



202101050034

01/05/2021 09:03 AM Pages: 1 of 8 Fees: \$110.50
Skagit County Auditor

When Recorded Please Return To:
LAWRENCE A. PIRKLE
P.O. Box 1788
Mount Vernon, WA 98273
(360) 336-6587

DOCUMENT TITLE(S): AFFIDAVIT IN SUPPORT OF
COMMUNITY PROPERTY AGREEMENT

REFERENCE NUMBER(S):

GRANTOR: LAILA E. MORK

GRANTEE: PUBLIC

ASSESSOR'S PARCEL NUMBER: 3867-000-005-0902 (P62287)

LEGAL DESCRIPTION:

THE PORTION OF TRACT 5, "PLAT OF THE BURLINGTON ACREAGE PROPERTY", AS PER PLAT RECORDED IN VOLUME 1 OF PLATS, PAGE 49, RECORDS OF SKAGIT COUNTY, WASHINGTON, DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT ON THE NORTH LINE OF SAID TRACT, 133 FEET EAST OF THE NORTHWEST CORNER OF SAID TRACT;
THENCE SOUTH 239.5 FEET TO AN IRON PIPE AND THE TRUE POINT OF BEGINNING;
THENCE SOUTH 110 FEET;
THENCE NORTH 89°29' EAST 114.9 FEET;
THENCE NORTH 0°31' WEST 110 FEET;
THENCE SOUTH 89°29' WEST 113.9 FEET TO THE POINT OF BEGINNING,
EXCEPT COUNTY ROAD.
SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

5. All obligations of the community composed of the Decedent and the affiant owing at the date of the Decedent's death have been paid in full, and all expenses of last illness and for funeral and burial services of the Decedent have been paid.

6. The Decedent was survived by the following persons:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
LAILA E. MORK 11056 Gundersen Lane Burlington, WA 98233	Spouse	Legal
ANDREW ROBERT MORK 26646 Panorama Place Sedro Woolley, WA 98284	Son	Legal
ANITA E. OAKES 11056 Gundersen Lane Burlington, WA 98233	Daughter	Legal

8. I, LAILA E. MORK, affirm that I am the sole and rightful heir to the property legally described above.

9. That the transfer of this property is exempted from the real estate excise tax pursuant to WAC 458-61A-202(6)(a).

DATED this 31st day of December, 2020.

Laila E Mork
LAILA E. MORK

SIGNED AND SWORN to before me this 31st day of December, 2020.



LAWRENCE A. PIRKLE
[Signature]
NOTARY PUBLIC in and for the
State of Washington
Residing at: Mount Vernon
My Commission Expires: 5/7/23

Affidavit in Support of
Community Property Agreement
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Lawrence A. Pirkle
Attorney at Law
(360) 336-6587

COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 1st day of April, 1999, between ROBERT C. MORK ("Husband") and LAILA E. MORK ("Wife"), husband and wife, both of whom are domiciled in the State of Washington. In consideration of their mutual promises set forth below, the parties agree as follows:

A. *Revocation of Prior Agreements.* If before this date the parties have executed a community property agreement, or any other agreement other than a Will or trust which is signed by both of them and which specifically provides for the disposition of their community property at the time either or both of them die, then any such agreement is terminated by this Agreement.

B. *Property Covered.* This Agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife. Any separate property of either, [now owned or hereafter acquired,] shall become and be considered community property upon the death of the party owning said separate property. All such community property is referred to in this Agreement as the "subject property."

C. *Vesting at Death.* On the death of either Husband or Wife, all of the subject property shall vest in the survivor of them.

D. *Disclaimer.* Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, and the interest disclaimed shall pass under the terms and conditions of any validly executed Will which the decedent may have executed, and in default thereof according to the laws of intestacy as governed by the statutes of the State of Washington then in effect.

E. *Automatic Revocation.* In the absence of other evidence indicating the party's intent to terminate this Agreement, it shall, nevertheless, be deemed mutually terminated and of no further force or effect upon either party's filing a petition, complaint or other pleading for dissolution of their marriage or divorce, or upon a court of competent jurisdiction dissolving the marriage or granting a decree of divorce or separate maintenance to either of them.

ORIGINAL

F. Optional Revocation by One Party.

This Agreement may be terminated by either party acting alone by delivery of a written notice of revocation to the other party or the other party's legal representative, and by recording such revocation with the **Skagit** County, Washington, Recorder's Office where real property transactions in **Skagit** County, Washington are recorded.

If either party becomes disabled, the other party shall have the power to terminate this Agreement, and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. Such termination shall be effective upon the delivery of written notice thereof to the disabled spouse, and to the guardian, if any, of the person and of the estate of the disabled person. For the purpose of this paragraph, a spouse shall be deemed disabled if such spouse's regularly attending physician signs a statement declaring that such spouse is unable to manage his or her own affairs; or if such spouse has no regularly attending physician, if such a statement is signed by two qualified physicians who have adequately examined the disabled spouse. An adjudication of incompetence by a court of competent jurisdiction shall also be proof of a spouse's disability for purposes of this paragraph.

G. Powers of Appointment. This Agreement shall not affect any power of appointment now held by or hereafter given to either party, nor shall it obligate either of them to exercise any such power of appointment in any way.

H. Survivorship. As used herein, the term "survivor survive," or "survivorship" shall mean living for a period of thirty (30) days following the death of the first of the aforementioned parties to die.


ROBERT C. MORK


LAILA E. MORK

On this day personally appeared before me, ROBERT C. MORK and LAILA E. MORK, to me known to be the individuals described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

A circular notary seal for Lawrence A. Pirkle, a Notary Public in the State of Washington. The seal features the text "LAWRENCE A. PIRKLE" around the top inner edge, "COMMISSION EXPIRES" at the top, "NOTARY PUBLIC" in the center, and "5-7-99" at the bottom. The outer ring of the seal contains the text "STATE OF WASHINGTON".

~~NOTARY PUBLIC~~ in and for the
State of Washington
Residing at Mount Vernon
My Commission Expires: 5/7/99

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-055938

DATE ISSUED: 12/03/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROBERT CONROY

LAST NAME(S): MORK

COUNTY OF DEATH: WHATCOM

DATE OF DEATH: NOVEMBER 29, 2020

HOUR OF DEATH: 03:45 PM

SEX: MALE

AGE: 87 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: MINOT, ND

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: LAILA LINDH

OCCUPATION: ELECTRICIAN

INDUSTRY: CONSTRUCTION

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: LAILA MORK

RELATIONSHIP: WIFE

ADDRESS: 11056 GUNDERSEN LN BURLINGTON, WA 98233

CAUSE OF DEATH:

A: HEART FAILURE

INTERVAL: 2 DAYS

B: MITRAL VALVE REGURGITATION

INTERVAL: YEARS

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:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: PEACEHEALTH ST JOSEPH HOSPITAL

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

RESIDENCE STREET: 11056 GUNDERSEN LN

CITY, STATE, ZIP: BURLINGTON, WA 98233

INSIDE CITY LIMITS: NO COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 52 YEARS

FATHER: CLIFFORD MORK

MOTHER: EVELYN [REDACTED]

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: DECEMBER 11, 2020

FUNERAL FACILITY: HULBUSH FUNERAL HOME AND CREMATION SERVICES

ADDRESS: 281 S BURLINGTON BLVD

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

FUNERAL DIRECTOR: THOMAS CUFLEY

MANNER OF DEATH: NATURAL

AUTOPSY: UNKNOWN

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: INGMAR PROKOP, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 2000 HOSPITAL DRIVE

CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284

DATE SIGNED: DECEMBER 01, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: HEATHER M. LOPES

DATE RECEIVED: DECEMBER 02, 2020

Affidavit for Correction

202101050034

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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: <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 <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:

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:	Printed name:
Date:	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

- 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 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.

*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 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.

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.



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

CERTIFIED

DEC 03 2020

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



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