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08/12/2021 10:26 AM Pages: 1 of 7 Fees: \$209.50
Skagit County Auditor

After recording please return to:

Mrs. Elinor L. Tapio
313 S. 48th Street
Mount Vernon, WA 98274

RECORDING COVER PAGE

DOCUMENT TITLE: AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

GRANTORS: EINAR TAPIO and ELINOR L. TAPIO

GRANTEES: THE PUBLIC

PARCEL NO.: P133283

LEGAL DESCRIPTION: Lot 90, "PLAT OF WOODSIDE PUD DIVISIONS 1 AND 2", recorded July 27, 2016, under Skagit County Auditor's File No. 201607270025.

Situated in the County of Skagit, State of Washington.

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2021-3703
AUG 12 2021

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

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

State of Washington)
) ss.
 County of Skagit)

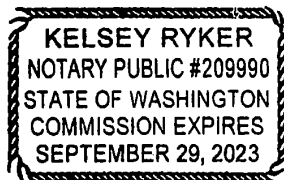
Elinor L. Tapio, being first duly sworn, deposes and says:

1. I am the surviving spouse of Einar Tapio.
2. Einar Tapio and I, as husband and wife, executed a Community Property Agreement on July 13, 2021. This Community Property Agreement has been recorded with the Skagit County auditor's Office. A certified copy of the Community Property Agreement is attached to this Affidavit.
3. The Community Property Agreement was validly executed, and was in full force and effect on the date of Einar Tapio's death.
4. By virtue of the Community Property Agreement, all property owned by Einar Tapio passed to me as sole owner.
5. There are no unpaid creditors of Einar Tapio's, nor unpaid funeral expenses or expenses of last illness. No state or federal estate tax is due on his estate.
6. This Affidavit is made to induce a title company to issue its policies of title insurance on real property passing to the surviving spouse, and to induce financial institutions to transfer funds or securities, by virtue of said community property agreement, and in reliance upon the representations set forth above.

Dated 8/10/21

Elinor L. Tapio
 Elinor L. Tapio, Claimant

Subscribed and sworn to before me this 10 day of August, 2021 by Elinor L. Tapio.



Kelsey Ryker
 Notary Public in and for the State
 of Washington, residing at Anacortes
 My Commission Expires: 09/29/2023

Community Property Agreement

THIS AGREEMENT is made July 13, 2021, at La Conner, Washington, between Einar Tapio ("Husband") and Elinor L. Tapio ("Wife"), husband and wife, 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 their mutual agreements set forth below, the parties agree as follows:

1. Status of Property. All property (including, but not limited to, property owned at the time of their marriage, property received up to the date of this Agreement by gift, bequest, legacy, devise or inheritance, or proceeds, income, rents, issues, profits, gains and appreciation from such property) of whatsoever nature and description, whether real or personal, wherever situated, now owned by Husband and Wife, or by either of them, or hereafter acquired during the existence of the marital community, is and shall be considered community property.

2. Disposition of Community Property at Death. If one spouse dies and the other spouse survives by ten (10) days, all of the described community property shall vest in the surviving spouse as of the moment of death of the first spouse to die.

3. Exception to Agreement. Either spouse may, with the written agreement of the other spouse, reserve separate property and dispose of it outside of this Agreement by making a separate beneficiary designation for a particular asset, such as an IRA, life insurance policy, or annuity, but not by Will. This exception shall apply only to such designations made after the date of this Agreement.

4. 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 references to specific parts, shares or assets thereof. Any interest so 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 other disposition.

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. Optional Revocation By One Party. If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 2. The Termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardian(s), if any, of the person and of the estate of the disabled person. For the purpose of this paragraph, a spouse shall be deemed disabled if two licensed physicians state in writing that the spouse is unable to manage his or her own affairs.

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7. Termination. This Agreement shall terminate under any of the following circumstances:

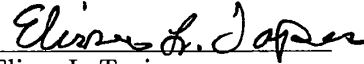
- (i) The mutual agreement of the parties in writing.
- (ii) The provisions of Paragraph 2 shall be deemed mutually terminated upon the earlier to occur of (a) the termination of the marital community, or (b) the filing by either party of a petition for dissolution of their marriage, for divorce or for the annulment of their marriage (the Termination). Following such Termination, property thereafter acquired by Husband or Wife shall be the acquiring spouse's separate property, and the income, rents, issues, profits, gains and appreciation attributable to property which was their community property shall be their respective separate property in equal shares. Any property which was community property at the Termination shall not cease to be such merely by reason of the Termination.
- (iii) Immediately prior to death if neither party survives the other by ten (10) days.

8. Independent Counsel. Husband and Wife each recognize that he or she has a right to be represented by independent counsel in arriving at this Agreement. Each of them hereby waives said right and states that he or she has had an adequate, fair and full disclosure of all assets now owned and the value of each involved in this Agreement.

DATED as first stated above.



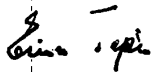
Einar Tapio
Husband



Elinor L. Tapio
Wife

Acknowledgement of Advice as to Retention of Separate Counsel

We have both been advised that the foregoing document may have a significant effect on how our property is owned and who may receive assets at our deaths. We have been advised by our attorney, Felicia Value, to obtain separate counsel to review our respective rights and the effects of this Agreement and all matters incident to it. We each decline to obtain such separate counsel, and acknowledge that we nevertheless enter into this Agreement freely and voluntarily.



Einar Tapio
Husband



Elinor L. Tapio
Wife

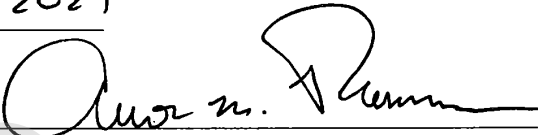
STATE OF WASHINGTON)

: ss

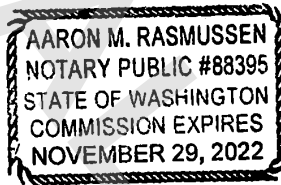
County of Skagit)

I certify that I know or have satisfactory evidence that Einar Tapio and Elinor L. Tapio are the persons who appeared before me, and said persons each acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated 7/13/2021



Notary Public in and for the State
of Washington, residing at Mt. Vernon
My Commission Expires: 11/29/2022



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-035578

DATE ISSUED: 07/26/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): EINAR

LAST NAME(S): TAPIO

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: JULY 21, 2021

HOUR OF DEATH: 01:15 PM

SEX: MALE

AGE: 83 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: POLMAK NORWAY

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: ELINOR DUNCAN

OCCUPATION: ENGINEER

INDUSTRY: SOUND ENGINEERING

EDUCATION: MASTER'S DEGREE

US ARMED FORCES: NO

INFORMANT: ELINOR TAPIO

RELATIONSHIP: WIFE

ADDRESS: 313 S. 48TH ST. MOUNT VERNON, WA 98274

CAUSE OF DEATH:

A: HEPATOCELLULAR CARCINOMA

INTERVAL: 1 MONTH

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ALCOHOLIC CIRRHOSIS,
ASCITES, VARICES, BONE METS, CHOLANGITIS

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: 313 S. 48TH ST.

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 313 S. 48TH ST.

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER: NILS TAPIO

MOTHER: ANNA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: JULY 26, 2021

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: DANIEL G LA PLAUNT

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: ANITA M. MEYER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: JULY 23, 2021

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: JULY 26, 2021

Affidavit for Correction

08/12/2021 10:26 AM Page 7 of 7
 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 | | | | |
| Required | Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce) | | | |
| | 1. Name on Record: | | 2. Date of Event: | 3. Place of Event: |
| | First Middle Last | MM/DD/YYYY | (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) | |
| | First Middle Last/Maiden | First Middle Last/Maiden | | |
| 6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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 foregoing is true and correct. | | | | |
| 14a. Signature: | | 14b. Signature of 2 nd 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: | | | | |
| <ul style="list-style-type: none"> • 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 | | | | |
| <ul style="list-style-type: none"> • 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. | | | | |
| <ul style="list-style-type: none"> • 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.

CERTIFIED

JUL 26 2021



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



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