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06/18/2021 10:53 AM Pages: 1 of 6 Fees: \$108.50
Skagit County Auditor

RETURN TO:

WILLIAM R. McCANN
P.O. Box 405
Sedro Woolley, WA 98284

DOCUMENT TITLE: Affidavit re: Community Property Agreement

GRANTOR: Jacquelin K. Turner (P.R. for Estate of Jack W. Turner)

GRANTEE: Jacquelin K. Turner

LEGAL DESCRIPTION:

Parcel #P69076 – 3997-000-016-0100 and P69070 – 3997-000-013-0004

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

JACQUELIN K. TURNER, being first duly sworn, deposes and says:

THAT affiant is the surviving spouse of JACK W. TURNER who died at Mount Vernon, Washington on the 18th day of October, 2020, having provided for the disposition of all community property as between affiant and said deceased spouse under community Property Agreement dated September 24, 1974.

THAT there are no unpaid creditors of said decedent or of the former marital community nor unpaid funeral expenses or expense of last illness except as follows:

THAT the value of the assets of the estate, which included cash in the form of bank accounts. There may have been minimal bills, but no bills that came close to exhausting the value of the estate and the estate was fully solvent as of the date of death.

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

Legal Description: Tract 13, Wm. Shauger Acreage, Clear Lake, Wash., as per plat recorded in Volume 4 of Plats, Page 36, records of Skagit County.

EXCEPTIONS:

(1) Excepting and reserving from this sale as grantors all and every right, title, interest and claim in or to any and all minerals, gems, oils, gas or derivates therefrom with right of ingress and egress in, over and along said property and the right to explore for, prospect for, and to locate any such and to mine, take and remove the same, drill and tunnel for and transport any such therefrom.

Assessor's Tax Parcel ID#: 69070 – 3997-000-013-0004

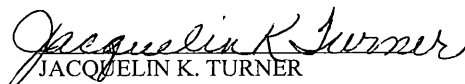
AND

Legal Description: The West ½ of Lot 16, Wm. Shauger Acreage, Clear Lake, Wash., as per plat recorded in Volume 4 of Plats, Page 36, records of Skagit County.

EXCEPTIONS:

(1) Excepting and reserving from this sale all rights to and in any minerals (which shall mean oil, gas and petroleum products lying or being or in or within or on the above property with the full right to enter to search for, prospect for, drill or otherwise discover any such and to use all convenient or necessary tools, machinery, equipment or holes therefore or other means to recover, take or have any such.

Assessor's Tax Parcel ID#: 69076 – 3997-000-016-0100


JACQUELIN K. TURNER

On the 9th day of June, 2021, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared JACQUELIN K. TURNER, to me known to be the individual who executed the foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

Witness my hand and official seal hereto affixed the day and year first above-written



Lindy L. Doctor
Notary Public in and for the
State of Washington
Residing at Sedro Woolley
My Commission Expires: 12-2-22

Agreement as to Status of Community Property

After Death of One of the Spouses

Know All Men by These Presents:

That this agreement, made and entered into this 5th day of Sept, 1974,
by and between Jack W. Turner
and Jacquelin K. Turner, husband and wife,
of Clallam, Skagit County, State of Washington, WITNESSETH:

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

I.

That all property of whatsoever nature or description whether real, personal or mixed and where-soever situated now owned or hereafter acquired by them or either of them shall be considered and is hereby declared to be community property.

II.

That 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 survivor of them.

IN WITNESS WHEREOF, the said Jack W Turner and Jacquelin K Turner
and _____ have hereunto set their hands
and seals this 24th day of Sept, 1974.

Jack W. Turner (SEAL)
Jacquelin K. Turner (SEAL)

STATE OF WASHINGTON,

County of Skagit }
SS.

This is to certify that on this 24th day of Sept, 1974, before me
R. McKinley a Notary Public in and for the State of Washington
duly commissioned and sworn, personally came Jack W Turner

and Jacquelin K Turner husband and wife, to me known to be the individuals described in and who executed the within instrument, and acknowledged to me that they signed and sealed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written.

R. McKinley

Notary Public in and for the State of Washington residing at W. Skagit



STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-048921

DATE ISSUED: 10/23/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JACK WILLIAM
LAST NAME(S): TURNER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: OCTOBER 18, 2020
HOUR OF DEATH: 02:57 PM
SEX: MALE AGE: 78 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: CLEAR LAKE, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: JACQUELIN KAY STEWART

OCCUPATION: OWNER/OPERATOR
INDUSTRY: DIESEL TRUCKING REPAIR
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YES

INFORMANT: JACQUELIN KAY TURNER
RELATIONSHIP: WIFE
ADDRESS: P. O. BOX 23, CLEAR LAKE, WA 98235

CAUSE OF DEATH:
A: ST ELEVATION MYOCARDIAL INFARCTION
INTERVAL: IMMEDIATE
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: UNKNOWN
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: UNKNOWN
PLACE OF INJURY:

LOCATION OF INJURY: UNKNOWN

CITY, STATE, ZIP: UNKNOWN
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: EMERGENCY ROOM
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 23430 BUCHANAN AVE.
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 78 YEARS

FATHER: JACK TURNER
MOTHER: JOSEPHINE [REDACTED]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: CLEAR LAKE CEMETERY

CITY, STATE: CLEAR LAKE, WASHINGTON
DISPOSITION DATE: OCTOBER 24, 2020

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: UNKNOWN
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: TIMOTHY O'KELLEY, DO
TITLE: DO
CERTIFIER ADDRESS: 1415 E KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: OCTOBER 23, 2020

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 201018-306
ATTENDING PHYSICIAN: TIMOTHY O'KELLEY, PA

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: OCTOBER 23, 2020



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 foregoing 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.

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.

*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

OCT 23 2020

Howard Leibrand M.D., Health Officer



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