

202107090074

07/09/2021 11:39 AM Pages: 1 of 5 Fees: \$107.50
Skagit County Auditor

When recorded return to:
Sue A. Ragsdale
2410 Vista Lane
Anacortes, WA 98221

QUIT CLAIM DEED

THE GRANTOR(S) CARL W. RAGSDALE (DECEASED), without consideration, conveys and quit claims to SUE A. RAGSDALE (SURVIVING SPOUSE OF CARL W. RAGSDALE) the following described real estate, situated in the County of Skagit, State of Washington together with all after acquired title of the grantor(s) herein:

Abbreviated Legal:

Lot 18, "PLAT OF VISTA TOO DIV. NO. I" as per plat recorded in Volume 13 of Plats, pages 80 and 81, records of Skagit County, Washington.

Situated in the City of Anacortes, County of Skagit, State of Washington.

Tax Parcel Number(s): P82896

Dated: July 8, 2021

Carl W. Ragsdale by Sue A. Ragsdale, Surviving Spouse of Carl W. Ragsdale (Deceased)
Carl W. Ragsdale by Sue A. Ragsdale, Surviving Spouse of Carl W. Ragsdale (Deceased)

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2021-3125
JUL 09 2021

STATE OF WASHINGTON

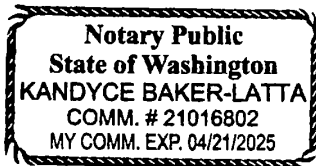
COUNTY OF SKAGIT

Amount Paid \$ *0*
Skagit Co. Treasurer
SLB Deputy ss.

I certify that I know or have satisfactory evidence that SUE A. RAGSDALE (is/are) the person(s) who appeared before me, and said person(s) acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: *07/08/2021*

Kandyce Baker-Latta
Notary name printed or typed: Kandyce Baker-Latta
Notary Public in and for the State of Washington
Residing at *1415 Commercial Ave Anacortes, WA 98221*
My appointment expires: *04/21/2025*



COMMUNITY PROPERTY AGREEMENT (Conversion at Death)

This is an agreement dated this 11th day of January, 2017, between **CARL W. RAGSDALE** ("Husband") and **SUE A. RAGSDALE** ("Wife"), husband and wife, pursuant to the provisions of RCW 26.16.120, authorizing agreements between husband and wife concerning the status and disposition of community property to take effect upon the death of either.

IT IS HEREBY AGREED AS FOLLOWS:

1. Conversion at Death. The parties do not intend by this Agreement to change the status of any of their property at this time. Upon the death of either of the parties hereto, any separate property owned by either of them shall become community property.

2. Vesting at Death of Spouse. If one spouse dies and the other spouse survives by ten (10) days, all property of the deceased spouse shall vest in the surviving spouse as of the moment of death of the first spouse to die.

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 property. The interest disclaimed shall pass as if the provisions of Paragraph 2 above had been revoked as to such interest, with the surviving spouse being entitled to the benefits provided by any alternate disposition applicable to the disclaimed interest.

4. Property Held in Joint Tenancy; Tenancy in Common. Property held by the parties in joint tenancy, and any transfer or attempted transfer of community property into joint tenancy form, shall not change its status as community property. Holding of such property in joint tenancy, or any transfer or attempted transfer, shall be deemed to be for the convenience of the parties only and any such property shall be deemed to be community property, and the absolute ownership and title of all such property shall vest in the survivor of the parties hereto as provided herein. Property held by the parties as tenants in common shall also be deemed to be community property and vest as provided in this Agreement.

5. Automatic Revocation. This Agreement shall terminate and become void upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce.

6. Optional Revocation by One Party. If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 2 above. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardians, if any, of the person and of the estate of the disabled spouse. Each party hereby designates the other

Community Property Agreement - 1

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party as attorney-in-fact to become effective upon disability to agree to such termination. 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 named spouse is unable to manage his or her own affairs.

7. Revocation of Inconsistent Agreements. To the extent this Agreement is inconsistent with the provisions of any community property agreement, will or other arrangement previously made by either or both of the parties that affects the parties' community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

8. Rights of Parties. The parties acknowledge that they have each been advised of their right to be represented by independent counsel prior to signing this Agreement, and hereby expressly waive that right.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement the day and year first above written.

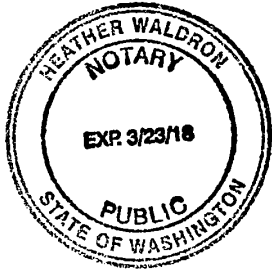
Carl W. Ragdale
CARL W. RAGSDALE, Husband

Sue A. Ragdale
SUE A. RAGSDALE, Wife

STATE OF WASHINGTON }
COUNTY OF SKAGIT } ss.

I certify that I know or have satisfactory evidence that **CARL W. RAGSDALE** and **SUE A. RAGSDALE** are the persons who appeared before me, and said persons acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

GIVEN UNDER MY HAND AND OFFICIAL SEAL this 11th day of January, 2017.



Heather Waldron
Printed Name HEATHER WALDRON
NOTARY PUBLIC in and for the State of Washington
My Commission Expires 3-23-2018

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-025675

DATE ISSUED: 06/02/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): CARL WILKES
LAST NAME(S): RAGSDALE

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: MAY 29, 2021

HOUR OF DEATH: 01:19 AM

SEX: MALE AGE: 90 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: DAVIESS COUNTY, IN

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: SUE ANN HART

OCCUPATION: BUSINESS OWNER

INDUSTRY: PRINTING

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: YES

INFORMANT: SUSAN M HARRIS

RELATIONSHIP: DAUGHTER

ADDRESS: 1114 D AVE, ANACORTES, WA 98221

CAUSE OF DEATH:

A: SUBDURAL HEMATOMA

INTERVAL: 1 DAY

B: GROUND LEVEL FALL

INTERVAL: 1 DAY

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FIBRILLATION WITH ANTICOAGULATION, CORONARY ARTERY DISEASE, AND HYPERTENSION

DATE OF INJURY: MAY 28, 2021

HOUR OF INJURY: UNKNOWN

INJURY AT WORK: NO

PLACE OF INJURY: DECEDENT'S RESIDENCE

LOCATION OF INJURY: 2410 VISTA LANE

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

COUNTY: SKAGIT

DESCRIBE HOW INJURY OCCURRED: MECHANICAL GROUND LEVEL FALL

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: EMERGENCY ROOM

FACILITY OR ADDRESS: ISLAND HOSPITAL

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1209 16TH STREET

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER: WILKES W RAGSDALE

MOTHER: MYRTLE [REDACTED]

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: GRAND VIEW CEMETERY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: JUNE 02, 2021

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: LEONARD J. WILLIAMS

TO BE USED ONLY IN CONNECTION
WITH A CLAIM PENDING BEFORE
THE VETERAN'S ADMINISTRATION

MANNER OF DEATH: ACCIDENT

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: HAYLEY THOMPSON

TITLE: CORONER/ME

CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: JUNE 01, 2021

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: 210529-140

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ

DATE RECEIVED: JUNE 01, 2021



Affidavit for Correction

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: 2. Date of Event: 3. Place of Event:
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.
*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

JUN 02 2021

Handwritten signature

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



0 4 4 9 8 7 8 0

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