

RETURN TO:
Patrick Hayden
PO Box 454
Sedro-Woolley, WA. 98284


202103020130
03/02/2021 04:05 PM Pages: 1 of 7 Fees: \$109.50
Skagit County Auditor

DOCUMENT TITLE(S) (or transactions contained herein):

1. Community Property Affidavit

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S) (Last name, first name and initials):

2. Mary Kay Melom

GRANTEE(S) (Last name, first name and initials):

1. Public
2. Kelvey L. Melom

LEGAL DESCRIPTION (Abbreviated: i.e., lot, block, plat or quarter, quarter, section, township and range).

Lot 4 and the West 1/2 of Lot 5, Block 18, "PLAT OF THE TOWN OF SEDRO" as per plat recorded in Volume 1 of Plats, page 17, records of Skagit County, Washington; Situated in Skagit County, Washington

ASSESSOR'S PARCEL/TAX I.D. NUMBER:

Tax Parcel No. P75491 / 4149-018-005-0001

COMMUNITY PROPERTY AFFIDAVIT

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2021-883
MAR 02 2021
Amount Paid \$0
Skagit Co. Treasurer
By [Signature] Deputy

Kelvey L. Melom, being first duly sworn, upon oath, declares as follows:

1. Status. I am the surviving spouse of Mary Kay Melom, who died on February 25, 2019, at Sedro-Woolley, Skagit County, Washington. A certified copy of her Certificate of Death is attached to this Affidavit.
2. Community Property Agreement. On November 1, 2018, Decedent and I, as husband and wife, validly executed a written Community Property Agreement (the "Agreement"), which has remained valid and in full force since its execution. The original Community Property Agreement is attached to this Affidavit.
3. Purpose of Affidavit. I am making this Affidavit for recordation regarding the Agreement. 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 Property Subject to the Agreement. The Agreement makes all property of Decedent and myself to be community property. All of the Community Property is subject to the Agreement, all of its disposition is controlled by the Agreement, and all of it passed to me upon Decedent's death. Decedent owned no separate property at death. At the time of the Decedent's death, we owned real property as community property situated at 813 Jameson Ave., Sedro Woolley, WA. 98284, legally described as follows:

Lot 4 and the West 1/2 of Lt 5, Block 18, "PLAT OF THE TOWN OF SEDRO" as per plat recorded in Volume 1 of Plats, page 17, records of Skagit County, Washington. Situated in Skagit County, Washington.
Parcel/Tax No. P75491 / 4149-018-005-0001

All interest of our marital community passed to me under the community property agreement after the death of Mary Kay Melom.
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 marital community have been paid in full.

Dated: Feb. 17, 2021

Kelvey L. Melom
 Kelvey L. Melom
 813 Jameson Ave.
 Sedro-Woolley, WA. 98284

SUBSCRIBED & SWORN TO before me on: Feb. 17, 2021

Patrick M. Hayden
 Signature of Notary

Patrick M. Hayden
 Printed Name of Notary



NOTARY PUBLIC in and for the State of
 Washington, residing at: Sedro-Woolley
 My appointment expires on: 4.27.21

COMMUNITY PROPERTY AGREEMENT
OF
KELVEY L. MELOM AND MARY KAY MELOM

ORIGINAL

THIS AGREEMENT, is made on the date set forth below, between **Kelvey L. Melom** and **Mary Kay Melom**, 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:

1. Property Covered. This agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife (except for assets for which a separate beneficiary designation has been or is hereafter made by Husband or Wife and approved by the other spouse) 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 or may have been registered in the name of one or the other or both. If Husband dies and Wife survives, any separate property of Husband which is owned by Husband at the time of his death (except for assets for which Husband has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of his death, and if Wife dies and Husband survives, any separate property of Wife which is owned by Wife at the time of her death (except for assets for which Wife has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of her death. All such property is regarded to in this Agreement as the "subject property."

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

3. 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.

4. 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.

5. Optional Revocation by One Party. 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

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-008980

DATE ISSUED: 02/28/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): MARY KAY
LAST NAME(S): MELOM

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 25, 2019
HOUR OF DEATH: 07:55 PM
SEX: FEMALE AGE: 68 YEARS
SOCIAL SECURITY NUMBER: ██████████

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

BIRTH DATE: ██████████
BIRTHPLACE: SEDRO-WOOLLEY, WA

MARITAL STATUS: MARRIED
SPOUSE: KELVEY L MELOM

OCCUPATION: COSMETOLOGIST
INDUSTRY: COSMETOLOGY
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NO

INFORMANT: KELVEY L MELOM
RELATIONSHIP: HUSBAND
ADDRESS: 813 JAMESON STREET, SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:
A: ASTROCYTOMA
INTERVAL: 1 YEAR
B:
INTERVAL:
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: UNITED GENERAL HOSPITAL
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 813 JAMESON STREET
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 40 YEARS

FATHER/PARENT: JAMES GIBBS
MOTHER/PARENT: FRANKIE ██████████

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: MARCH 01, 2019

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

MANNER OF DEATH: NATURAL
AUTOPSY: NO
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: SONG HONG, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2000 HOSPITAL DRIVE
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284
DATE SIGNED: FEBRUARY 27, 2019

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: SONG HONG, MD

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: FEBRUARY 27, 2019



Affidavit for Correction

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 information must match current information on record

Required

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: _____ 2. Date of Event: _____ 3. Place of Event: _____
MM/DD/YYYY City or County

4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) _____ 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: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify) _____

7. Return Mailing Address: _____ 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 now shows:	The true fact is:
8. _____	9. _____
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: _____ 16b. Signature of 2nd parent (if required): _____

Printed name: _____ Date: _____ Printed name: _____ Date: _____

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

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. 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, 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

1. 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). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
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.

DOH 422-034 October 2015

CERTIFIED

FEB 28 2019

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



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



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