

After recording please return to:  
Benner-Rothboeck  
1008 5<sup>th</sup> Street  
Anacortes, Washington 98221

202102120142

02/12/2021 10:36 AM Pages: 1 of 5 Fees: \$107.50  
Skagit County Auditor

**AFFIDAVIT OF**  
**COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON )  
 ) ss  
COUNTY OF SKAGIT )

Valerie Jensen, being duly sworn, upon oath, declares as follows:

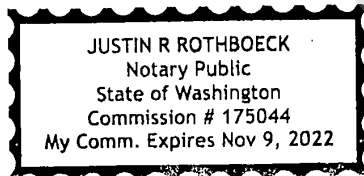
1. On April 1, 1996, my husband Edward Hiram Jensen and I executed a valid written Community Property Agreement (CPA herein) which was never revoked or otherwise invalidated. A true and correct copy of the CPA is attached to this Affidavit as **Exhibit A.**
2. In executing the CPA, my husband and I agreed the property we owned at that time, whether jointly or separate, and all the property we acquired thereafter, was the property of our marital community regardless of its prior status.
3. On November 27, 2020, Edward Hiram Jensen passed away. A true and correct certified death certificate for Edward Hiram Jensen is attached to this Affidavit as **Exhibit B.**
4. I make and record this Affidavit so that any individual who may be charged with the transfer of title or possession of any property, real or personal, owned by our marital community or with title in the name of Edward individually, can rely on this Affidavit and its attachments to transfer title or possession of that property to me. Per our agreement, Edward did not own any separate property when he passed away and all our community property, whether or not so titled, passed to me.

5. No proceeding has begun or is anticipated to begin to admit Edward's Will to probate, to appoint a personal representative over Edward's estate, to Administer his Estate, to file a small estate affidavit or to distribute or manage his estate in any manner other than pursuant to the terms of our CPA.
6. All of Edward's debts and expenses, including the expenses of his last illness, funeral and burial, are obligations of the Community and have been paid in full or, without waiving any defense to an improper claim, will be borne by me.

Dated this 22 day of January 2021.

Valerie Jensen  
Valerie Jensen

SIGNED AND SWORN TO before me on this 22<sup>ND</sup> day of January 2021 by Valerie Jensen.



Justin Rothboeck  
Justin Rothboeck  
Notary Public in and for the State of Washington  
Residing at Anacortes, Washington  
My appointment expires November 9, 2022

**EXHIBIT A****AGREEMENT AS TO STATUS OF COMMUNITY PROPERTY  
After Death of One of the Spouses**

**Know All Men By These Presents**, that this agreement made and entered into by and between Edward H. Jensen and Valerie Anne Jensen, husband and wife, of Mount Vernon, 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:

**W I T N E S S E T H :**

That in consideration of the love and affection that each of said parties has for the other and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and promised:

**I**

That all property of whatsoever nature or description, whether real, personal or mixed, and wheresoever situated, now owned or hereafter acquired by them or either of them, shall be considered and is hereby declared to be their community property.

**II**

That upon the death of either of the aforementioned parties, title to all community property as herein defined shall immediately vest in fee simple in the survivor of them.

**In Witness Whereof**, the parties have hereunto set their hands and seals this 1<sup>st</sup> day of April, 1996:

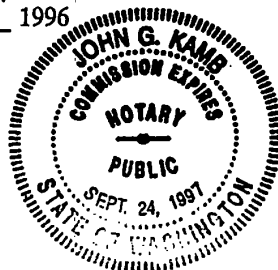
Edward H. Jensen  
Edward H. Jensen

Valerie Anne Jensen  
Valerie Anne Jensen

**STATE OF WASHINGTON**) **SS****COUNTY OF SKAGIT**

I certify that I know or have satisfactory evidence that Edward H. Jensen and Valerie Anne Jensen, 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: April 1<sup>st</sup> 1996



John G. Kamb  
Notary Public for the State of Washington  
Residing at Mount Vernon, WA  
My Commission Expires: 9-24-97

Law Office of Kamb & Kamb  
702 Main Street  
Mount Vernon Washington 98273  
Telephone: (360) 330-6145

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## EXHIBIT B

### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-055243

DATE ISSUED: 12/04/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): EDWARD HIRAM

LAST NAME(S): JENSEN

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: NOVEMBER 27, 2020

HOUR OF DEATH: 02:21 PM

SEX: MALE

AGE: 88 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: PUYALLUP, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: VALERIE ANNE SQUANCE

OCCUPATION: ACCOUNTANT

INDUSTRY: OWN BUSINESS

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: VALERIE JENSEN

RELATIONSHIP: WIFE

ADDRESS: 14851 JEFFERSON ST., ANACORTES, WA 98221

CAUSE OF DEATH:

A: SEPTIC SHOCK

INTERVAL: 4 DAYS

B: CHOLANGITIS

INTERVAL: 5 DAYS

C: CANCER OF UNKNOWN PRIMARY

INTERVAL: UNKNOWN

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: ISLAND HOSPITAL

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 14851 JEFFERSON ST.

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 18 YEARS

FATHER: HIRAM NATHANIEL JENSEN

MOTHER: PAULINE MARIE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: DECEMBER 01, 2020

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: DANIEL G LA PLAUNT

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: RICHARD R. HOLMAN, DO

TITLE: DO

CERTIFIER ADDRESS: 1211 24TH STREET

CITY, STATE, ZIP: ANACORTES, WA 98221

DATE SIGNED: NOVEMBER 30, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ

DATE RECEIVED: NOVEMBER 30, 2020

**Affidavit for Correction**

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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
<b>Required information must match current information on record</b>				
<b>Record Type:</b> <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:	
( )				
<b>Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:</b>				
<b>The record currently shows:</b>			<b>The true fact is:</b>	
8.			9.	
10.			11.	
12.			13.	
<b>I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.</b>				
14a. Signature:			14b. Signature of 2 <sup>nd</sup> parent (if required):	
Printed name:			Date:	Printed name:    Date:
<b>INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information</b>				
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"> <li>• Birth/Marriage/Divorce record    • Military record (DD-214)    • School transcripts    • Social Security Numident Report</li> <li>• Certificate of Naturalization    • Hospital/medical record    • Copy of Passport / Enhanced ID    • Green/Permanent Resident card (I-551)</li> </ul>				
<b>You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.</b>				
<b>Birth Certificates</b>				
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. <b>The proof(s) must match</b> 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).				
<b>Child under 18</b>				
<ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship.</li> <li>• 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.</li> <li>• No proof is required to change the first or middle name.*</li> <li>• To correct parent's information, one proof documentation is required.</li> <li>• To correct the sex of the child, one proof documentation from a medical provider is required.</li> </ul>				
<b>Adult (18 years or older)</b>				
<ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate.</li> <li>• If the first or middle name is missing, three pieces of proof documentation are required.</li> <li>• 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.</li> <li>• To correct parent's birth date, place of birth, or name, one proof documentation is required.</li> </ul>				
*To change any part of the name of a child using this form, <b>signatures from both parents listed on the certificate are required.</b> If one parent is deceased, submit a death certificate with request.				
<b>Death Certificates</b>				
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.				
<b>Marriage/Dissolution (Divorce) Certificates</b>				
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\***

DEC 04 2020

*Howard L. Brand*  
 Skagit County Health Department  
 Howard L. Brand M.D., Health Officer



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