

202012180118

12/18/2020 12:25 PM Pages: 1 of 5 Fees: \$107.50
Skagit County Auditor

Document Title:

Community Property Agreement

Reference Number : P68751

Grantor(s):

☐ additional grantor names on page ____.

1. Hibler Jr, Robert J

2.

Grantee(s):

☐ additional grantee names on page ____.

1. Hibler, Sharon E

2.

Abbreviated legal description:

☐ full legal on page(s) ____.

0.3600 ac Title elimination af201606200163 mh 1980 candlewood 56x24 vin 16635 lot 61

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____.

P68751

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20205389
DEC 17 2020

Amount Paid \$ 0
Skagit Co. Treasurer
By *BT* Deputy

MICROFILM NO. 561215
COMMUNITY PROPERTY AGREEMENTRECEIVED
INDEXED
FILMED
SERIALIZED
A

THIS AGREEMENT, made and entered into this 13 day of May, 1992, by and between ROBERT J. HIBLER, husband, and SHARON E. HIBLER, wife, relative to the disposition of community property upon the death of either of the parties hereto.

WITNESSETH:

1. The parties were married December 26, 1969, at Seattle, Washington, and ever since have been and now are husband and wife, and have resided in the State of Idaho since June, 1990.

2. We certify that the real property described property situate in Nez Perce County, Idaho, to wit:

That part of Section 2, Township 35 North, Range 5 West of the Boise Meridian, described as follows: Commencing at the East 1/16 corner common to Sections 2 and 11, Township 35 North, Range 5 West of the Boise Meridian; thence North 0°18' West along the centerline of the County Road a distance of 1008.17 feet TO THE POINT OF BEGINNING; thence North 82°50'05" West a distance of 465.55 feet; thence North 0°18' West a distance of 200.34 feet; thence North 89°42' East a distance of 461.60 feet to the center of the County Road; thence South 0°18' East along the centerline of the County Road a distance of 260.83 feet to THE POINT OF BEGINNING.

was acquired by us from our joint efforts since marriage and while living together as husband and wife in a community property state, and that no part of said property was owned by either of us prior to this marriage, or which either of us have acquired since by gift, devise or as an heir at law of any person, and that the same is the community property of the parties hereto. We further certify, and hereby agree, that any other real property hereafter acquired by us, or by either of us, and regardless of how so acquired, shall also be considered as our community property and shall be subject to the provisions of paragraph 4. of this community property agreement.

3. All of the personal property of the parties is subject to this agreement, including all cash, checking accounts, savings accounts, certificates of deposit (including joint accounts, deposits and certificates with the right of survivorship and any deposits or certificates of deposits held in the name of one of us as trustee for the other), any automobiles, stocks, bonds, goods, securities, household goods and furniture, personal effects, and all other personal property of every kind and character and wherever situate in which the parties, or either of them, have any interest, including any such personal community property hereafter acquired.

4. That upon the death of either of the parties hereto the property described herein shall vest in the survivor absolutely, subject to the community debts of the parties.

IN WITNESS WHEREOF, the parties have hereunto set their hands the day and year first above written.

INST. NO. 561215
 FILED FOR RECORD
 FEB 16 1992 Lover
Eddy
 92 MAY 19 AM 9:13
 REC'D BY J. WILKEY
 RECORDED IN NEZ PERCE CO. ID. City
maurice
 BY maurice DEPUTY
 STATE OF IDAHO)
) ss
 County of Nez Perce)

Robert J. Hibler Jr
 ROBERT J. HIBLER

Sharon E. Hibler
 SHARON E. HIBLER

On this 13th day of May, 1992, before me, the undersigned, a Notary Public in and for said state, personally appeared ROBERT J. HIBLER and SHARON E. HIBLER, husband and wife, known to me to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

[Signature]
 Notary Public in and for said State,
 residing at Lewiston therein.

My Commission Expires: 10/08/97

(SEAL)

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-043576

DATE ISSUED: 09/22/2020
FEE NUMBER: 18092220

FIRST AND MIDDLE NAME(S): ROBERT JAMES
LAST NAME(S): HIBLER JR

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: SEPTEMBER 11, 2020
HOUR OF DEATH: 12:21 PM
SEX: MALE AGE: 84 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: MABTON, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: SHARON ELAINE SCHLECHT

OCCUPATION: ENGINEER/ELECTRONICS
INDUSTRY: COPY AND COMPUTERS
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YES

INFORMANT: SHARON E HIBLER
RELATIONSHIP: WIFE
ADDRESS: 22906 SE 281ST PLACE MAPLE VALLEY WA 98038

CAUSE OF DEATH:
A: CARDIAC ARREST
INTERVAL: NONE
B: CORONARY ARTERY DISEASE
INTERVAL: YEARS
C: UNCONTROLLED TYPE 2 DIABETES
INTERVAL: YEARS
D: OBSTRUCTIVE SLEEP APNEA
INTERVAL: YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION

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: HOME
FACILITY OR ADDRESS: 18754 FISHERMANS LOOP
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 18754 FISHERMANS LOOP
CITY, STATE, ZIP: BURLINGTON, WA 98233
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER: ROBERT JAMES HIBLER SR
MOTHER: NINA LOVINA [REDACTED]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: FOREST LAWN CEMETERY

CITY, STATE: BREMERTON, WASHINGTON
DISPOSITION DATE: SEPTEMBER 25, 2020

FUNERAL FACILITY: LEWIS FUNERAL CHAPEL

ADDRESS: 5303 KITSAP WAY
CITY, STATE, ZIP: BREMERTON, WASHINGTON 98312
FUNERAL DIRECTOR: GLEN C. HENRICKSON

MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
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: ANTHONY J. MITCHELL, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 307 S. 13TH. STREET, #200
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
DATE SIGNED: SEPTEMBER 16, 2020

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: SEPTEMBER 22, 2020

Affidavit for Correction

12/18/2020 12:25 PM Page 5 of 5

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				
Required	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:
	First Middle Last	MM/DD/YYYY	(City or County)	
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
	First Middle Last/Maiden	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: 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 2 nd 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:				
<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 • 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				
<ul style="list-style-type: none"> • If legal guardian(s), include certified court order proving guardianship. • Up to age one or up to one year following the filing of an Acknowledgement 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)				
<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 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.				



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

CERTIFIED
KITSAP PUBLIC HEALTH DISTRICT
345 6TH ST. STE. 300, BREMERTON, WA 98337


Gib Morrow, MD, MPH
Health District Officer



0 4 1 5 2 0 0 0