

JONES BUTLER DOLAN, PS
P.O. Box 2784
Mount Vernon, WA 98273
360-336-2939

202107200207
07/20/2021 03:51 PM Pages: 1 of 9 Fees: \$111.50
Skagit County Auditor

**COMMUNITY PROPERTY AFFIDAVIT
OF SURVIVING SPOUSE**

Document Title: Community Property Affidavit of Surviving Spouse
Grantor: Jerrold Ray Dalke
Grantee: Paula Marie Dalke
Assessor Parcel No: P27108, 340421-1-011-0204
Abbreviated Legal: PTN OF THE SW 1/4 OF THE NE 1/4 OF THE
NE 1/4 OF SEC 21, TWN 34N, RNG 4E, W.M.
Reference Number: 201309230076, 202009110071

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

JUL 20 2021

Amount Paid \$
Skagit Co. Treasurer
By Deputy



STATE OF WASHINGTON DEPARTMENT OF HEALTH


CERTIFICATE OF DEATHCERTIFICATE NUMBER: **2021-022474**DATE ISSUED: **05/12/2021**
FEE NUMBER:FIRST AND MIDDLE NAME(S): **JERROLD RAY**
LAST NAME(S): **DALKE**COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **MAY 10, 2021**
HOUR OF DEATH: **01:25 PM**
SEX: **MALE** AGE: **69 YEARS**
SOCIAL SECURITY NUMBER: [REDACTED]PLACE OF DEATH: **HOME**
FACILITY OR ADDRESS: **610 SHOSHONE DRIVE**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**HISPANIC ORIGIN: **NO, NOT SPANISH/HISPANIC/LATINO**
RACE: **WHITE**RESIDENCE STREET: **610 SHOSHONE DRIVE**
CITY, STATE, ZIP: **MOUNT VERNON, WA 98273**
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **7 YEARS**BIRTH DATE: [REDACTED]
BIRTHPLACE: **GLENDIVE, MT**FATHER: **ADOLPH DALKE**
MOTHER: **MARIE** [REDACTED]MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **PAULA MARTIN**METHOD OF DISPOSITION: **BURIAL**
PLACE OF DISPOSITION: **HAWTHORNE MEMORIAL PARK**OCCUPATION: **PASTOR**
INDUSTRY: **RELIGION**
EDUCATION: **MASTER'S DEGREE**
US ARMED FORCES: **NO**CITY, STATE: **MOUNT VERNON, WASHINGTON**
DISPOSITION DATE: **MAY 17, 2021**INFORMANT: **PAULA DALKE**
RELATIONSHIP: **WIFE**
ADDRESS: **610 SHOSHONE DRIVE MOUNT VERNON, WA 98273**FUNERAL FACILITY: **HAWTHORNE FUNERAL HOME**
ADDRESS: **PO BOX 398**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**
FUNERAL DIRECTOR: **THOMAS CUFLEY**CAUSE OF DEATH:
A: **STAGE IV COLON CANCER**
INTERVAL: **5 MONTHS**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: **ANITA M. MEYER, MD**
TITLE: **PHYSICIAN**
CERTIFIER ADDRESS: **227 FREEWAY DRIVE, SUITE A**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**
DATE SIGNED: **MAY 12, 2021**

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:CASE REFERRED TO ME/CORONER: **NO**
FILE NUMBER: **NOT APPLICABLE**
ATTENDING PHYSICIAN: **NOT APPLICABLE**IF TRANSPORTATION INJURY, SPECIFY: **NOT APPLICABLE**LOCAL DEPUTY REGISTRAR: **BELEN MARTINEZ**
DATE RECEIVED: **MAY 12, 2021**



Affidavit for Correction

07/20/2021 03:51 PM Page 16 of 9
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: 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:
7. Return Mailing 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 forgoing 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.



0 4 4 9 8 1 9 2

COMMUNITY PROPERTY AGREEMENT
OF
JERROLD RAY DALKE & PAULA MARIE DALKE

This Agreement made this 1st day of April, 2021, between Jerrold R. Dalke (“Husband” or “Spouse”) and Paula M. Dalke, (“Wife” or “Spouse”), husband and wife, married June 9, 1972, both of whom are domiciled in the State of Washington, pursuant to Section 26.16.120 of the Revised Code of Washington.

In consideration of the mutual love and affection that we have for each other, and in consideration of the mutual benefits to be derived by each of us, it is hereby agreed, covenanted and promised as follows:

1. Property Covered

This Agreement shall apply to all community or separate property now owned or hereafter acquired by Husband and Wife or either of them (except for assets for which a separate beneficiary designation has been or is hereafter made by Husband and Wife and approved by the other spouse) even though some items may have been or may be purchased or acquired by one or the other or both or may have been or may be registered in the name of one or the other or both. All such property is declared to be community property of Husband and Wife and is referred to in this Agreement as the “described community property”.

2. Vesting at Death of a Spouse

If Husband dies and Wife survives him by thirty (30) days, all of the described community property shall vest in Wife as of the moment of Husband’s death. Otherwise, said community property shall be distributed pursuant to Husband’s Last Will and Testament. If Wife dies and Husband survives her by thirty (30) days, all of the described community property shall vest in Husband as of the moment of Wife’s death. Otherwise, said community property shall be distributed pursuant to Wife’s Last Will and Testament.

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 assets thereof, in which event the interest disclaimed shall pass as if the provisions of Paragraph 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.

4. Powers of Appointment

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

5. 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.

6. Automatic Revocation

The provisions of Paragraph 2 shall be automatically revoked:

- (a) Upon the establishment of a domicile outside the State of Washington by either Spouse;
- (b) Upon the filing by either Spouse of a petition, complaint or other pleading for separation, dissolution or divorce;
- (c) Immediately prior to death of both spouses, if the order of death cannot be ascertained; or,
- (d) If a Spouse has applied for federal or state benefits for the benefit of a disabled spouse and the non-disabled spouse dies first.

7. Optional Revocation by One Spouse Due to Incapacity of Other

If either Spouse becomes incapacitated or disabled, the other Spouse shall have the power to terminate the provisions of Paragraph 2 and each Spouse designates the other as Attorney-in-Fact to become effective upon incapacity or disability thereof to the disabled Spouse and to the guardian(s), if any, of the person and estate of the incapacitated or disabled person. For the purposes of this paragraph, a Spouse shall be deemed incapacitated or disabled if: (a) a physician who has treated the Spouse for at least two (2) years certifies that the Spouse is unable to manage his or her own affairs; or (b) two (2) independent physicians so certify.

April 1, 2021.

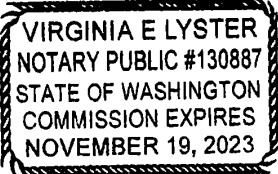
Jerrold R. Dalke
JERROLD R. DALKE

Paula M Dalke
PAULA M. DALKE

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

On this day personally appeared before me Jerrold R. Dalke and Paula M. Dalke to me known to be the individuals described in and who executed the within and foregoing Community Property Agreement, 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 1st day of April, 2021.



Virginia E. Lyster
VIRGINIA E. LYSTER
Notary Public
In and for the State of Washington
My appointment expires: 11-19-2023

Exhibit C

Legal Description

That portion of Southwest 1/4 of the Northeast 1/4 of the Northeast 1/4 of Section 21, Township 34 North, Range 4 East, W.M. described as follows:

Beginning at the Northwest corner of said Southwest 1/4 of the Northeast 1/4 of the Northeast 1/4;
thence South $1^{\circ}14'53''$ West along said West line of said subdivision, a distance of 195.00 feet to a point on the South line of Mohawk Drive as established in the City of Mount Vernon by that instrument dated July 26, 1968, and recorded under Auditor's File No. 722609;
thence South $88^{\circ}22'56''$ East along the South line of said Mohawk Drive, which line is parallel to and 195 feet South of the North line of said subdivision, a distance of 420.00 feet to the true point of beginning of this description;
thence North $88^{\circ}22'56''$ West along the South line of said Mohawk Drive, a distance of 109.87 feet;
thence on a curve to the left, having a radius of 20.00 feet and a central angle of $90^{\circ}22'11''$, an arc distance of 31.54 feet;
thence South $1^{\circ}14'53''$ West, a distance of 114.87 feet;
thence South $88^{\circ}22'56''$ East, a distance of 130.00 feet;
thence North $1^{\circ}14'53''$ East, a distance of 135.00 feet to the true point of beginning of this description.

Situate in the City of Mount Vernon, County of Skagit, Washington.