

When recorded return to:

Michael A. Winslow
Attorney at Law
1204 Cleveland Avenue
Mount Vernon, Washington 98273

**AFFIDAVIT: LACK OF PROBATE
(With Statement of Community Property)**

GRANTOR: Debra S. Brown, deceased.
GRANTEE: James E. Brown, surviving spouse.
LEGAL DESCRIPTION:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2020A370
OCT 20 2020
Amount Paid \$
Skagit Co. Treasurer
By *MJ* Deputy

Lot 20, "EASTGATE ADDITION PLAT NO. 8," as per plat recorded in Volume 14 of Plats, page 91 and 92, records of Skagit County, Washington.

Situate in the City of Mount Vernon, County of Skagit, State of Washington.

ASSESSOR'S PROPERTY TAX

PARCEL OR ACCOUNT NO. P83716 / 4519-000-020-0002

REFERENCE NOS OF DOCUMENTS

ASSIGNED OR RELEASED: None.

James E. Brown, being first duly sworn, deposes and says:

The undersigned Affiant is the rightful heir, as listed on the Heirs at Law, to the real property described below, and is the surviving spouse of Debra S. Brown, who died on September 29, 2020, at Mount Vernon, Skagit County, Washington. A certified copy of the Death Certificate is attached hereto as *Exhibit A*.

Real Property Description:

Lot 20, "EASTGATE ADDITION PLAT NO. 8," as per plat recorded in Volume 14 of Plats, page 91 and 92, records of Skagit County, Washington.

Situate in the City of Mount Vernon, County of Skagit, State of Washington.

Status of Will

Decedent left a Community Property Agreement in favor of surviving spouse, a copy of which is attached hereto as *Exhibit B*.

Decedent left a Last Will and Testament which has not been probated or revoked, a copy of which accompanied this document for review by the Treasurer.

Heirs At Law

Affiant hereby identifies all heirs at law of the Decedent:

<u>Name</u>	<u>Age</u>	<u>Relationship to Decedent</u>
James E. Brown	Legal	Spouse
Caleb C. Brown	Legal	Son
Hannah J. Brown	Legal	Daughter
Abigail M. Brown	Legal	Daughter

The Affiant states of his own knowledge that each of the obligations of the Estate of Debra S. Brown, including but not limited to the debts of the Decedent, last illness, funeral and burial, promissory notes, installment contracts, mortgages, and state and federal succession taxes, if any, have been paid in full or provided for by the Affiant/Decedent's surviving spouse. The amount of income tax due to the federal government is not known at this time, but is believed to be well provided for by the Affiant/ Decedent's spouse.

This Affidavit is made as an inducement to each purchaser and each title insurer of the above-described property to treat the title thereto, or title to an interest therein, relieved from interference of the said Decedent, her heirs, creditors, and the taxing authorities.

DATED this 12 day of October, 2020.


 James E. Brown
 724 S. 32nd Street
 Mount Vernon, WA 98273
 Telephone: (360) 333-0274

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-045330

DATE ISSUED: 10/06/2020
FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): **DEBRA SUSAN**
LAST NAME(S): **BROWN**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **SEPTEMBER 29, 2020**
HOUR OF DEATH: **11:26 AM**
SEX: **FEMALE** AGE: **57 YEARS**
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: **HOME**
FACILITY OR ADDRESS: **324 SOUTH 32ND PLACE**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98274**

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

RESIDENCE STREET: **324 SOUTH 32ND PLACE**
CITY, STATE, ZIP: **MOUNT VERNON, WA 98274**
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **26 YEARS**

BIRTH DATE: [REDACTED]
BIRTHPLACE: **ANCHORAGE, AK**

FATHER: **RICHARD WAYNE AXELSON**
MOTHER: **DOROTHY JEAN [REDACTED]**

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **JAMES BROWN**

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **LICENSED DIRECTOR CREMATORIUM**

OCCUPATION: **HOMEMAKER**
INDUSTRY: **OWN HOME**
EDUCATION: **BACHELOR'S DEGREE**
US ARMED FORCES: **NO**

CITY, STATE: **BLAINE, WASHINGTON**
DISPOSITION DATE: **OCTOBER 03, 2020**

INFORMANT: **JAMES BROWN**
RELATIONSHIP: **SPOUSE**
ADDRESS: **324 SOUTH 32ND PLACE, MOUNT VERNON, WA 98274**

FUNERAL FACILITY: **WHATCOM CREMATION & FUNERAL**

ADDRESS: **4202 GUIDE MERIDIAN #106**
CITY, STATE, ZIP: **BELLINGHAM, WASHINGTON 98226**
FUNERAL DIRECTOR: **TIM D. POWELL**

CAUSE OF DEATH:
A: **METASTATIC BREAST CANCER**
INTERVAL: **4 YEARS**

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: **MALIGNANT ASCITES, METS TO LUNG, BONE LIVER AND BRAIN**

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: **SEPTEMBER 30, 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: **CHERYL PETERSON**
DATE RECEIVED: **OCTOBER 01, 2020**

EXHIBIT A



Affidavit for Correction

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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 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 (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
6. Name of Person Requesting Correction: Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director 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 currently shows: The true fact is:
8. 9.
10. 11.
12. 13.

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

14a. Signature: 14b. Signature of 2nd parent (if required):
Printed name: Date: Printed name: Date:

INSTRUCTIONS - go to www.doh.wa.gov for more information

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.

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. Proof documentation must be five or more years old or established within five years of birth.
- 4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
- To correct the sex of the child, one proof documentation 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 proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation 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

- 1. 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.
- 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 proof documentation.
- 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.



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Greg Stern, Health Officer.

Greg Stern MD



0 4 1 5 8 7 2 1

COMMUNITY PROPERTY AGREEMENT

This Agreement is made on August 23, 2017, between James E. Brown and Debra S. Brown, husband and wife, domiciled in the State of Washington. In consideration of their mutual agreements 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 in writing) 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. 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 her, 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 referred to in this Agreement as the "described community property".

2. **Vesting at Death of a Spouse.** If husband dies and wife survives him, all of the described community property shall vest in wife as of the moment of husband's death. If wife dies and husband survives her, all of the described community property shall vest in husband as of the moment of wife's death.

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 assets thereof, in which event the interest disclaimed shall pass as if the provisions of Paragraph 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by an alternate disposition.

4. **Automatic Revocation.** The provisions of Paragraph 2 shall be automatically revoked

(a) Upon filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce; or

(b) Upon the establishment of a domicile out of the State of Washington by either party; or

(c) Immediately prior to death, if the order of death cannot be ascertained.

5. **Optional Revocation by One Party** If either party becomes disabled, the other party shall have the power to terminate the provisions of Paragraph 2 and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardians(s), if any, of the person and of the estate of the disabled person. 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 person is unable to manage his or her own affairs.

6. **Powers of Appointment.** This Agreement shall not affect any power of appointment now held by or hereafter given to husband or wife or both of them, nor shall it obligate husband or wife or both of them to exercise any such power of appointment in any way.

7. **Revocation of Inconsistent Agreements** To the extent this Agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by 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.

IN WITNESS WHEREOF, James E. Brown and Debra S. Brown have set their signatures on August 23, 2017.

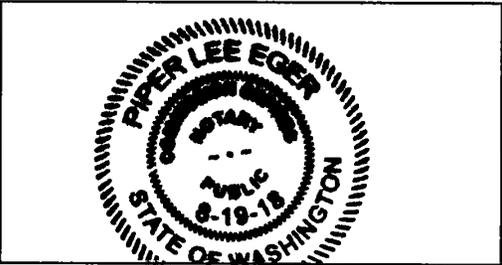

James E. Brown


Debra S. Brown

State of Washington)
)ss
County of Skagit)

I certify that I know or have satisfactory evidence that James E. Brown and Debra S. Brown, husband and wife, are the persons who appeared before me, acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes in the instrument.

Dated: August 23, 2017.



PLACE NOTARY SEAL IN THIS BOX


Notary Public
My appointment expires 8/19/18