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07/27/2021 09:43 AM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

Return Address:

DAVID SVAREN
12699 MARKWOOD RD
BURLINGTON, WA 98233

Document Title:

Affidavit: Community Property Agreement

Reference Number (if applicable): _____

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

- 1) Neil Morse McIlvath Estate
- 2) Delora Lee McIlvath

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

- 1) Delora Lee McIlvath
- 2) _____

Abbreviated Legal Description: _____ [] full legal on page(s) ____.

SE 24-34-04

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

P77142

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

State of Washington
County of Skagit

Delora Lee McIlrath being first duly sworn, deposes and says:

Affiant is the surviving spouse of Neil Morse McIlrath who died at Sedro-Woolley, Washington on the 29th day of June, 2021 having provided for the disposition of all community property held by Affiant and said deceased spouse under a Community Property Agreement dated the 10th day of April, 1968 and filed for record with the Skagit County Auditor on February 10, 1969.

There are no unpaid creditors of the decedent or the former marital community and there are no unpaid funeral expenses or expenses of last illness.

The decedent did not receive any medical assistance paid for or provided by the Washington State Department of Social and Health Services (DSHS) and/or Medicaid including nursing facility services, home or community-based services, hospital, prescription drugs or any other services.

The value of the community estate as of the date of death, including all real and personal property was approximately \$950,000. Decedent did not own or hold any separate property.

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

That portion of Tract Thirty-five (35) of PLATE NO. 1 SEDRO HOME ACREAGE, SKAGIT CO., WASH., as per plat recorded in Volume 3 of Plats, page 39 of the records of Skagit County, described as follows:

Beginning at a point 126 feet North and 146.8 feet East of the Southwest corner of Tract 32; thence East 64.18 feet; thence North to the South line of Southern Avenue (formerly known as Railroad Avenue); thence Southwesterly along said South line of Southern Avenue to a point due North of the point of beginning; thence South to the point of beginning. All situate in Skagit County, State of Washington.

Subscribed and sworn to this 6th day of July, 2021.


DeLora Lee McIlrath

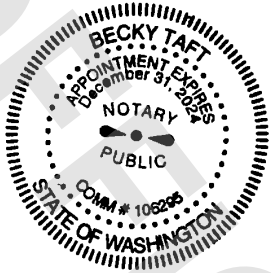
I certify that I know or have satisfactory evidence that DeLora Lee McIlrath is the person who appeared before me and said person acknowledged that she signed this instrument

and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in this instrument.

Dated this 6th day of July, 2021

Barbara Tolu

Notary Public in and for the State of Washington
Residing at: Sedro Woolley
My appointment expires: 12/31/2024



UNOFFICIAL DOCUMENT

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-030922

DATE ISSUED: 07/01/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): NEIL MORSE

LAST NAME(S): MCILRATH

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: JUNE 29, 2021

HOUR OF DEATH: 06:30 PM

SEX: MALE AGE: 95 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: PUNKIN CENTER, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: DELORA ADAMS

OCCUPATION: HEAVY EQUIPMENT OPERATOR

INDUSTRY: COUNTY ROAD DISTRICT

EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE

US ARMED FORCES: YES

INFORMANT: DELORA MCILRATH

RELATIONSHIP: WIFE

ADDRESS: 737 SOUTHERN AVE., SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:

A: ABNORMAL WEIGHT LOSS, PRESUMED MALIGNANCY

INTERVAL: 6 MONTHS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ANEMIA OF UNKNOWN CAUSE

DATE 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: HOME

FACILITY OR ADDRESS: 737 SOUTHERN AVE.

CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 737 SOUTHERN AVE.

CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 71 YEARS

FATHER: JAMES MCILRATH

MOTHER: ELLA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: JUNE 30, 2021

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

FUNERAL DIRECTOR: TOBI G. STIDMAN

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

CERTIFIER NAME: LESLIE A. ESTEP, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: JUNE 30, 2021

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: JUNE 30, 2021



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 01 2021

Handwritten signature

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



0 4 4 9 9 6 8 8

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