



**202012310092**

12/31/2020 11:16 AM Pages: 1 of 6 Fees: \$108.50  
Skagit County Auditor

Document Title:

Community-Like Property Affidavit

Reference Number :

Grantor(s):

☐ additional grantor names on page \_\_\_\_.

1. Laurie K. Everett

2.

Grantee(s):

☐ additional grantee names on page \_\_\_\_.

1. Phillip J. Oskam

2.

Abbreviated legal description:

☐ full legal on page(s) \_\_\_\_.

Lots 18 through 20, Block 5, "Plat of White's First Addition to the City of Anacortes," as per plat recorded in Volume 2 of Plats, Page 41, Records of Skagit County, Washington

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page \_\_\_\_.

P65096

**COMMUNITY-LIKE PROPERTY AFFIDAVIT  
for RECORDATION**

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

Phillip J. Oskam, being first duly sworn, upon oath, declares as follows:

1. Status. I am the surviving Committed Intimate Relationship partner of Laurie K. Everett, who died on July 2, 2020 at Anacortes, Skagit County, Washington. A certified copy of her Certificate of Death is attached to this Affidavit.
2. Community-Like Property Status. Decedent and I lived as wife and husband in a Committed Intimate Relationship continuously for more than thirty years, we pooled our resources, we intended to live as a family and during this time we represented to others that we were a married couple. During this time of Committed Intimate Relationship Decedent and I purchased real property as described in this affidavit.
3. Purpose of Affidavit. I am making this Affidavit for recordation regarding the status of the said real property. The statements I make in this Affidavit are representations of fact that all parties dealing with the real property located in Skagit County, Washington, and more fully described in the attachment to this Affidavit may rely upon.
4. Community-Like Property Subject to the Committed Intimate Relationship. Decedent's and my Community-Like Property is listed in an attachment to this Affidavit. All of the Community-Like Property is subject to the principles of Committed Intimate Relationships in Washington, all of its disposition is controlled by the said principles, and all of it passed to me upon Decedent's death. Decedent owned no separate property at her death.

5. Decedent's Will & Probate. No proceedings have begun or are anticipated:

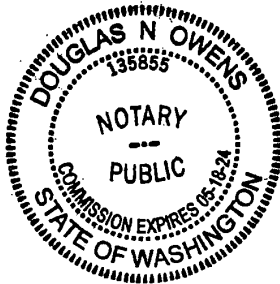
- To have a Will of Decedent admitted to probate,
- To have a Personal Representative for Decedent appointed, or
- To set aside, cancel, or revoke the Agreement.

6. Decedent's Debts & Expenses. All of the debts and expenses (including expenses of last illness, funeral, and burial) of Decedent and the liabilities and other obligations of the Committed Intimate Relationship have been paid in full.

Dated: 12/23/20

Phillip J. Oskam  
Phillip J. Oskam  
810 30<sup>th</sup> St.  
Anacortes, WA 98221

SUBSCRIBED & SWORN TO before me on: DEC. 23, 2020



Douglas N. Owens  
Signature of Notary

DOUGLAS N OWENS  
Printed Name of Notary

NOTARY PUBLIC in and for the State of  
Washington, residing at: ANACORTES  
My appointment expires on: 5/18/24

Attachment to  
COMMUNITY-LIKE PROPERTY AFFIDAVIT

\*\*\*\*\*

Community-Like Property Subject to the

Committed Intimate Relationship

Lots 18 through 20, Block 5, "Plat of White's First Addition to the City of Anacortes," as per plat recorded in Volume 2 of Plats, Page 41, Records of Skagit County, Washington.

Property Tax Id: P60596

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-031365

DATE ISSUED: 12/24/2020

FEE NUMBER: 118368332

FIRST AND MIDDLE NAME(S): LAURIE CHRISTINE  
LAST NAME(S): EVERETT

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: JULY 02, 2020

HOUR OF DEATH: 01:15 PM

SEX: FEMALE AGE: 64 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: OAKLAND, CA

MARITAL STATUS: DOMESTIC PARTNER

SURVIVING SPOUSE: PHIL OSKAM

OCCUPATION: MAINTENANCE WORKER

INDUSTRY: WASHINGTON STATE PARKS DEPT

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: PHILIP JAMES OSKAM

RELATIONSHIP: DOMESTIC PARTNER

ADDRESS: 810 30TH STREET ANACORTES, WA 98221

CAUSE OF DEATH:

A: CARDIAC ARREST

INTERVAL: 1 DAY

B: ACUTE AND CHRONIC RESPIRATORY FAILURE WITH HYPOXIA

INTERVAL: 3 DAYS

C: CHRONIC OBSTRUCTIVE PULMONARY DISEASE

INTERVAL: YEARS

D: TOBACCO DEPENDENCE

INTERVAL: YEARS

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:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 810 30TH STREET

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 15 YEARS

FATHER: STANLY EVERETT

MOTHER: JUNE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: PREMIER MORTUARY SERVICE

CITY, STATE: MARYSVILLE, WASHINGTON

DISPOSITION DATE: JULY 13, 2020

FUNERAL FACILITY: PREMIER MORTUARY SERVICE

ADDRESS: 1727 E MARINE VIEW DR STE B

CITY, STATE, ZIP: EVERETT, WASHINGTON 98201

FUNERAL DIRECTOR: JAMES B. THOMASON

MANNER OF DEATH: NATURAL

AUTOPSY: UNKNOWN

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: JEFFREY W. MILLER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 E. KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

DATE SIGNED: JULY 08, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: JULY 13, 2020

**Affidavit for Correction**

12/31/2020 11:46 AM Page 6 of 8

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
<b>Required information must match current information on record</b>				
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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <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:**

<b>The record currently shows:</b>	<b>The true fact is:</b>
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 <sup>nd</sup> parent (if required):	
Printed name:	Date:	Printed name:	Date:

**INSTRUCTIONS – go to [www.doh.wa.gov](http://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**

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

\*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.

**Adult (18 years or older)**

- Only the adult can change their own 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.

**Death Certificates**

- 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.
- 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 proof documentation.
- 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 Jean Remsbecker, State Registrar.

*Jean Remsbecker*



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