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08/23/2021 04:26 PM Pages: 1 of 6 Fees: \$208.50  
Skagit County Auditor

After recording please return to:

Diane C. Russell  
9569 Glenwood Acres Rd.  
Sedro Woolley, WA 98284

RECORDING COVER PAGE

DOCUMENT TITLE: AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

GRANTORS: CLIFFORD A. RUSSELL and DIANE C. RUSSELL

GRANTEES: THE PUBLIC

PARCEL NO.: 3919-000-009-0013

LEGAL DESCRIPTION: Lot 9, "GLENWOOD ACRES" as per plat recorded in Volume 7 of  
Plats at Page 95, in the records of SKAGIT County, State of Washington.

Situate in County of SKAGIT, State of Washington

TOGETHER WITH that certain Manufactured Home 2002 Skyline Lexington Model 6726CTC  
Serial Number. 27910441 P

~~SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX~~

~~Amount Paid \$  
Skagit Co. Treasurer  
By Deputy~~

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

State of Washington        }  
                                      } ss  
County of Skagit            }

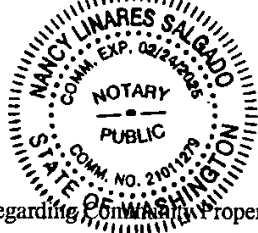
Diane C. Russell, being first duly sworn, deposes and says:

1. I am the surviving spouse of Clifford A. Russell
2. Clifford A. Russell and I, as husband and wife, executed a Community Property Agreement on May 16, 1976. This Community Property Agreement has been recorded with the Whatcom 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 Clifford A. Russell's death.
4. By virtue of the Community Property Agreement, all property owned by Clifford A. Russell passed to me as sole owner.
5. There are no unpaid creditors of Clifford A. Russell, 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: 8/23/21

Diane C. Russell  
Diane C. Russell, Claimant

Subscribed and sworn to before me this 23 day of August, 2021, by Diane C. Russell.



Affidavit Regarding Community Property Agreement

Nancy Linares Salgado  
Notary Public in and for the State  
Of Washington, residing at Burlington, WA  
My Commission Expires: 02-24-25

125C044

13871

**Agreement as to Status of Community Property****After Death of One of the Spouses****Know All Men by These Presents:**

That this agreement, made and entered into this 16 day of MAY, 1976,  
 by and between CLIFFORD A. RUSSELL AND DIANE C. RUSSELL  
 and \_\_\_\_\_, husband and wife,  
 of EVERSON, WHATCOM County, State of Washington, WITNESSETH:

That, in consideration of the love and affection that each of said parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted, and promised:

I.

That all property of whatsoever nature or description whether real, personal or mixed and where-soever situated now owned or hereafter acquired by them or either of them shall be considered and is hereby declared to be community property.

II.

That upon the death of either of the aforementioned parties title to all community property herein defined shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said CLIFFORD A. RUSSELL  
 and DIANE C. RUSSELL have hereunto set their hands  
 and seals this 16 day of MAY, 1976.

STATE OF WASHINGTON,

County of WHATCOM

SS.

This is to certify that on this 16 day of MAY, 1976, before me  
RONALD A. BUZARD a Notary Public in and for the State of Washington  
 duly commissioned and sworn, personally came CLIFFORD A. RUSSELL  
 and DIANE C. RUSSELL husband and wife, to me known to be the individuals  
 described in and who executed the within instrument, and acknowledged to me that they signed  
 and sealed the same as their free and voluntary act and deed for the uses and purposes therein  
 mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written.

Notary Public in and for the State of Washington residing at Bellevue WA

THIS IS TO CERTIFY that the foregoing is a true copy of the Auditor's File No. 1256044 as the same appeared when recorded on 6/27/1977 in the office of the County Auditor, Whatcom County, Washington.

Dated this 23rd day of August, 2021 -

Diana Braduch  
Whatcom County Auditor  
By: Kelli Whitmer  
Kelli Whitmer - Deputy



# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

Local File Number <b>412</b>		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix <b>CLIFFORD ALVIN RUSSELL</b>					2. Death Date <b>April 16, 2007</b>		
3. Sex (M/F) <b>M</b>	4a. Age - Last Birthday <b>67</b>	4b. Under 1 Year Months Days <b>None</b>	4c. Under 1 Day Hours Minutes <b>None</b>	5. Social Security Number <b>[REDACTED]</b>	6. County of Death <b>Whatcom</b>		
7. Birthdate <b>[REDACTED]</b>	8a. Birthplace (City, Town, or County) <b>Everson</b>	8b. (State or Foreign Country) <b>Washington</b>		9. Decedent's Education <b>High School Graduate</b>			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>				11. Decedent's Race(s) <b>Caucasian</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>	
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>9569 Glenwood Acres Road</b>					13b. City or Town <b>Sedro-Woolley</b>		
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>98284</b>	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence <b>16 Years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Diane Carol Hamilton</b>			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Driver</b>				18. Kind of Business/Industry (Do not use Company Name) <b>Trucking</b>			
19. Father's Name (First, Middle, Last, Suffix) <b>Orville Russell</b>				20. Mother's Name Before First Marriage (First, Middle, Last) <b>Dorothy [REDACTED]</b>			
21. Informant's Name <b>Diane C. Russell</b>		22. Relationship to Decedent <b>Wife</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>9569 Glenwood Acres Road, Sedro-Woolley, WA 98284</b>			
24. Place of Death, if Death Occurred in a Hospital: <b>Inpatient</b>				24. Place of Death, if Death Occurred Somewhere Other than a Hospital:			
25. Facility Name (if not a facility, give number & street or location) <b>St. Joseph Hospital</b>				26a. City, Town, or Location of Death <b>Bellingham</b>	26b. State <b>WA</b>	27. Zip Code <b>98225</b>	
28. Method of Disposition <b>Burial</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Kendall Cemetery</b>		30. Location-City/Town, and State <b>Kendall, WA</b>			
31. Name and Complete Address of Funeral Facility <b>Moles - Bellingham, 2465 Lakeway Drive, Bellingham, WA 98229</b>						32. Date of Disposition <b>April 19, 2007</b>	
33. Funeral Director Signature X <i>Paul W. Spinelli</i>							
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. <b>Course of Death (See Instructions and examples)</b>							
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>Heart Failure</b> Interval between Onset & Death <b>36 hours</b>							
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. <b>Post repair of ruptured Aortic Aneurysm</b> Interval between Onset & Death <b>76 hours</b>							
c. <b>Left anterior descending coronary occlusion</b> Interval between Onset & Death <b>unknown</b>							
d.							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death		<input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street Apt. No. City or Town: _____ County: _____ State: _____ Zip Code + 4: _____							
46. Describe how injury occurred				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
48a. Certifying Physician - (Type or Print) <b>James R. Lohse</b>				48b. Medical Examiner/Coroner - (Type or Print)			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>James R. Lohse, M.D., 3015 Squalicum Pkwy., Bellingham, WA 98225</b>				50. Hour of Death (24hrs) <b>0713</b>			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) <b>04/16/2007</b>			
53. Title of Certifier <b>M.D.</b>		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature <i>Gregory M. [Signature]</i>				58. Date Received (mm/dd/yyyy) <b>APR 18 2007</b>			
59. Amendments							



DOH01-003 (5/99)



# Affidavit for Correction

This is a legal Document. Complete in ink and do not alter.

Center for Health Statistics  
P.O. Box 9709  
Olympia, WA 98507-9709  
(360) 236-4300

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number												
Use the section below for requesting any changes on the record.																
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution																
1. Name on record:		2. Date of Event:		3. Place of Event: (City or County)												
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)		5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)														
The Record is Incorrect or Incomplete as follows:																
6. The Record now shows:		7. The True fact is:														
8.		9.														
10.		11.														
12.		13.														
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				Telephone Number:												
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.																
15. Signature:		16. Date:		17. Address:												
<p>All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within <u>one year</u> of the date it was issued to receive a replacement copy free of charge.</p> <p><b>All changes must be established by documentary proof submitted with the affidavit</b></p> <p>Examples of documentary proof:</p> <table border="0"> <tr> <td>Certificate of Naturalization</td> <td>Medical Record</td> <td>School Record</td> </tr> <tr> <td>Hospital Records</td> <td>Military Record (DD-214)</td> <td>Voter's Registration Card (if it bears an effective date)</td> </tr> <tr> <td>Insurance Records</td> <td>Birth Record</td> <td>Alien Registration Card (front and back)</td> </tr> <tr> <td>Marriage/Divorce Records</td> <td>Passport</td> <td></td> </tr> </table>					Certificate of Naturalization	Medical Record	School Record	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)	Insurance Records	Birth Record	Alien Registration Card (front and back)	Marriage/Divorce Records	Passport	
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Marriage/Divorce Records	Passport															
<p><b>Birth Certificates:</b></p> <ol style="list-style-type: none"> <li>Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.</li> <li>The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.</li> <li>Proof must be five (or more) years old or have been established within five years of birth.</li> <li>Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided: <ul style="list-style-type: none"> <li>- This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.</li> <li>- The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.</li> <li>- After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.</li> </ul> </li> <li>Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).</li> <li><b>This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)</b></li> </ol>																
<p><b>Death Certificates:</b></p> <ol style="list-style-type: none"> <li>Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.</li> <li>The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.</li> <li>If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.</li> </ol>																
<p><b>Marriage/Dissolution (Divorce) Certificates:</b></p> <ol style="list-style-type: none"> <li>Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.</li> <li>To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.</li> </ol>																

DOH/CHS 023 (Rev. 9/2002)

WHATCOM COUNTY  
HEALTH DEPARTMENT  
DO NOT DESTROY

APR 18 2001

*Greg Stern MD*  
GREG STERN, M.D.  
HEALTH OFFICER

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