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Skagit County Auditor

When Recorded Please Return To:

LAWRENCE A. PIRKLE

P.O. Box 1788

Mount Vernon, WA 98273

(360) 336-6587

DOCUMENT TITLE(S):

AFFIDAVIT IN SUPPORT OF
COMMUNITY PROPERTY AGREEMENT

REFERENCE NUMBER(S):

GRANTOR:

MARSHALL SCOTT THOMPSON AS SURVIVING
SPOUSE OF LESLIE ANN THOMPSON
(DECEASED)

GRANTEE:

MARSHALL SCOTT THOMPSON

ASSESSOR'S PARCEL NO.:

P109312 (4681-000-007-0000)

P100340 (4560-000-005-0004)

LEGAL DESCRIPTIONS:

Assessor's Parcel Number: P109312 (4681-000-007-0000)

Lot 7, MADDOX CREEK PUD PHASE 1, according to the plat thereof,
recorded in Volume 16 of Plats, pages 121 through 130, records of
Skagit County, Washington.

Assessor's Parcel Number: P100340 (4560-000-005-0004)

Lot 5, Partington Place, Division 1, as per plat recorded in Volume 14
of Plats, pages 186 through 190, inclusive, records of Skagit County,
Washington.

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

1. This Affidavit provides information for the record regarding that certain Community Property Agreement dated the 9th day of October, 2018, executed by MARSHALL SCOTT THOMPSON and LESLIE ANN THOMPSON, husband and wife, (the "Agreement") attached as Exhibit "A" and incorporated herein by this reference. The statements set forth in this Affidavit are representations of fact which may be relied upon by all parties dealing with the properties set forth below.

Lot 7, MADDOX CREEK PUD PHASE 1, according to the plat thereof, recorded in Volume 16 of Plats, pages 121 through 130, records of Skagit County, Washington.

Lot 5, Partington Place, Division 1, as per plat recorded in Volume 14 of Plats, pages 186 through 190, inclusive, records of Skagit County, Washington.

2. LESLIE ANN THOMPSON (the "Decedent") was one of the parties to the Agreement and died on April 26, 2021, as a resident of Skagit County, Washington. The Decedent's Death Certificate is attached as Exhibit "B" and incorporated herein by this reference.

**Affidavit in Support of
Community Property Agreement
Page - 1**

Lawrence A. Pirkle
Attorney at Law
(360) 336-6587

4. The real property owned by the Decedent and the Affiant is legally described as set forth above.

5. The Decedent left no separate property.

6. All obligations of the community composed of the Decedent and the Affiant owing at the date of the Decedent's death have been paid in full, and all expenses of last illness and for funeral and burial services of the Decedent have been paid.

7. The Decedent was survived by the following persons:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
MARSHALL SCOTT THOMPSON 1914 Lindsay Loop Mount Vernon, WA 98274	Spouse	Legal
MISTY DAWN THOMPSON 211 S. 27th Street Mount Vernon, WA 98274	Daughter	Legal
DANA LAVON BAXTER 1120 Canyon View Road Dripping Springs, TX 78620	Stepdaughter	Legal

8. I, MARSHALL SCOTT THOMPSON, affirm that I am the sole and rightful heir to the property legally described above.

9. That the transfer of this property is exempted from the real estate excise tax pursuant to WAC 458-61A-202(6)(a).

DATED the 21st day of June, 2021.

Marshall Scott Thompson
MARSHALL SCOTT THOMPSON

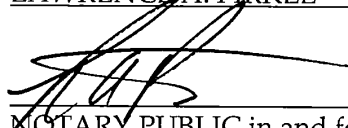
STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that MARSHALL SCOTT THOMPSON is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

DATED the 21st day of June, 2021.



LAWRENCE A. PIRKLE


NOTARY PUBLIC in and for the
State of Washington,
Residing at Mount Vernon
My Commission Expires: 5/7/23

COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 9th day of October, 2018, between MARSHALL SCOTT THOMPSON and LESLIE ANN THOMPSON, husband and wife, both of whom are domiciled in the State of Washington. In consideration of their mutual promises set forth below, the parties agree as follows:

A. *Revocation of Prior Agreements.* If before this date the parties have executed a community property agreement or any other agreement other than a Will or trust which is signed by both of them and which specifically provides for the disposition of their community property at the time either or both of them die, then any such agreement is terminated by this Agreement.

B. *Property Covered.* This Agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife. Any separate property of either, [now owned or hereafter acquired,] shall become and be considered community property upon the death of the party owning said separate property. All such community property is referred to in this Agreement as the "subject property."

C. *Vesting at Death.* On the death of either Husband or Wife, all of the subject property shall vest in the survivor of them.

D. *Disclaimer.* Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, and the interest disclaimed shall pass under the terms and conditions of any validly executed Will which the decedent may have executed, and in default thereof according to the laws of intestacy as governed by the statutes of the State of Washington then in effect.

E. *Automatic Revocation.* In the absence of other evidence indicating the party's intent to terminate this Agreement, it shall, nevertheless, be deemed mutually terminated and of no further force or effect upon either party's filing a petition, complaint or other pleading for dissolution of their marriage or divorce, or upon a court of competent jurisdiction dissolving the marriage or granting a decree of divorce or separate maintenance to either of them.

F. *Optional Revocation by One Party.* This Agreement may be terminated by either party acting alone by delivery of a written notice of revocation to the other party or the other party's legal representative, and by recording such revocation with the Skagit County, Washington, Recorder's Office where real property transactions in Skagit County, Washington are recorded.

If either party becomes disabled, the other party shall have the power to terminate this Agreement, and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. Such termination shall be effective upon the delivery

of written notice thereof to the disabled spouse, and to the guardian, if any, of the person and of the estate of the disabled person. For the purpose of this paragraph, a spouse shall be deemed disabled if such spouse's regularly attending physician signs a statement declaring that such spouse is unable to manage his or her own affairs; or if such spouse has no regularly attending physician, if such a statement is signed by two qualified physicians who have adequately examined the disabled spouse. An adjudication of incompetence by a court of competent jurisdiction shall also be proof of a spouse's disability for purposes of this paragraph.

G. *Powers of Appointment.* This Agreement shall not affect any power of appointment now held by or hereafter given to either party, nor shall it obligate either of them to exercise any such power of appointment in any way.

H. *Survivorship.* As used herein, the term "survivor" or "survivorship" shall mean living for a period of thirty (30) days following the death of the first of the aforementioned parties to die.

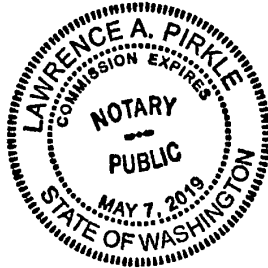
Marshall Scott Thompson
MARSHALL SCOTT THOMPSON

Leslie Ann Thompson
LESLIE ANN THOMPSON

STATE OF WASHINGTON)
)
COUNTY OF SKAGIT) ss.

On this day personally appeared before me, MARSHALL SCOTT THOMPSON and LESLIE ANN THOMPSON, to me known to be the individuals described in and who executed the within and foregoing instrument and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 9th day of October, 2018.



LAWRENCE A. PIRKLE

NOTARY PUBLIC in and for the
State of Washington
Residing at Mount Vernon
My Commission Expires: 5/7/19

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-020113

DATE ISSUED: 04/29/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): **LESLIE ANN**

LAST NAME(S): **THOMPSON**

COUNTY OF DEATH: **SKAGIT**

DATE OF DEATH: **APRIL 26, 2021**

HOUR OF DEATH: **03:30 AM**

SEX: **FEMALE** AGE: **71 YEARS**

SOCIAL SECURITY NUMBER: [REDACTED]

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

RACE: **WHITE**

BIRTH DATE: [REDACTED]

BIRTHPLACE: **KANSAS CITY, KS**

MARITAL STATUS: **MARRIED**

SURVIVING SPOUSE: **MARSHALL SCOTT THOMPSON**

OCCUPATION: **QUALITY PLANNER**

INDUSTRY: **GREETING CARDS**

EDUCATION: **SOME COLLEGE CREDIT, BUT NO DEGREE**

US ARMED FORCES: **NO**

INFORMANT: **MARSHALL SCOTT THOMPSON**

RELATIONSHIP: **HUSBAND**

ADDRESS: **1914 LINDSAY LOOP MOUNT VERNON, WA 98274**

CAUSE OF DEATH:

A: **AMYOTROPHIC LATERAL SCLEROSIS BULBAR ONSET**

INTERVAL: **28 MONTHS**

B:

INTERVAL:

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: **HOME**

FACILITY OR ADDRESS: **1914 LINDSAY LOOP**

CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98274**

RESIDENCE STREET: **1914 LINDSAY LOOP**

CITY, STATE, ZIP: **MOUNT VERNON, WA 98274**

INSIDE CITY LIMITS: **YES**

COUNTY: **SKAGIT**

TRIBAL RESERVATION: **NOT APPLICABLE**

LENGTH OF TIME AT RESIDENCE: **18 YEARS**

FATHER: **JOHN EVANS**

MOTHER: **ROSEMARY**

METHOD OF DISPOSITION: **CREMATION**

PLACE OF DISPOSITION: **HAWTHORNE MEMORIAL PARK CREMATORY**

CITY, STATE: **MOUNT VERNON, WASHINGTON**

DISPOSITION DATE: **APRIL 28, 2021**

FUNERAL FACILITY: **HAWTHORNE FUNERAL HOME**

ADDRESS: **PO BOX 398**

CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**

FUNERAL DIRECTOR: **THOMAS CUFLEY**

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: **DEBORAH NORTH, MD**

TITLE: **PHYSICIAN**

CERTIFIER ADDRESS: **227 FREEWAY DRIVE, SUITE A**

CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**

DATE SIGNED: **APRIL 27, 2021**

CASE REFERRED TO ME/CORONER: **NO**

FILE NUMBER: **NOT APPLICABLE**

ATTENDING PHYSICIAN: **NOT APPLICABLE**

LOCAL DEPUTY REGISTRAR: **BELEN MARTINEZ**

DATE RECEIVED: **APRIL 28, 2021**

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
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:				
PO Box or Street Address				
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:		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:				
<ul style="list-style-type: none"> 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				
<ul style="list-style-type: none"> 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)				
<ul style="list-style-type: none"> 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

APR 29 2021

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



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