



**202107120066**

07/12/2021 10:59 AM Pages: 1 of 6 Fees: \$108.50  
Skagit County Auditor

Recorded by and return to:

STILES & LEHR INC., P.S.  
P.O. Box 228 / 925 Metcalf Street  
Sedro Woolley, WA 98284

Legal: PTN NE1/4 NW1/4 20-33-4; LOT 5, LOCKEN'S ADDITION 20-33-4  
Tax Parcel #: 330420-2-001-0206 / P16992 and 4612-000-005-0004 / P16990

**AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON ) ss.  
COUNTY OF SKAGIT )

Kathy J. Locken, being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of Larry E. Locken, who died at Mount Vernon, County of Skagit, State of Washington, on December 17, 2020, having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated February 11, 1992, which agreement has been recorded simultaneously with this affidavit and a copy of the decedent's death certificate under the records of the Auditor for Skagit, Washington.

2. That there are no unpaid creditors of said decedent or the former marital community nor unpaid funeral expense or expense of last illness, except for:

NONE

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

Address: 21190 Locken Lane  
Parcel ID: 330420-2-001-0206 / P16992 and 4612-000-005-0004 / P16990

330420-2-001-0206 / P16992

TRACT "A", REVISED SHORT PLAT NO. 48-77, APPROVED NOVEMBER 17, 1982, RECORDED NOVEMBER 19, 1982 IN BOOK 6 OF SHOT PLATS, PAGE 28, UNDER AUDITOR'S FILE NO. 8211190001 AND BEING A PORTION OF THE NORTHEAST ¼ OF THE NORTHWEST ¼ AND OF THE NORTHWEST ¼ OF THE NORTHEAST ¼ OF SECTION 20, TOWNSHIP 33 NORTH, RANGE 4 EAST, W.M.; TOGETHER WITH A 20 FOOT EASEMENT FOR ROADWAY AND UTILITIES OVER TRACT B AS SHOWN ON THE FACE OF SAID SHOT PLAT.

4612-000-005-0004 / P16990

LOT 5, LOCKEN'S ADDITION, AS PER PLAT RECORDED IN VOLUME 15 OF PLATS, PAGES 114 AND 115, RECORDED ON OCTOBER 25, 1993 UNDER SKAGIT COUNTY AUDITOR'S FILE NO. 199310250118, RECORDS OF SKAGIT COUNTY, WASHINGTON.

4. This affidavit is made to induce any title company to issue its policies of title insurance on real property passing to the affiant as surviving spouse by virtue of said community property survivorship agreement in reliance upon the representations hereinabove set forth.

DATE: July 6, 2021, Kathy J. Locken  
Kathy J. Locken

State of Washington ) ss.  
County of Skagit )

On this day personally appeared before me **Kathy J. Locken**, who executed the within and foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal on July 6, 2021.



Sarah A. Stiles  
NOTARY PUBLIC in and for the State of Washington, residing at Sedro Woolley Arlington  
Commission Expires: 10-26-22

**COMMUNITY PROPERTY AGREEMENT**

This agreement made and entered into this 11<sup>th</sup> day of February, 1992, by and between **LARRY E. LOCKEN** and **KATHY J. LOCKEN**, husband and wife, of 2112 Locken Lane, Mount Vernon, Skagit County, Washington 98273, pursuant to the provision of Section 26.16.120, Revised Code of Washington, providing for agreements between husband and wife for the fixing of the status and disposition of community property to take effect upon the death of either, WITNESSETH:

That in consideration of the love and affection that each of the 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 as follows:

FIRST: That all property of whatsoever nature or description whether real, personal or mixed and wheresoever situated and howsoever held, now owned or hereafter acquired by them or either of them, shall be considered and is hereby declared to be community property, and each party conveys to the other a community interest therein.

SECOND: That upon the death of either of the parties hereto, title to all community property as defined in the preceding paragraph shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said **LARRY E. LOCKEN** and **KATHY J. LOCKEN**, husband and wife, have hereunto set their hands and seals this 11<sup>th</sup> day of February, 1992.

WITNESSED BY:

Vickie Brandstrom                      Larry E. Locken (SEAL)  
Aileen Kubuski                        Kathy J. Locken (SEAL)

STATE OF WASHINGTON )  
 : SS  
COUNTY OF SKAGIT )

THIS IS TO CERTIFY: That on this 11<sup>th</sup> day of February, 1992, personally appeared LARRY E. LOCKEN and KATHY J. LOCKEN, husband and wife, to me known to be the individuals described in and who executed the within and foregoing instrument and acknowledged the same to be their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS MY HAND AND OFFICIAL SEAL the day and year this certificate first above written.

*Lynn Bacus*

Notary Public in and for the State of Washington, residing at Selvo Woodley My commission expires: 6-1-94

LYNN BACUS  
Notary Public  
STATE OF WASHINGTON  
My Commission Expires  
June 1, 1994

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-059365

DATE ISSUED: 12/22/2020  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): LARRY EDWIN  
LAST NAME(S): LOCKEN

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: DECEMBER 17, 2020  
HOUR OF DEATH: 05:35 AM  
SEX: MALE AGE: 72 YEARS  
SOCIAL SECURITY NUMBER [REDACTED]

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

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

RESIDENCE STREET: 21190 LOCKEN LANE  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 32 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: MOUNT VERNON, WA

FATHER: OTTO LOCKEN  
MOTHER: ESTHER JOSEPHINE [REDACTED]

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: KATHY JO HANSON

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: EVERGREEN CREMATION, LLC

OCCUPATION: CARPENTER  
INDUSTRY: CONSTRUCTION  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: NO

CITY, STATE: OAK HARBOR, WASHINGTON  
DISPOSITION DATE: DECEMBER 22, 2020

INFORMANT: KATHY JO LOCKEN  
RELATIONSHIP: SPOUSE  
ADDRESS: 21190 LOCKEN LANE, MOUNT VERNON, WA 98274

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: DAVID LUKOV

CAUSE OF DEATH:

A: COVID PNEUMONIA  
INTERVAL: 4 WEEKS

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: ALLEN L. JOHNSON, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1415 E. KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
DATE SIGNED: DECEMBER 18, 2020

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: ALLEN JOHNSON, MD

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ  
DATE RECEIVED: DECEMBER 21, 2020



Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

Form fields for State Office Use Only including State File Number, Fee Number, Initials, Date, Affidavit Number, and Required information sections (Record Type, Name on Record, etc.)

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

Table with 2 columns: The record currently shows: and The true fact is: with rows 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.

Signature fields for 14a. Signature and 14b. Signature of 2nd parent (if required), including printed name and 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, 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 section containing instructions for legal guardians, parents, and adults regarding name changes and proof documentation requirements.

Death Certificates section containing instructions for informants and medical information changes.

Marriage/Dissolution (Divorce) Certificates section containing instructions for personal facts and date/place changes.



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

\*CERTIFIED\*

DEC 2 2 2020

Signature of Howard Leibrand M.D., Health Officer



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