



**202103090121**

03/09/2021 03:29 PM 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 OF COMMUNITY PROPERTY AGREEMENT

REFERENCE NUMBER(S):

GRANTOR: STEVE L. ESTABROOK, AS SURVIVING SPOUSE OF  
JAN C. ESTABROOK (DECEASED)

GRANTEE: STEVE L. ESTABROOK

TAX PARCEL NUMBER: P78174 (4206-000-034-0004)

LEGAL DESCRIPTION: Lot 34, "THE UPLANDS," according to the plat thereof,  
recorded in Volume 10 of Plats, Page 43, records of Skagit  
County, Washington.

Situate in Skagit County, Washington.



7. The Decedent was survived by the following persons:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
STEVE L. ESTABROOK 725 Upland Drive Mount Vernon, WA 98273	Spouse	Legal
VERONICA LINK 11417 16th Ave. Ct. NW Gig Harbor, WA 98332	Daughter	Legal
HALEY CAMPBELL 13547 King Lane Mount Vernon, WA 98273	Stepdaughter	Legal
HEATHER PORT 1215 East Methow Valley Hwy. Twisp, WA 98856	Stepdaughter	Legal

8. I, STEVE L. ESTABROOK, 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 4<sup>th</sup> day of March, 2021.

  
\_\_\_\_\_  
STEVE L. ESTABROOK

STATE OF WASHINGTON     )  
  ) ss.  
COUNTY OF SKAGIT     )

I certify that I know or have satisfactory evidence that STEVE L. ESTABROOK is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 4<sup>th</sup> day of March, 2021.



LAWRENCE A. PIRKLE

NOTARY PUBLIC in and for the  
State of Washington,  
Residing at Mount Vernon  
My Commission Expires: 5/7/23

## COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 17th day of December, 2012, between STEVE L. ESTABROOK and JAN C. ESTABROOK, 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.

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.

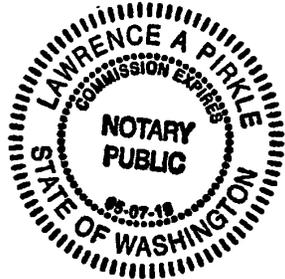
H. *Survivorship.* As used herein, the term "survivor" or "survivorship" shall mean living for a period of thirty (30) days following the death of the first of the aforementioned parties to die.

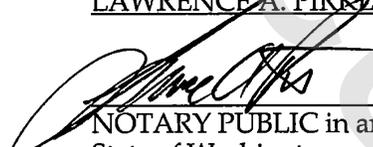
  
\_\_\_\_\_  
STEVE L. ESTABROOK  
  
\_\_\_\_\_  
JAN C. ESTABROOK

STATE OF WASHINGTON        )  
  )  
COUNTY OF SKAGIT        )        ss

On this day personally appeared before me, STEVE L. ESTABROOK and JAN C. ESTABROOK, 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.

GIVEN under my hand and official seal this 17th day of December, 2012.



\_\_\_\_\_  
LAWRENCE A. PIRKLE  
\_\_\_\_\_  
  
NOTARY PUBLIC in and for the  
State of Washington  
Residing at Mount Vernon  
My Commission Expires: 5/7/15

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-049514

DATE ISSUED: 11/20/2017  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JAN C  
LAST NAME(S): ESTABROOK

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: NOVEMBER 16, 2017  
HOUR OF DEATH: 12:25 AM  
SEX: FEMALE  
AGE: 70 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

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

RESIDENCE STREET: 725 UPLAND DR.  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 6 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: BIG SPRINGS, TX

FATHER/PARENT: CLAUDE REDDEN  
MOTHER/PARENT: MAZIE [REDACTED]

MARITAL STATUS: MARRIED  
SPOUSE: STEVE ESTABROOK

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

OCCUPATION: ADMINISTRATION REP.  
INDUSTRY: EDUCATION  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: NOVEMBER 20, 2017

INFORMANT: STEVE ESTABROOK  
RELATIONSHIP: HUSBAND  
ADDRESS: 725 UPLAND DR. MOUNT VERNON, WA 98273

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: KIRK S. DUFFY

CAUSE OF DEATH:  
A: ACUTE ON CHRONIC RESPIRATORY FAILURE  
INTERVAL: MONTHS  
B: PNEUMONECTOMY FROM LUNG CANCER  
INTERVAL: MONTHS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE:  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: YES  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

CERTIFIER NAME: PRECIOUS BARNES, DO  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1415 E. KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
DATE SIGNED: NOVEMBER 18, 2017

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: PRECIOUS BARNES, PA

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LESLIE GOFF  
DATE RECEIVED: NOVEMBER 20, 2017



Affidavit for Correction

03/09/2021 03:29 PM Page 3 of 8
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: Birth, Death, Marriage, Dissolution (Divorce). 1. Name on Record, 2. Date of Event, 3. Place of Event, 4. Father/Parent Full Legal Name, 5. Mother/Parent Full Birth Name, 6. Name of Person Requesting Correction, 7. Return Mailing Address, 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.

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). 3. Documentary proof must be five or more years old or established within five years of birth. Child under 18, Adult (18 years or older).

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. 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.

\*CERTIFIED\*

NOV 20 2017

Handwritten signature of Howard Leibrand

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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