



**202104200151**

04/20/2021 02:50 PM Pages: 1 of 8 Fees: \$110.50  
Skagit County Auditor

JONES BUTLER DOLAN, PS  
P.O. Box 2784  
Mount Vernon, WA 98273  
360-336-2939

**COMMUNITY PROPERTY AFFIDAVIT  
OF SURVIVING SPOUSE**

**Document Title:** Community Property Affidavit of Surviving Spouse  
**Grantor:** George A. Fuhr  
**Grantee:** Margaret M. Holland  
**Assessor Parcel No:** P81239, 4391-000-026-0009  
**Abbreviated Legal:** SKYLINE NO 12 PHASE I LOT 26  
**Reference Number:** 201511300199

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2021-110dB  
APR 20 2021

Amount Paid \$ 0  
Skagit Co. Treasurer  
By *MH* Deputy





**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH**

**CERTIFICATE OF DEATH**

CERTIFICATE NUMBER: 2021-011754

LOCAL FILE NUMBER: 124-21

DATE ISSUED: 03/16/2021  
FEE NUMBER:FIRST AND MIDDLE NAME(S): **GEORGE ALLEN**  
LAST NAME(S): **FUHR**COUNTY OF DEATH: **ISLAND**DATE OF DEATH: **MARCH 08, 2021**HOUR OF DEATH: **12:30 PM**SEX: **MALE** AGE: **83 YEARS**

SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]

BIRTHPLACE: **TACOMA, WA**MARITAL STATUS: **MARRIED**SURVIVING SPOUSE: **MARGARET MARY WALL**OCCUPATION: **PROFESSOR**INDUSTRY: **COLLEGE EDUCATION**EDUCATION: **DOCTORATE OR PROFESSIONAL DEGREE**US ARMED FORCES: **NO**INFORMANT: **MARGARET M HOLLAND**RELATIONSHIP: **WIFE**ADDRESS: **PO BOX 1087, LA CONNER, WA 98257**

CAUSE OF DEATH:

A: **ADULT FAILURE TO THRIVE**INTERVAL: **MONTHS**B: **NEURODEGENERATIVE BRAIN DISEASE**INTERVAL: **YEARS**

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: **NURSING HOME/LONG TERM CARE FACILITY**  
FACILITY OR ADDRESS: **HOME PLACE, 171 SW 6TH AVENUE**  
CITY, STATE, ZIP: **OAK HARBOR, WASHINGTON 98277**RESIDENCE STREET: **204 1ST STREET, #318**  
CITY, STATE, ZIP: **LA CONNER, WA 98257**INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**TRIBAL RESERVATION: **NOT APPLICABLE**LENGTH OF TIME AT RESIDENCE: **7 MONTHS**FATHER: **THOMAS EDWARD FUHR**MOTHER: **LOIS MYRTLE [REDACTED]**METHOD OF DISPOSITION: **CREMATION**PLACE OF DISPOSITION: **NORTHWEST CREMATORY**CITY, STATE: **ANACORTES, WASHINGTON**DISPOSITION DATE: **MARCH 11, 2021**FUNERAL FACILITY: **EVANS FUNERAL CHAPEL & CREMATORY, INC.**ADDRESS: **1105 32ND STREET**CITY, STATE, ZIP: **ANACORTES, WASHINGTON 98221**FUNERAL DIRECTOR: **JOSEPH J. WAHAM**MANNER OF DEATH: **NATURAL**AUTOPSY: **UNKNOWN**

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: **AMANDA FISHER**TITLE: **ARNP**CERTIFIER ADDRESS: **12138 MUKILTEO SPEEDWAY SUITE M203**CITY, STATE, ZIP: **MUKILTEO, WASHINGTON 98275**DATE SIGNED: **MARCH 10, 2021**CASE REFERRED TO ME/CORONER: **NO**FILE NUMBER: **NOT APPLICABLE**ATTENDING PHYSICIAN: **NOT APPLICABLE**LOCAL DEPUTY REGISTRAR: **MICHELLE MCKEE**DATE RECEIVED: **MARCH 11, 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: Birth Death Marriage 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) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
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: 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 2nd parent (if required):
Printed name: Date: Printed name: 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.



\*CERTIFIED\*

MAR 16 2021



0 4 4 9 6 3 4 8

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

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

**COMMUNITY PROPERTY AGREEMENT  
OF  
GEORGE ALLEN FUHR AND MARGARET MARY HOLLAND**

This Agreement made this 19<sup>th</sup> day of February, 2018, between George A. Fuhr (“Husband” or “Spouse”) and Margaret M. Holland (“Wife” or “Spouse”), husband and wife, married January 6, 1989, both of whom are domiciled in the State of Washington, pursuant to Section 26.16.120 of the Revised Code of Washington.

In consideration of the mutual love and affection that we have for each other, and in consideration of the mutual benefits to be derived by each of us, it is hereby agreed, covenanted and promised as follows:

**1. Property Covered**

This Agreement shall apply to all community or separate property now owned or hereafter acquired by Husband and Wife or either of them (except for assets for which a separate beneficiary designation has been or is hereafter made by Husband and 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. All such property is declared to be community property of Husband and Wife and is referred to in this Agreement as the “described community property”.

**2. Vesting at Death of a Spouse**

If Husband dies and Wife survives him by thirty (30) days, all of the described community property shall vest in Wife as of the moment of Husband’s death. Otherwise, said community property shall be distributed pursuant to Husband’s Last Will and Testament. If Wife dies and Husband survives her by thirty (30) days, all of the described community property shall vest in Husband as of the moment of Wife’s death. Otherwise, said community property shall be distributed pursuant to Wife’s Last Will and Testament.

### 3. Disclaimer

Upon the death of either Spouse, the surviving Spouse may disclaim any interest passing under this Agreement in whole or in part, or with reference to specific parts, shares, or assets thereof, in which event the interest disclaimed shall pass as if the provisions of Paragraph 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.

### 4. Powers of Appointment

This Agreement shall not affect any power of appointment that is now held or is hereafter given to Husband, Wife, or either of them, nor shall it obligate Husband, Wife, or either of them, to exercise any such power of appointment in any way.

### 5. Revocation of Inconsistent Agreements

To the extent this Agreement is inconsistent with the provisions of any community property agreement or other arrangement previously made by the parties affecting the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

### 6. Automatic Revocation

The provisions of Paragraph 2 shall be automatically revoked:

- (a) Upon the establishment of a domicile outside the State of Washington by either Spouse;
- (b) Upon the filing by either Spouse of a petition, complaint or other pleading for separation, dissolution or divorce;
- (c) Immediately prior to death of both spouses, if the order of death cannot be ascertained; or,
- (d) If a Spouse has applied for federal or state benefits for the benefit of a disabled spouse and the non-disabled spouse dies first.

