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04/15/2021 10:35 AM Pages: 1 of 7 Fees: \$109.50
Skagit County Auditor

Recorded by and return to:

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

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2021-1598
APR 15 2021

Amount Paid \$
By Skagit Co. Treasurer Deputy

Legal: PTN SW, NE 14-35N-4E
Tax Parcel #: P103396 / 350414-007-0600 and P103601 / 305414-1-007-0700

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON) ss.
COUNTY OF SKAGIT)

Gregory Lee Adams, being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of Rebecca C. Adams, who died at Seattle, County of King, State of Washington, on January 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 6, 2012, which agreement has been recorded simultaneously with this affidavit and a copy of the decedent's death certificate under the records of the Auditor for Skagit, Washington.
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: 8355 Stiles Lane, Sedro Woolley, WA 98284
Parcel ID: P103396 / 350414-007-0600 and P103601 / 352414-1-007-0700

Please see attached Exhibit A for legal description

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.

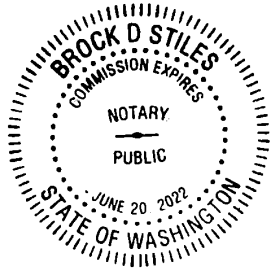
DATE: April 7, 2021

G. Adams
Gregory Lee Adams

State of Washington) ss.
County of Skagit)

On this day personally appeared before me **Gregory Lee Adams**, who executed the within and foregoing instrument and acknowledged that he signed the same as his free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal on April 7, 2021.



Brock D Stiles
NOTARY PUBLIC in and for the State of
Washington, residing at
Sedro-Woolley
Commission Expires: 6-20-22

Exhibit A

Legal Description

UNO

THAT PORTION OF THE SOUTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 14, TOWNSHIP 35 NORTH, RANGE 4 EAST, W.M., LYING NORTHERLY OF THE NORTHERN PACIFIC RAILROAD RIGHT-OF-WAY, DESCRIBED AS FOLLOWS:
COMMENCING AT THE SOUTHEAST CORNER OF SAID SOUTHWEST QUARTER OF THE NORTHEAST QUARTER; THENCE NORTH 01 DEGREE 28 MINUTES 07 SECONDS WEST (EQUALS NORTH 03 DEGREES 05 MINUTES 30 SECONDS WEST IN PREVIOUS LEGAL DESCRIPTIONS) ALONG THE EAST LINE OF SAID SOUTHWEST QUARTER OF THE NORTHEAST QUARTER, A DISTANCE OF 388.63 FEET TO THE NORTHERLY MARGIN OF THE NORTHERN PACIFIC RAILROAD RIGHT-OF-WAY; THENCE NORTH 86 DEGREES 10 MINUTES 07 SECONDS WEST (EQUALS NORTH 87 DEGREES 47 MINUTES 30 SECONDS WEST IN PREVIOUS LEGAL DESCRIPTIONS) ALONG SAID NORTHERLY MARGIN, A DISTANCE OF 411.07 FEET TO A POINT THAT BEARS 01 DEGREE 28 MINUTES 07 SECONDS EAST (EQUALS S 03 DEGREES 05 MINUTES 30 SECONDS EAST IN PREVIOUS LEGAL DESCRIPTIONS) FROM THE SOUTHWEST CORNER OF THAT CERTAIN TRACT CONVEYED TO GILBERT B. ARTHUR AND SHIRLEY E. ARTHUR, HUSBAND AND WIFE, BY DEED RECORDED NOVEMBER 9, 1954, UNDER AUDITOR'S FILE NO. 508980; THENCE 01 DEGREE 28 MINUTES 07 SECONDS WEST PARALLEL WITH SAID EAST LINE OF THE SOUTHWEST QUARTER OF THE NORTHEAST QUARTER, A DISTANCE OF 345.20 FEET TO AN EXISTING FENCE LINE AND THE POINT OF BEGINNING OF THIS DESCRIPTION; THENCE NORTH 70 DEGREES 54 MINUTES 51 SECONDS WEST ALONG SAID FENCE LINE, A DISTANCE OF 421.69 FEET TO A FENCE CORNER; THENCE SOUTH 12 DEGREES 24 MINUTES 58 SECONDS EAST A DISTANCE OF 67 FEET; THENCE SOUTH 20 DEGREES 55 MINUTES 33 SECONDS EAST, A DISTANCE OF 32.42 FEET; THENCE SOUTH 37 DEGREES 10 MINUTES 57 SECONDS EAST, A DISTANCE OF 374.55 FEET; THENCE SOUTH 57 DEGREES 03 MINUTES 28 SECONDS EAST, A DISTANCE OF 37.61 FEET TO A POINT THAT IS 60 FEET NORTH OF THE NORTHERLY MARGIN OF THE NORTHERN PACIFIC RAILROAD RIGHT-OF-WAY WHEN MEASURED AT RIGHT ANGLES THERETO; THENCE SOUTH 86 DEGREES 10 MINUTES 07 SECONDS EAST PARALLEL WITH SAID NORTHERLY MARGIN, A DISTANCE OF 122.18 FEET TO A POINT WHICH BEARS 01 DEGREE 28 MINUTES 07 SECONDS EAST A DISTANCE OF 284.94 FEET TO THE POINT OF BEGINNING.

MENT

RECORDED AT THE REQUEST OF:

Stiles & Stiles, Inc., P.S.
P.O. Box 228
Sedro-Woolley, Washington 98284

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2021-1958
APR 15 2021

Amount Paid \$ 0
By Skagit Co. Treasurer Deputy

COMMUNITY PROPERTY SURVIVORSHIP AGREEMENT

THIS AGREEMENT made and entered into by and between Gregory Lee Adams and Rebecca Christine Adams, husband and wife, pursuant to the provisions of Section 26.16.120, Revised Code of Washington; providing for agreements between husband and wife for fixing of the status and disposition of community property to take effect upon the death of either.

WITNESSETH:

That, in consideration of the love and affection that each of the 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 as follows:

FIRST: That all property of whatsoever nature and 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 community property.

SECOND: That upon the death of either of the parties hereto, title to all community property as defined in the preceding paragraph shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, Gregory Lee Adams and Rebecca Christine Adams,
husband and wife, have hereunto set their hands and seals on

August 6, 2012

Gregory Lee Adams
Gregory Lee Adams

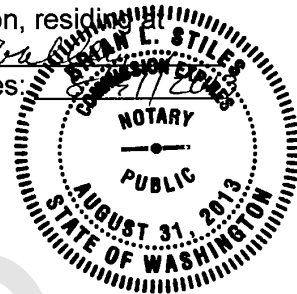
Rebecca C Adams
Rebecca Christine Adams

STATE OF WASHINGTON) ss.
COUNTY OF SKAGIT)

This certifies that Gregory Lee Adams and Rebecca Christine Adams, husband
and wife, personally appeared before me and known to me to be the individuals
described in and who executed the foregoing instrument and acknowledged the
same as their free and voluntary act and deed, for the uses and purposes therein
mentioned.

WITNESS my hand and official seal on August 6, 2012

Brian L. Stiles
NOTARY PUBLIC in and for the
State of Washington, residing at
Redmond, Washington
Commission expires: August 31, 2013



STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-000316

DATE ISSUED: 01/11/2021
FEE NUMBER:

FIRST AND MIDDLE NAME(S): REBECCA CHRISTINE
LAST NAME(S): ADAMS

COUNTY OF DEATH: KING
DATE OF DEATH: JANUARY 03, 2021
HOUR OF DEATH: 01:00 AM
SEX: FEMALE AGE: 54 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: SEDRO-WOOLLEY, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: GREGORY ADAMS

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

INFORMANT: GREGORY ADAMS
RELATIONSHIP: HUSBAND
ADDRESS: 8355 STILES LANE, SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:
A: RESPIRATORY FAILURE
INTERVAL: DAYS
B: ENCEPHALOPATHY SECONDARY TO CEREBRAL AND LEPTOMENINGEAL METASTASES
INTERVAL: DAYS
C: METASTATIC BREAST CANCER
INTERVAL: YEARS
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: UNIVERSITY OF WASHINGTON MEDICAL CENTER
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98195

RESIDENCE STREET: 8355 STILES LANE
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 30 YEARS

FATHER: WILLIAM STILES JR
MOTHER: BETTY [REDACTED]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: UNION CEMETERY

CITY, STATE: SEDRO WOOLLEY, WASHINGTON
DISPOSITION DATE: JANUARY 09, 2021

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: DAVID P. BRADLEY

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: NOT PREGNANT WITHIN THE PAST YEAR

CERTIFIER NAME: DESIREE MARSHALL, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1959 NE PACIFIC ST (BOX 356100)
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98195
DATE SIGNED: JANUARY 03, 2021

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

LOCAL DEPUTY REGISTRAR: DIANE BOGAN
DATE RECEIVED: JANUARY 07, 2021

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
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: First Middle Last		2. Date of Event: MM/DD/YYYY		3. Place of Event: (City or County)
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) 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 forgoing 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:

- 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

- 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

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

JAN 11 2021

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



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