



202106160026

06/16/2021 10:46 AM Pages: 1 of 6 Fees: \$108.50
Skagit County Auditor

After recording please return to:

Mrs. Sandra Tucker
2010 – 9th Street
Anacortes, WA 98221

RECORDING COVER PAGE

DOCUMENT TITLE: AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

REFERENCE NUMBER OF RELATED DOCUMENT: 200406140222

GRANTORS: KEITH B. TUCKER AND SANDRA G. TUCKER

GRANTEES: THE PUBLIC

PARCEL NO.: P56112

LEGAL DESCRIPTION: Lots 15 and 16, Block 175, "Map of the City of Anacortes,"
according to the plat recorded in Volume 2 of Plats, page 4, records of Skagit County,
Washington.

**AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT
OF**

KEITH B. TUCKER and SANDRA G. TUCKER

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

State of Washington)
) ss.
County of Skagit)

2021-27103
JUN 16 2021

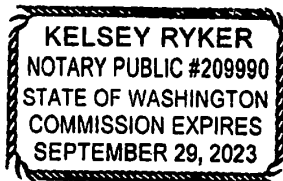
Amount Paid \$
By MA Skagit Co. Treasurer Deputy

Sandra G. Tucker, being first duly sworn, deposes and says:

1. I am the surviving spouse of Keith B. Tucker, who died on August 3, 2020. A certified copy of Keith B. Tucker's death certificate is attached as Exhibit A.
2. Keith B. Tucker and I, as husband and wife, executed a Community Property Agreement on November 8, 2002, which provided for the disposition of all community property as between ourselves. The original Community Property Agreement is attached to this Affidavit as Exhibit B, and will be recorded with the Skagit County Auditor's Office.
3. The Community Property Agreement was validly executed, and was in full force and effect on the date of Keith B. Tucker's death.
4. By virtue of the Community Property Agreement, all property owned by Keith B. Tucker passed to me as sole owner.
5. There are no unpaid creditors of Keith B. Tucker, nor unpaid funeral expenses or expenses of last illness. No state or federal estate tax is due on his estate.
6. This Affidavit is made to induce a title company to issue its policies of title insurance on real property passing to the surviving spouse, and to induce financial institutions to transfer funds or securities, by virtue of said community property agreement, and in reliance upon the representations set forth above.

Sandra Tucker
Sandra G. Tucker

Subscribed and sworn to before me this 15 day of June, 2021 by Sandra G. Tucker.



Kelsey Ryker
Notary Public in and for the State
of Washington, residing at Macones
My Commission Expires: 09/29/2023

STATE OF WASHINGTON

DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-035407

DATE ISSUED: 08/19/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): KEITH BENOIT

LAST NAME(S): TUCKER

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: AUGUST 03, 2020

HOUR OF DEATH: 06:45 AM

SEX: MALE

AGE: 88 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: SANDRA GENE CRUVER

OCCUPATION: PHYSICIAN

INDUSTRY: HEALTH CARE INDUSTRY

EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE

US ARMED FORCES: YES

INFORMANT: SANDRA G TUCKER

RELATIONSHIP: WIFE

ADDRESS: 2010 9TH STREET, ANACORTES, WA 98221

CAUSE OF DEATH:

A: VASCULAR DEMENTIA

INTERVAL: 2 YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: DYSPHAGIA, WEAKNESS, EXPRESSIVE APHASIA

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: HOME

FACILITY OR ADDRESS: 2010 9TH STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 2010 9TH STREET

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 18 YEARS

FATHER: MERLE W TUCKER

MOTHER: LAVADA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: AUGUST 05, 2020

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: 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: ANITA M. MEYER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: AUGUST 04, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: AUGUST 05, 2020

EXHIBIT A

Affidavit for Correction

202106160026

06/16/2021 10:46 AM
Perkins 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				
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 <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 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:

- 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

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- 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

AUG 19 2020

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



0 4 1 4 0 2 3 9

Community Property Agreement

THIS AGREEMENT is made November 8, 2002, at La Conner, Washington, between Keith B. Tucker ("Husband") and Sandra G. Tucker ("Wife"), husband and wife, pursuant to Section 26.16.120 of the Revised Code of Washington.

FOR GOOD AND VALUABLE CONSIDERATION the parties agree as follows:

1. Status of Property. All property (including, but not limited to, property owned at the time of their marriage, property received up to the date of this Agreement by gift, bequest, legacy, devise or inheritance, or proceeds, income, rents, issues, profits, gains and appreciation from such property) of whatsoever nature and description, whether real or personal, wherever situated, now owned by Husband and Wife, or by either of them, or hereafter acquired, during the existence of the marital community, is and shall be considered community property

2. Disposition of Community Property at Death. Upon the death of either of the aforementioned parties, title to all community property as herein defined shall immediately vest in fee simple in the surviving party.

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

4. 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.

5. Termination. This Agreement shall terminate (the "Termination") upon mutual agreement of the parties in writing. In the absence of other evidence indicating the parties' intent to terminate this Agreement, it shall nevertheless be deemed mutually terminated upon the earlier to occur of (i) the termination of the marital community; or (ii) the filing by either party of a petition for dissolution of their marriage, for divorce or for the annulment of their marriage. Following the Termination, property thereafter acquired by Husband or Wife shall be the acquiring spouse's separate property, and the income, rents, issues, profits, gains and appreciation attributable to property which was their community property shall be their respective separate property in equal shares. Any property which was community property at the Termination shall not cease to be such merely by reason of the Termination.

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EXHIBIT B

6. Independent Counsel. Husband and Wife each recognize that he or she has a right to be represented by independent counsel in arriving at this Agreement. Each of them hereby waives said right and states that he or she has had an adequate, fair and full disclosure of all assets now owned and the value of each involved in this Agreement.

DATED as first stated above.

Keith B. Tucker
Keith B. Tucker
Husband

Sandra G. Tucker
Sandra G. Tucker
Wife

Acknowledgement of Advice as to Retention of Separate Counsel

We have both been advised that the foregoing document may have a significant effect on how our property is owned and who may receive assets at our deaths. We have been advised by our attorney, Felicia Value, to obtain separate counsel to review our respective rights and the effects of this Agreement and all matters incident to it. We each decline to obtain such separate counsel, and acknowledge that we nevertheless enter into this Agreement freely and voluntarily.

Keith B. Tucker
Keith B. Tucker
Husband

Sandra G. Tucker
Sandra G. Tucker
Wife

STATE OF WASHINGTON)

: ss

County of Skagit)

I certify that I know or have satisfactory evidence that Keith B. Tucker and Sandra G. Tucker are the persons who appeared before me, and said persons each acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated 11-8-02

Sandra Matheson
Notary Public in and for the State
of Washington, residing at LaConner
My Commission Expires: 5-27-03

