



202105040017

05/04/2021 09:06 AM Pages: 1 of 6 Fees: \$108.50
Skagit County Auditor

Document Title:

Community Property Agreement

Reference Number :

Grantor(s):

additional grantor names on page ____.

1. Buddy Loss
2. Nikki Lee Loss

Grantee(s):

additional grantee names on page ____.

1. Nikki Lee Loss
- 2.

Abbreviated legal description:

full legal on page(s) ____.

Lot 3, Silver Creek Extension Div. No. 1, Sec 4; T36 R04

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page ____.

P83556

2021-1956
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

MAY 04 2021

Amount Paid \$ 0
Skagit Co. Treasurer
By *[Signature]* Deputy

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT is made this 2 day of April 2016 between **BUDDY LOSS** and **NIKKI LEE LOSS**, husband and wife, both of whom are domiciled in the State of Washington. In consideration of their mutual agreements set forth below, the parties agree as follows:

- 1. **PROPERTY COVERED** This Agreement shall apply to all community and separate property now owned or hereafter acquired by Husband and Wife or either of them even though some items 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, all of the described community property shall vest in Wife as of the moment of Husband's death. If Wife dies and Husband survives her, all of the described community property shall vest in Husband as of the moment of Wife's death.
- 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shares or assets thereof, in which event the interest disclaimed shall pass as if the provisions of Paragraph 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.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. **AUTOMATIC REVOCATION** The provisions of Paragraph 2 shall be automatically revoked:

(a) Upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce; or

(b) Upon the establishment of a domicile out of the State of Washington by either party; or

(c) Immediately prior to death, if the order of death cannot be ascertained.

5. **OPTIONAL REVOCATION BY ONE PARTY:** If either party becomes disabled, the other party shall have the power to terminate the provisions of Paragraph 2 and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardian(s), if any, of the person and of the estate of the disabled person. For the purposes of this paragraph, a spouse shall be deemed disabled if a person duly licensed to practice medicine in the State of Washington signs a statement declaring that the person is unable to manage his or her own affairs.

6. **POWERS OF APPOINTMENT:** This Agreement shall not affect any power of appointment now held by or hereafter given to Husband or Wife or both of them, nor shall it obligate Husband and Wife or both of them to exercise any such power of appointment in any way.

7. **REVOCATION OF INCONSISTENT AGREEMENTS:** To the extent this Agreement is inconsistent with any provisions of any community property or other arrangement previously made by the parties that affects the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

8. **REVOCATION OF PRIOR AGREEMENT.** The parties hereto hereby revoke any previous Community Property Agreements, which they may have made prior to this one.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-041461

DATE ISSUED: 09/27/2017
FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): BUDDY
LAST NAME(S): LOSS

AKA: BUD LOSS

AKA:

AKA:

COUNTY OF DEATH: SKAGIT

PLACE OF DEATH: HOME

DATE OF DEATH: SEPTEMBER 23, 2017

FACILITY OR ADDRESS: 405 ALGER CAIN LAKE ROAD

HOUR OF DEATH: 04:30 PM

CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

SEX: MALE

AGE: 67 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 405 ALGER CAIN LAKE ROAD

CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

RACE: WHITE

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 21 YEARS

BIRTH DATE: [REDACTED]

BIRTHPLACE: WENATCHEE, WA

FATHER/PARENT: BUD LOSS

MOTHER/PARENT: LURENE [REDACTED]

MARITAL STATUS: MARRIED

METHOD OF DISPOSITION: CREMATION

SPOUSE: NIKKI LEE HUTCHINSON

PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM

OCCUPATION: BUSINESS OWNER

INDUSTRY: ANTIQUE VEHICLE RESTORATION

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: YES

CITY, STATE: BLAINE, WASHINGTON

DISPOSITION DATE: SEPTEMBER 28, 2017

FUNERAL FACILITY: WHATCOM CREMATION & FUNERAL

INFORMANT: NIKKI LEE LOSS

RELATIONSHIP: SPOUSE

ADDRESS: 405 ALGER CAIN LAKE ROAD, SEDRO-WOOLLEY, WA, 98284

ADDRESS: 4202 GUIDE MERIDIAN #106

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226

FUNERAL DIRECTOR: TIM D. POWELL

CAUSE OF DEATH:

A: PANCREATIC CANCER

INTERVAL: 16 MONTHS

B:

INTERVAL:

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: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

CERTIFIER NAME: ANITA M. MEYER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: SEPTEMBER 26, 2017

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: SEPTEMBER 26, 2017



Affidavit for Correction

Mail to: Center for Health 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

Required	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:
	4. Father/Parent Full Legal 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: <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:			
	Telephone Number:		Email Address:	

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

8. The record now shows:	9. The true fact is:
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 2 nd parent (if required):
Printed name:	Printed name:
Date:	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

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Greg Stern, Health Officer.



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



0 1 3 4 3 8 6 9