



202011160210

11/16/2020 02:08 PM Pages: 1 of 6 Fees: \$108.50
Skagit County Auditor

Filed for Record at the Request of:

Aaron M. Rasmussen
Barron Smith Daugert, PLLC
300 N. Commercial St.
Bellingham, WA 98225

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

NOV 16 2020

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

DOCUMENT TITLE: Community Property Affidavit

GRANTOR: Stephen R. Gillman, Deceased

GRANTEE: Emilie A. Gillman, Surviving Spouse

ABBREV. LEGAL DESCRIPTION: Ptn. Sec. 30 Twp 35 R2E -- Lot 3, City of Anacortes SP AN-06-004, less W 10 ft. (full legal on page 2)

ASSESSOR'S TAX/PARCEL ID NO.: 350230-3-006-0116 / P33222

COMMUNITY PROPERTY AFFIDAVIT

STATE OF WASHINGTON)
)
COUNTY OF SKAGIT) ss.

RICHARD H. GILLMAN, being first duly sworn, upon oath deposes and says:

1. I am the duly appointed and acting personal representative of the Estate of Emilie A. Gillman, Deceased, under Skagit County Superior Court Cause No. 20-4-00462-29, and I make this affidavit based on my personal knowledge. EMILIE A. GILLMAN was the lawful surviving spouse of STEPHEN R. GILLMAN, who died on October 29, 2015 at Anacortes, Washington. At that time and at all times referenced in this document, STEPHEN R. GILLMAN and EMILIE A. GILLMAN both resided in Anacortes, Skagit County, Washington.
2. On October 15, 2004, STEPHEN R. GILLMAN and EMILIE A. GILLMAN ("the Spouses") while married, executed an agreement entitled "Agreement as to Status of Community Property" ("the Agreement"), the original of which is attached hereto. The Agreement provides that all property owned at the time of the Agreement or thereafter acquired by either or both Spouses was community property, and that such property vested in the survivor immediately upon the death of either spouse. The Spouses were both legally competent at the time of the Agreement and executed no subsequent Wills or other instruments that would have had the effect of abrogating or nullifying the Agreement.
3. At the time of and as a result of the Agreement, and at all subsequent times, all real and personal property in which the either of the Spouses had any interest was their community property.

4. Among the items that the Spouses held as community property at the time of STEPHEN R. GILLMAN's death was the following described real estate, situated in the County of Skagit, State of Washington:

Lot 3, City of Anacortes Short Plat No. AN-86-004, approved December 1, 1986, and recorded December 3, 1986, as Auditor's File No. 8612030024, in Volume 7 of Short Plats, page 142, records of Skagit County, Washington; being a portion of the Northeast $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ of Section 30, Township 35 North, Range 2 East, W.M.

EXCEPT the West 10 feet as delineated on Boundary Line Adjustment recorded February 23, 2010, under Skagit County Auditor's File No. 201002230066.

Subject to: Restrictions, Reservations, Easements, and other matters of record, if any.

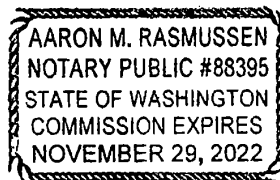
5. All expenses of STEPHEN R. GILLMAN's last illness, funeral, and costs of administration were paid, and there were no unpaid creditors of STEPHEN R. GILLMAN or of the Spouses' former marital community.
6. No state or federal transfer taxes were payable in STEPHEN R. GILLMAN's estate.
7. STEPHEN R. GILLMAN executed a Will on October 15, 2004, designating EMILIE A. GILLMAN as the beneficiary of 100% of his estate. No proceedings have occurred, nor are any proceedings contemplated, to probate STEPHEN R. GILLMAN's estate.
8. This affidavit is made to induce any and all title insurance companies to issue policies of title insurance on real property that passed to EMILIE A. GILLMAN as the surviving spouse of STEPHEN A. GILLMAN, whether acquired as community property or converted to community property by operation of the Agreement, in reliance upon the representations herein set forth.

DATED this 10th day of November, 2020.



RICHARD H. GILLMAN

SUBSCRIBED and SWORN (or affirmed) to before me this 10 day of November, 2020.



NOTARY PUBLIC in and for the State of

Washington, residing at Mt. Vernon

My appointment expires 11/29/22

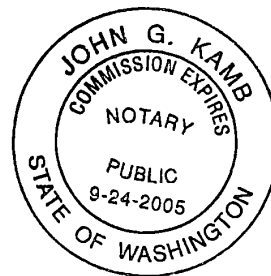
Know All Men By These Presents, that this agreement made and entered into by and between **Stephen R. Gillman and Emilie A. Gillman**, husband and wife, of Anacortes, Skagit County, Washington, and pursuant to the provisions of **RCW 26.16.120**, providing for agreements between husband and wife for the fixing of the status of community property to take effect upon the death of either:

STATE OF WASHINGTON }
COUNTY OF SKAGIT }ss

I certify that I know or have satisfactory evidence that **STEPHEN R. GILLMAN** and **EMILIE A. GILLMAN**, husband and wife, signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the said instrument.

Dated: Oct 15, 2004

John G. Kamb
Notary Public for the State of Washington
Residing at Mount Vernon
My Commission Expires: 9/24/05



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-030119

DATE ISSUED: 11/02/2015

FEE NUMBER: 0000000029

GIVEN NAMES: STEPHEN ROY
LAST NAME: GILLMAN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: OCTOBER 29, 2015
HOUR OF DEATH: 04:00 P.M.

SEX: MALE

AGE: 80 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: PASADENA, CALIFORNIA

MARITAL STATUS: MARRIED
SPOUSE: EMILIE ANN HALL

OCCUPATION: FISHERMAN
INDUSTRY: COMMERCIAL FISHING
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? NO

INFORMANT: EMILIE A. GILLMAN
RELATIONSHIP: WIFE
ADDRESS: 504 HILLCREST DRIVE, ANACORTES, WA. 98221

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 504 HILLCREST DRIVE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 504 HILLCREST DRIVE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER: FRANCIS WALTON GILLMAN
MOTHER: MARIE LILLIA [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY
CITY, STATE: ANACORTES, WA
DISPOSITION DATE: NOVEMBER 02, 2015

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.
ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES WA 98221
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

CAUSE OF DEATH:
A. PULMONARY HYPERTENSION
INTERVAL: > 6 MONTHS
B. CARDIOMYOPATHY
INTERVAL: > 6 MONTHS
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
CORONARY ARTERY DISEASE, AORTIC STENOSIS

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

LOCATION OF INJURY:

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

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

CERTIFIER NAME: ALLEN H. HORESH, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 912 32ND STREET, SUITE A
CITY, STATE, ZIP: ANACORTES WA 98221
DATE SIGNED: OCTOBER 30, 2015

STATUS OF DECEDENT: IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA#651
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: NOVEMBER 02, 2015



Affidavit for Correction

11/16/2020 02:08 PM Page 6 of 6
 State of Washington Department of Health
 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:		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: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)			
7. 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:				
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:				
<ul style="list-style-type: none"> 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				
<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 				
Adult (18 years or older)				
<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				
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

NOV - 2 2015

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

DD00349971