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07/26/2021 03:58 PM Pages: 1 of 6 Fees: \$247.50
Skagit County Auditor

Return Address:

Stephen C. Schutt
Attorney at Law
P.O. Box 1032
Anacortes, WA 98221

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2021-3403
JUL 23 2021

Document Title:

Amount Paid \$ \\
Skagit Co. Treasurer
By *DJS* Deputy

Community Property Agreement dated April 14, 1994
Death Certificate of Ann P. Falk - DOD: December 11, 2017

Reference Numbers (if applicable): _____

Grantor(s): [] additional Grantor names on page ____

1. Ann P. Falk (Deceased) & James P. Falk, Surviving Spouse of Ann P. Falk

2. _____

Grantee(s): [] additional Grantee names on page ____

1. James P. Falk

2. _____

Abbreviated Legal Description: [] full legal on page ____

SKYLINE NO 14, LOT 17

Assessor Parcel/Tax ID Number: [] additional parcel numbers on page ____

P102749/4600-000-017-0006

*Submitted for
Ann's Death
for House ownership
w/ly 2019*

COMMUNITY PROPERTY AGREEMENT

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AGREEMENT made this 14 day of APRIL, 1994,
between JAMES P. FALK, ("Husband") and ANN FALK, ("Wife"),
husband and wife, both of whom are domiciled in the State of
Washington. In consideration of the mutual benefits to be
derived and their mutual agreements set forth below, the
parties agree as follows:

1. Property Covered: This Agreement shall apply to
all community property now owned or hereafter acquired by
Husband and Wife (except for assets for which a separate
beneficiary designation has been or is hereafter made by
Husband or 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. If
Husband dies and Wife survives, any separate property of
Husband which is owned by Husband at the time of his death
(except for assets for which Husband has made a separate
beneficiary designation other than by Will) shall become and
be considered community property vested as of the moment of
his death, and if Wife dies and Husband survives her, any
separate property of Wife which is owned by Wife at the time
of her death (except for assets for which Wife has made a
separate beneficiary designation other than by Will) shall
become and be considered community property vested as of the
moment of her death. All such property 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, all of the described community property
shall vest in Wife as of the moment of Husband's death. If
Wife dies and Husband survives her, all of the described
community property shall vest in Husband as of the moment of
Wife's death.

1 3. Disclaimer: Upon the death of either spouse, the
2 surviving spouse may disclaim any interest passing under
3 this Agreement in whole or in part, or with reference to
4 specific parts, shares or assets thereof, in which event the
5 interest disclaimed shall pass as if the provisions of
6 paragraph 2 had been revoked as to such interest with the
7 surviving spouse entitled to the benefits provided by any
8 alternate disposition.

9 4. Automatic Revocation: The provisions of paragraph
10 2 shall be automatically revoked:

11 (a) Upon the filing by either party of a petition,
12 complaint or other pleading for separation, dissolution or
13 divorce; or

14 (b) Upon the establishment of a domicile out of the
15 State of Washington by either party; or

16 (c) Immediately prior to death, if the order of death
17 cannot be ascertained.

18 5. Optional Revocation by One Party: If either party
19 becomes disabled, the other party shall have the power to
20 terminate the provisions of paragraph 3 and each party
21 designates the other as attorney-in-fact to become effective
22 upon disability to exercise such power. The termination
23 shall be effective upon the delivery of written notice
24 thereof to the disabled spouse and to the guardians, if any,
25 of the person and of the estate of the disabled person. for
26 the purposes of this paragraph, a spouse shall be deemed
27 disabled if a person duly licensed to practice medicine in
28 the State of Washington signs a statement declaring that the
person is unable to manage his or her own affairs.

 6. Powers of Appointment: This Agreement shall not
affect any power of appointment now held by or hereafter
given to Husband or Wife or both of them, nor shall it
obligate Husband or Wife or both of them to exercise any
such power of appointment in any way.

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2 7. Revocation of Inconsistent Agreement: To the
3 extent this Agreement is inconsistent with any provisions of
4 any community property agreement or other arrangement
5 previously made by the parties that affects the described
6 community property, the terms of this Agreement shall be
7 deemed to revoke such prior provisions to the extent of the
8 inconsistency.

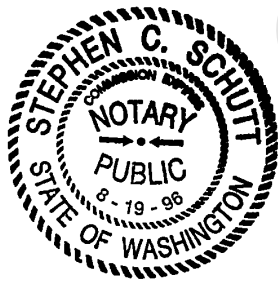
9
10 Stephen C. Schutt James P. Falk
11 Witness (Husband)

12
13 Luis LeBlond Ann T. Falk
14 Witness (Wife)

15 STATE OF WASHINGTON)
16) ss.
17 COUNTY OF SKAGIT)

18 On 14 April 1994 personally appeared before me
19 JAMES P. FALK and ANN FALK to me known to be the individuals
20 described in and who executed the within and foregoing
21 Community Property Agreement, and acknowledged that they
22 signed the same as their free and voluntary act and deed for
23 the uses and purposes therein mentioned.

24 Given under my hand and official seal on this 14 day
25 of April, 1994



26
27 Stephen C. Schutt
28 NOTARY PUBLIC, in and
for the
State of Washington
My commission
expires: Aug 1998

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-053399

DATE ISSUED: 07/07/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ANN T
LAST NAME(S): FALKCOUNTY OF DEATH: KING
DATE OF DEATH: DECEMBER 11, 2017
HOUR OF DEATH: 07:45 AM
SEX: FEMALE AGE: 84 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: ST MARIES, IDMARITAL STATUS: MARRIED
SURVIVING SPOUSE: JAMES PAUL FALKOCCUPATION: PROFESSIONAL MUSICIAN
INDUSTRY: MUSIC
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NOINFORMANT: JIM FALK
RELATIONSHIP: HUSBAND
ADDRESS: 4405 KINGSWAY, ANACORTES, WA 98221CAUSE OF DEATH:
A: HYPERTROPHIC CARDIOMYOPATHY
INTERVAL: YEARS
B: HYPERTENSION
INTERVAL: DECADES
C:
INTERVAL:
D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: PULMONARY ARTERIAL
HYPERTENSION, LEFT VENTRICULAR MASS, DYSLIPIDEMIADATE 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: HOSPITAL
FACILITY OR ADDRESS: SWEDISH MEDICAL CENTER - CHERRY HILL
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98122RESIDENCE STREET: 4405 KINGSWAY
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 8 YEARSFATHER: ANDREW TROMBETTO
MOTHER: MARGUERITE [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORYCITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: DECEMBER 13, 2017

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: LEONARD J. WILLIAMSMANNER 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 RESPONSECERTIFIER NAME: KELLY A. SWEERUS, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 747 BROADWAY
CITY, STATE, ZIP: SEATTLE, WA 98122
DATE SIGNED: DECEMBER 12, 2017CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: DIANE BOGAN
DATE RECEIVED: DECEMBER 13, 2017



Affidavit for Correction

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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: First Middle Last 2. Date of Event: MM/DD/YYYY 3. Place of Event: (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)
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 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 Adult (18 years or older)
• If legal guardian(s), include certified court order proving guardianship. • Only the adult can change his or her birth certificate.
• Up to age one or up to one year following the filing of an Acknowledgement 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. • If the first or middle name is missing, three pieces of proof documentation are required.
• No proof is required to change the first or middle name.* • 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 information, one proof documentation is required. • To correct parent's birth date, place of birth, or name, 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.

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
JUL 07 2021
Skagit County Health Department
Howard Leibrand M.D., Health Officer



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