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04/05/2021 03:36 PM Pages: 1 of 4 Fees: \$106.50
Skagit County Auditor

**Filed for Record at request of
and return to:**

STILES LAW INC., P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284

Grantor: Laurie L. Lundgren, surviving spouse and sole heir of the estate of Douglas C. Lundgren
Grantee: Laurie L. Lundgren
Address: 9609 Samish Island Road, Bow, WA 98232
Legal: Lots 2 & 11, Block 4, Map of the Town of Samish on Samish Island
Tax Parcel # P75220 / 4147-004-011-0005

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON) ss.
COUNTY OF SKAGIT)

Laurie L. Lundgren, being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of Douglas C. Lundgren, who died in the county of Skagit, State of Washington, on March 3, 2021, having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated August 16, 1976, which agreement has been recorded on 8/27/1976 under Skagit County Auditor File Number 841643.

2. That there are no unpaid creditors of said decedent or the former marital community nor unpaid funeral expense or expense of last illness, except for:

NONE

3. Among other items of community property was the following described real estate:

Address: 9609 Samish Island Road
Parcel ID: P75220 / 4147-004-011-0005

Lot 2, the East 10 feet of Lots 3 and 10 and Lot 11, Block 4, "Map of the Town of Samish on Samish Island, Whatcom County, W.T.," as per plat recorded in Volume 2 of Plats, page 71, records of Skagit County, Washington.

Except that portion lying below the meander line or the line of ordinary high tide whichever is farthest out.

Also except any portion lying within Samish Island Road.

Situate in the County of Skagit, State of Washington.

4. This affidavit is made to induce any title company to issue its policies of title insurance on real property passing to the affiant as surviving spouse by virtue of said community property survivorship agreement in reliance upon the representations hereinabove set forth.

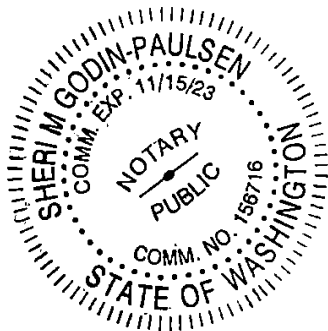
DATE: 3-30-2021

Laurie L. Lundgren
Laurie L. Lundgren

State of Washington) ss.
County of Skagit)

On this day personally appeared before me **Laurie L. Lundgren**, who executed the within and foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal on March 30, 2021



Sherim Godin-Paulsen
NOTARY PUBLIC in and for the State of
Washington, residing at Sedro Woolley
Commission Expires: 11-15-23

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-010860

DATE ISSUED: 03/05/2021
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DOUGLAS CLARENCE
LAST NAME(S): LUNDGREN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 03, 2021
HOUR OF DEATH: 11:08 AM FOUND
SEX: MALE AGE: 84 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: ABERDEEN, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: LAURIE JUDITH LINDSAY

OCCUPATION: TEACHER
INDUSTRY: EDUCATION
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: NO

INFORMANT: LAURIE LINDSAY LUNDGREN
RELATIONSHIP: WIFE
ADDRESS: 9609 SAMISH ISLAND ROAD, BOW, WA 98232

CAUSE OF DEATH:

- A: SEPSIS
INTERVAL: DAYS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PATIENT WAS DNR/DNI WITH LIMITED INTERVENTIONS, PER PREVIOUS DOCUMENTATION THAT WAS AFFIRMED BY SPOUSE. PATIENT WAS PLACED ON COMFORT CARE AFTER NO IMPROVEMENT AFTER INITIAL INTERVENTIONS

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: 9609 SAMISH ISLAND ROAD
CITY, STATE, ZIP: BOW, WA 98232
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 17 YEARS

FATHER: CLARENCE WILLIAM LUNDGREN
MOTHER: ADA PE [REDACTED]

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

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: MARCH 05, 2021

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: ROBERT W. COONEY, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
DATE SIGNED: MARCH 05, 2021

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ
DATE RECEIVED: MARCH 05, 2021



Affidavit for Correction

04/05/2021 03:36 PM Page 4 of 4
 Marriage Statistics
 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 Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <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 2 nd 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:				
<ul style="list-style-type: none"> 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				
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. 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).				
Child under 18				
<ul style="list-style-type: none"> 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. 				
Adult (18 years or older)				
<ul style="list-style-type: none"> 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. 				
*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.				
Death Certificates				
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.				
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 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

MAR 05 2021

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



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