



202012090045

12/09/2020 08:55 AM Pages: 1 of 9 Fees: \$111.50
Skagit County Auditor

Return Address:

LAW OFFICES OF ANDREW C. SCHUH
1204 CLEVELAND AVE
MOUNT VERNON WA 98273

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee DANYA L. FURMAN, being first duly sworn
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real

property described below, and is WIFE

Relationship to decedent

of BLAIR G. FURMAN, who died on 1-12-2016
Decedent/Grantor *Date*

at EDMONDS SNOHOMISH WASHINGTON
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

LAKE CAVAHAUGH SUB DIV 2 LOT 124 BLK 1

Assessor's Property Tax Parcel/Account Number: P66602
(Attach full legal description of the property)

☐ Decedent left no Last Will and Testament.

☒ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of
predeceased child or adopted child, parents, brothers and sisters of the decedent.
Affiant hereby identifies all heirs at law of the decedent: (use additional pages if
necessary)

(Page 1 of _____)

ERICA M. KNOWLES, 48 YRS OLD, DAUGHTER

3570 NE 180 ST, LAKE FOREST PARK, WA 98155

Full name, age, relationship, address

JOSHUA A. FURMAN, 45 YRS OLD, SON

3359 182 ND ST, LAKE FOREST PARK, WA 98155

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : _____

DANYA LYNN FURMAN

Affiant's full name

206 719 5405

Telephone number

670 TIMBERLAND LOOPMOUNT VERNON

Street

WA98273

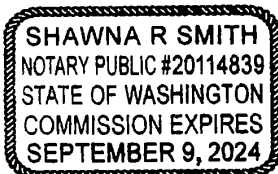
City

State

Zip Code

Danya L. Furman
Signature12/1/2020
DateState of WASHINGTON County of SKAGITI know or have satisfactory evidence that DANYA L. FURMAN
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 12 / 1 / 20(SEAL OR
STAMP)*Shawna R. Smith*
Signature of Notary PublicResiding at: BURLINGTONNotary Public in and for the State of WASHINGTONMy appointment expires: 09 / 2024

RETURN NAME & ADDRESS

Danya Furman
6219 134th PL SW
Edmonds, WA 98026



201605060084 3 PGS
 05/06/2016 9:44am \$75.00
 SNOHOMISH COUNTY, WASHINGTON

Please print neatly or type information
 Document Title(s)

Community Property Agreement

2020-5077
 SKAGIT COUNTY WASHINGTON
 REAL ESTATE EXCISE TAX

Reference Number(s) of related documents

1

DEC 04 2020
 11-25-2020

Amount Paid \$
 Skagit Co. Treasurer

By Deputy

Additional Reference #'s on page

Grantor(s) (Last, First, and Middle Initial)

Furman, Blair, G

Additional Grantors on page

Grantee(s) (Last, First, and Middle Initial)

Furman, Danya, L

Additional Grantees on page

Legal Description (abbreviated form i.e. lot, block, plat or section, township, range, quarter/quarter)

Complete legal on page

Assessor's Property Tax Parcel/Account Number

Additional parcel #'s on page

The Auditor/Recorder will rely on the information provided on this form. The responsibility for the accuracy of the indexing information is that of the document preparer.

*I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36 18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

Danya J Furman
 Signature of Requesting Party

COMMUNITY PROPERTY AGREEMENT

Agreement made in Seattle, Washington on this 19 day of April, 1980, by and between BLAIR GARDNER FURMAN and DANYA LYNN FURMAN, husband and wife, both of whom are domiciled in the State of Washington. In consideration of their mutual agreements set forth below, the parties agree as follows:

I. Property Covered.

This Agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife 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. Any separate property of Husband which is owned by Husband at the time of his death shall become and be considered community property as of the moment of his death, and any separate property of Wife which is owned by Wife at the time of her death shall become and be considered community property as of the moment of her death. All such property is referred to in this Agreement as the "described community property."

II. Vesting at Death of a Spouse

If Husband dies and Wife survives him by ten days, all of the described community property shall vest in Wife. If Wife dies and Husband survives her by ten days, all of the described community property shall vest in Husband.

III. Optional Revocation by One Party.

If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 1 regarding after acquired property and 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

1 and to the guardians, if any, of the person and of the estate of the
2 disabled person. For the purposes of this paragraph, a spouse
3 shall be deemed disabled if a person duly licensed to practice
4 medicine in the State of Washington signed a statement declaring
5 that the named person is unable to manage his or her own affairs.

6 IV. Powers Of Appointment.

7 This agreement shall not affect any power of appointment that
8 is now held or is hereafter given to Husband or Wife or both of
9 them, nor shall it obligate Husband or Wife or both of them to
10 exercise any such power of appointment in any way.

11 V: Revocation of Inconsistent Agreements.

12 To the extent this Agreement is inconsistent with the pro-
13 visions of any community property agreement or other arrangement
14 previously made by the parties affecting the described community
15 property, the terms of this Agreement shall be deemed to revoke such
16 prior provisions to the extent of the inconsistency.
17


18 
19 Blair Gardner Furman

20 
21 Danya Lynn Furman

22
23 STATE OF WASHINGTON)
24 : ss.
COUNTY OF K I N G)

25 On this day personally appeared before me Blair Gardner Furman
26 and Danya Lynn Furman, to me known to be the individuals described
27 in and who executed the within and foregoing Community Property
Agreement, and acknowledged that they signed the same as their free
and voluntary act and deed for the uses and purposes therein mentioned.

28 GIVEN under my hand and official seal this 19 day of April
29 1980.

30 
31 NOTARY PUBLIC in and for the State
of Washington, residing at Seattle.

32 COMMUNITY PROPERTY AGREEMENT - 2

GREIVE & LAW
Attorneys-at-Law
4444 California Ave S W
Seattle, Wash 98116
WE 7-4111

STATE OF WASHINGTON } ss
COUNTY OF SNOHOMISH }

I, Garth Fell, Snohomish County Auditor,
do hereby certify that the foregoing instrument
is a true and correct copy of the document now
on file or recorded in my office.

In witness whereof, I hereunto set my hand this

30 day of Nov. 2020
GARTH FELL, County Auditor

[Signature] Deputy



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-001518

LOCAL FILE NUMBER: 153

DATE ISSUED: 01/19/2016

FEE NUMBER: 0000310116

GIVEN NAMES: BLAIR GARDNER
 LAST NAME: FURMAN
 AKA: JOE FURMAN

COUNTY OF DEATH: SNOHOMISH
 DATE OF DEATH: JANUARY 12, 2016
 HOUR OF DEATH: 04:55 P.M.
 SEX: MALE
 AGE: 67 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
 RACE: WHITE

BIRTHDATE: [REDACTED]
 BIRTHPLACE: ST LOUIS, MISSOURI

MARITAL STATUS: MARRIED
 SPOUSE: DANYA LYNN CLINE

OCCUPATION: MANAGER
 INDUSTRY: LARGE AIRCRAFT MANUFACTURING
 EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
 U.S. ARMED FORCES? YES

INFORMANT: DANYA L. FURMAN
 RELATIONSHIP: WIFE
 ADDRESS: 6219 - 136TH PLACE SW EDMONDS, WA 98026

PLACE OF DEATH: HOME
 FACILITY OR ADDRESS: 6219 - 136TH PLACE SW
 CITY, STATE, ZIP: EDMONDS, WASHINGTON 98026

RESIDENCE STREET: 6219 - 136TH PLACE SW
 CITY, STATE, ZIP: EDMONDS, WASHINGTON 98026
 INSIDE CITY LIMITS? YES
 COUNTY: SNOHOMISH
 TRIBAL RESERVATION: NOT APPLICABLE
 LENGTH OF TIME AT RESIDENCE: 30 YEARS

FATHER/PARENT: BLAIR GARDNER FURMAN SR
 MOTHER/PARENT: MARGARET [REDACTED]

METHOD OF DISPOSITION: CREMATION
 PLACE OF DISPOSITION: NW PREFERRED CREMATORY
 CITY, STATE: MOUNTLAKE TERRACE, WA
 DISPOSITION DATE: JANUARY 18, 2016

FUNERAL FACILITY: BECK'S TRIBUTE CENTER
 ADDRESS: 405 FIFTH AVE SOUTH
 CITY, STATE, ZIP: EDMONDS WA 98020
 FUNERAL DIRECTOR: CRAIG A. NELSON

CAUSE OF DEATH:
 A. RENAL FAILURE
 INTERVAL: 1 WEEK
 B. PULMONARY FIBROSIS
 INTERVAL: DECADES
 C.
 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:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
 NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

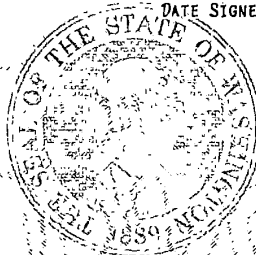
MANNER OF DEATH: NATURAL
 AUTOPSY: NO
 AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
 DID TOBACCO USE CONTRIBUTE TO DEATH? YES
 PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: DANIEL WEAKLY, MD
 TITLE: PHYSICIAN
 CERTIFIER
 ADDRESS: 7315 212TH ST. SW
 CITY, STATE, ZIP: EDMONDS WA 98026
 DATE SIGNED: JANUARY 13, 2016

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

ATTENDING PHYSICIAN:
 DANIEL WEAKLY MD

LOCAL DEPUTY REGISTRAR:
 MARTHA RUIZ
 DATE RECEIVED: JANUARY 15, 2016





Affidavit for Correction

12/09/2020 08:55 AM Page 1 of 1

Washington State 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: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: (City or County)
	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 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: Street City State Zip

Telephone Number: ()	Email Address:
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Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

8. The record now shows:	9. The true fact is:
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: Printed name: Date:	16b. Signature of 2 nd parent (if required): Printed name: Date:
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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

- 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)

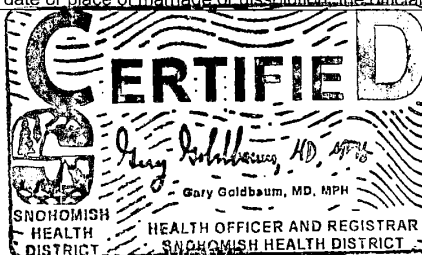
Death Certificates

- 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



IAN 10 2016

DD00318843