffrey G. Radke, deceased*
for and in consideration of
Inheritance

in hand paid, conveys and quit claims to

Hildegard L. Radke

the following described real estate, situated in the County of *Skagit*, State of Washington

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

*Unit 11, "Cedar Springs PUD Phase 2", as per
plat recorded January 25, 2001, under
Auditor's File No. 200101250072, records of
Skagit County, Washington.*

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2020/3042
SEP 24 2020

Amount Paid \$
Skagit Co. Treasurer
By *MA* Deputy

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

Unit 11, Cedar Springs PUD Phase 2

Tax Parcel Number(s): *117553*

Dated: Sept. 24, 2020

Hildegard L. Radke

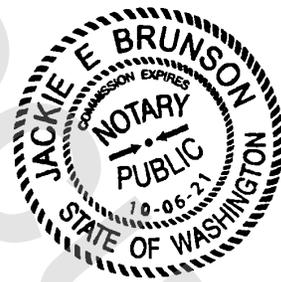
STATE OF Washington
COUNTY OF Skagit ss.

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

Dated: 9/24/2020

Jackie Brunson
Notary name printed or typed: Jackie Brunson
Notary Public in and for the State of Washington
Residing at Burlington, WA
My appointment expires:

10/06/21



COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT is entered into this 29th day of October, 2019, between **JEFFREY G. RADKE** ("Husband") and **HILDEGARDE L. RADKE a/k/a HILDEGARD L. RADKE** ("Wife"), husband and wife, in accordance with the provisions of RCW 26.16.120, allowing for agreements between husband and wife for the fixing of the status of community property or the disposition thereof to take effect upon the death of either.

IT IS HEREBY AGREED AS FOLLOWS:

1. **Property Covered.** This agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife and to all separate property now owned or hereafter acquired by either Husband or Wife, all of which shall be considered and is declared to be the community property of the parties (except for property for which a separate property designation is hereafter made by Husband or Wife and approved in writing 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. All such property is referred to in this agreement as the "described community property."

2. **Vesting at Death of a Spouse.** If one spouse dies and the other spouse survives by ten (10) days, all of the described community property shall vest in the surviving spouse as of the moment of death of the first spouse to die.

3. **Disclaimer.** Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this agreement, in whole or in part, or with reference to specific parts, shares, or property. The interest disclaimed shall pass as if the provisions of Section 2 above had been revoked as to such interest, provided that the surviving spouse shall remain entitled to any benefits which may be provided by any alternate disposition applicable to the disclaimed interest, in the absence of further disclaimer.

4. **Property Held in Joint Tenancy.** Property held by the parties in joint tenancy, and any transfer or attempted transfer of community property into joint tenancy form, shall not change its status as community property. Holding of such property in joint tenancy, or any transfer or attempted transfer, shall be deemed to be for the convenience of the parties only, and such property shall be community property and ownership and title shall vest as provided in Section 2 above.

5. **Automatic Revocation.**

a. This agreement shall be automatically revoked upon the filing by either party of a petition, complaint, or other pleading for separation, dissolution, or divorce; or

b. The provisions of Section 2 above shall be automatically revoked immediately prior to death if neither party survives the other by ten (10) days.

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6. **Optional Revocation by One Party.** If either party becomes disabled, the other party shall have the power to terminate the provisions of Section 2 above. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardians, if any, of the person and of the estate of the disabled spouse. Each party designates the other party, to become effective upon disability, as attorney-in-fact to agree to the termination. For the purposes of this paragraph, a spouse shall be deemed disabled if a person duly licensed to practice medicine in the state of Washington signs a statement declaring that the named spouse is unable to manage his or her financial affairs.

7. **Revocation of Inconsistent Agreements.** To the extent this agreement is inconsistent with the provisions of any community property agreement, Will, or other arrangement previously made by either or both of the parties that affects the described community property, the terms of this agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

8. **Rights of Parties.** The parties have each been advised of their right to be represented by independent counsel prior to signing this agreement and hereby expressly waive that right.

IN WITNESS WHEREOF, the parties hereto have executed this agreement the day and year first above written.



JEFFREY G. RADKE

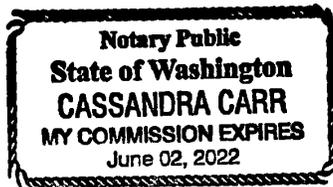


HILDEGARD L. RADKE

STATE OF WASHINGTON }
 } ss.
COUNTY OF SKAGIT

I certify that I know or have satisfactory evidence that **JEFFREY G. RADKE** and **HILDEGARD L. RADKE** are the persons who appeared before me, and said persons acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

GIVEN UNDER MY HAND AND OFFICIAL SEAL this 29th day of October, 2019.





Printed Name CASSANDRA CARR
NOTARY PUBLIC in and for the State of Washington
My Commission Expires 6/2/2022

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-016629

DATE ISSUED: 04/15/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JEFFREY GORDON
LAST NAME(S): RADKE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 09, 2020
HOUR OF DEATH: 04:00 PM
SEX: MALE AGE: 78 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1901 CEDAR SPRINGS LANE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

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

RESIDENCE STREET: 1901 CEDAR SPRINGS LANE
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 1 MONTH

BIRTH DATE: [REDACTED]
BIRTHPLACE: MADISON, WI

FATHER: GORDON RADKE
MOTHER: VIRGINIA [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: HILDEGARD L STREYLE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

OCCUPATION: FINANCIAL PLANNER
INDUSTRY: FINANCIAL SERVICES
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: YES

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: APRIL 14, 2020

INFORMANT: HILDY RADKE
RELATIONSHIP: WIFE
ADDRESS: 1901 CEDAR SPRINGS LANE, ANACORTES, WA 98221

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

CAUSE OF DEATH:
A: COLON CANCER
INTERVAL: 2 MONTHS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CORONARY ARTERY DISEASE,
PERITONEAL METASTASES AND ASCITES.

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

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

CERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: APRIL 13, 2020

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: APRIL 13, 2020



Affidavit for Correction

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

P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number, Fee Number, Initials, Date, Affidavit Number

Required information must match current information on record. Record Type: Birth, Death, Marriage, Dissolution (Divorce). 1. Name on Record, 2. Date of Event, 3. Place of Event, 4. Father/Parent Full Birth Name, 5. Mother/Parent Full Birth Name, 6. Name of Person Requesting Correction.

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:

Table with 2 columns: The record now shows, The true fact is: (Rows 8-15)

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

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). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe
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 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

- 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). 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 January 2015

CERTIFIED

APR 15 2020

Handwritten signature

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



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



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