



202107210013

07/21/2021 08:35 AM Pages: 1 of 5 Fees: \$107.50  
Skagit County Auditor

After Recording Return To:  
Jerry Wickwire  
3029 Kelly Road  
Bellingham, Washington 98226

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2021-3310  
JUL 20 2021

Amount Paid \$ 0  
Skagit Co. Treasurer  
By JC Deputy

DOCUMENT TITLE: **COMMUNITY PROPERTY AFFIDAVIT**  
REFERENCE NUMBER OF RELATED DOCUMENT: \_\_\_\_\_  
GRANTOR: **JERRY WICKWIRE A/K/A GERALD LEE WICKWIRE AND  
CAROL WICKWIRE A/K/A CAROL ELAINE WICKWIRE**  
GRANTEE: **JERRY WICKWIRE A/K/A GERALD LEE WICKWIRE**  
ADDITIONAL GRANTEE(S) ON PAGE 1 OF DOCUMENT: N/A  
ABBREVIATED LEGAL: **JANICKI COVE TR 14**  
Legal Description on Exhibit "A"  
ASSESSOR'S PARCEL NUMBER: **P77727; 4185-000-014-0003**

**COMMUNITY PROPERTY AFFIDAVIT**

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF WHATCOM )

JERRY WICKWIRE a/k/a GERALD LEE WICKWIRE, being first duly sworn, upon oath, declares as follows:

1. Status. I am the surviving spouse of Carol Wickwire a/k/a Carol Elaine Wickwire, who died on January 3, 2016, at Bellingham, Whatcom County, Washington. A copy of her Certificate of Death is attached to this Affidavit.
2. Purpose of Affidavit. I am making this Affidavit and the representations made in it to induce any party dealing with the Community Property Agreement (the "Agreement") referenced in the following paragraph and any property, real, personal, or mixed, subject to the Agreement to rely upon the Agreement and all of its terms and provisions. In addition, the statements I make in this Affidavit are representations of fact that all parties dealing with the real property located in Skagit County, Washington and the property described in the Agreement may rely upon including but not limited to the real property described in Exhibit "A" hereto and incorporated herein by reference. Furthermore, I am making this Affidavit to induce any and all title insurance companies, in reliance on the representations made in this Affidavit, to issue one or more policies of title insurance on the real property passing to me, as Decedent's surviving spouse, because the real property was and is Community Property by and through the Community Property Agreement described in this Affidavit.

3. Community Property Agreement. On April 29, 1987, Decedent and I, as husband and wife, validly executed a written Community Property Agreement, which has remained valid and in full force since its execution. The Agreement was recorded in the Office of the County Auditor/Recorder of Whatcom County, Washington on March 24, 2016, under Recording No. 2016-0302668.

4. Community Property Subject to the Agreement. All of the Decedent's Community Property is subject to the Agreement, and all of its disposition is controlled by the Agreement, and all of it passed to me upon Decedent's death. Decedent owned no separate property at death. Included, but not limited to, among other items of Community Property is the following described real property and improvements legally described in Exhibit "A" hereto and incorporated herein by reference.

5. Decedent's Will & Probate. No proceedings have begun or are anticipated to have a Will of Decedent admitted to probate, to have a Personal Representative for Decedent appointed, or to set aside, cancel, or revoke the Agreement.

6. Character and Value of Decedent's Estate. At her death, Decedent's estate consisted solely of her one-half share of Community Property subject to the Agreement. Decedent owned no separate property at death.

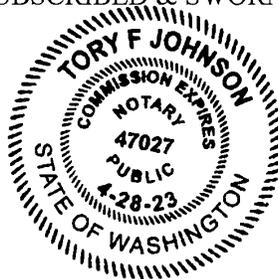
7. Decedent's Debts & Expenses. All of the debts and expenses (including expenses of last illness, funeral, and burial) of Decedent have been paid in full. Decedent's estate was not liable for federal estate tax or Washington estate tax. Decedent was not liable for repayment for subsistence or medical care to the state of Washington.

8. Community Liabilities. All liabilities and other obligations of the marital community have been paid in full or otherwise provided for.

Dated: July 14, 2021.

Jerry Wickwire  
Jerry Wickwire  
3029 Kelly Road  
Bellingham, Washington 98226

SUBSCRIBED & SWORN TO before me on: July 14, 2021.



T.F.J.  
Signature of Notary  
Tory F Johnson  
Printed Name of Notary

NOTARY PUBLIC in and for the State of Washington,  
residing at: Whatcom County.  
My appointment expires on: 4-28-2023.

EXHIBIT "A"

23723 Cove Road, Skagit County, Washington 98284:

LOT 14 "JANICKI COVE, DIVISION NO 1" ACCORDING TO THE PLAT  
RECORDED IN VOLUME 10 OF PLATS, PAGES 1, 2 AND 3, RECORDS OF  
SKAGIT COUNTY, WASHINGTON.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Exhibit \_\_\_\_\_

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-000066

DATE ISSUED: 01/06/2016

FEE NUMBER: 0000000029

GIVEN NAMES: CAROL ELAINE  
LAST NAME: WICKWIRE

COUNTY OF DEATH: WHATCOM  
DATE OF DEATH: JANUARY 03, 2016  
HOUR OF DEATH: 03:20 P.M.

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 3029 KELLY RD  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226

SEX: FEMALE  
AGE: [REDACTED]  
SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 3029 KELLY RD  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 982267578  
INSIDE CITY LIMITS? NO

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

COUNTY: WHATCOM  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 50 YEARS

BIRTHDATE: [REDACTED]  
BIRTHPLACE: SEATTLE, KING CNTY, WASHINGTON

FATHER/PARENT: ALBERT SILVES  
MOTHER/PARENT: LENORE [REDACTED]

MARITAL STATUS: MARRIED  
SPOUSE: GERALD LEE WICKWIRE

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM  
CITY, STATE: BLAINE, WA  
DISPOSITION DATE: JANUARY 05, 2016

OCCUPATION: ASSISTANT COOK  
INDUSTRY: HIGH SCHOOL  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? NO

FUNERAL FACILITY: SIMPLE CREMATION OF BELLINGHAM  
ADDRESS: 1313 EAST MAPLE ST  
CITY, STATE, ZIP: BELLINGHAM WA 98225  
FUNERAL DIRECTOR: MICHAEL GALAVIZ

INFORMANT: SHELLY RICHNER  
RELATIONSHIP: DAUGHTER  
ADDRESS: 5920 HOFF CIRCLE, EVERSON, WA 98247

- CAUSE OF DEATH:
- A. METASTATIC NON-SMALL CELL LUNG CANCER  
INTERVAL: 30 MONTHS
  - B. INTERVAL:
  - C. INTERVAL:
  - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? YES  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:  
CITY, STATE, ZIP:  
COUNTY:

CERTIFIER NAME: JENNIE CREWS, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 3301 SQUALICUM PARKWAY  
CITY, STATE, ZIP: BELLINGHAM WA 98225  
DATE SIGNED: JANUARY 05, 2016

DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN:  
JENNIE CREWS MD

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:  
JESSIE THOMSON  
DATE RECEIVED: JANUARY 05, 2016

NUMBER(S): NONE  
DATE(S): NONE



Affidavit for Correction

07/21/2021 08:35 AM Page 5 of 5  
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: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify)

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 now shows: The true fact is:  
8. 9.  
10. 11.  
12. 13.  
14. 15.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature: 16b. Signature of 2nd parent (if required):  
Printed name: Date: Printed name: Date:

INSTRUCTIONS - go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record • Military record (DD-214) • School transcripts • Social Security Numident Report
- Certificate of Naturalization • Hospital/medical record • Passport • Green/Permanent Resident card (I-551)

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. Documentary proof must be five or more years old or established within five years of birth

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)\*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof 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.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a 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 documentary proof
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

DOH 422-034 January 2015

\*CERTIFIED\*

JAN 06 2016

Handwritten signature

Skagit County Health Department  
Howard Lehbrand M.D. Health Officer

DD00351239