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09/29/2021 09:11 AM Pages: 1 of 6 Fees: \$208.50  
Skagit County Aud. or

**Return Address:**

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

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2021-4461

SEP 29 2021

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

**Document Title:**

Community Property Agreement dated October 9, 2001  
Death Certificate of Norma J. Brown - DOD: 08-23-2021

**Reference Numbers** (if applicable): \_\_\_\_\_

**Grantor(s):** ☐ additional Grantor names on page \_\_\_\_

1. Norma J. Brown (Deceased) & Jesse J. Brown Jr., Surviving Spouse of Norma J. Brown

2. \_\_\_\_\_

**Grantee(s):** ☐ additional Grantee names on page \_\_\_\_

1. Jesse J. Brown Jr.

2. \_\_\_\_\_

**Abbreviated Legal Description:** ☐ full legal on page \_\_\_\_

ANACORTES LOT 16 BLK 102 15 & 16

**Assessor Parcel/Tax ID Number:** ☐ additional parcel numbers on page \_\_\_\_

P55658/3772-102-016-0006

## COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 9 day of October, 2001, between **JESSE J. BROWN, JR.**, and **NORMA J. BROWN**, 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 of may have been 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 here, 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.

3. **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 reference to specific parts, shares or assets thereof, in which event the interest 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 alternate disposition.

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

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

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

(c) immediately prior to death, if the order of death cannot be ascertained.

5. **Optional Revocation by One Party:** If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 3 and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardians, if any, of the person and of the estate of the disabled person. For the purposes of this paragraph, a spouse shall be deemed disabled if a person duly licensed to practice medicine in Washington signs a statement declaring that the spouse 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 Wife or Husband or both of them, now shall it obligate Husband or Wife or both of them to exercise any such power of appointment in any way.

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

Catherine Thompson  
Witness

[Signature]  
Witness

Jesse J. Brown Jr.  
JESSE J. BROWN, JR.

Norma J. Brown  
NORMA J. BROWN

STATE OF WASHINGTON       )  
  ) ss  
COUNTY OF SKAGIT        )

On 9 October 2001 personally appeared  
before me **Jesse J. Brown, Jr.** and **Norma J. Brown** to me known to  
be the individuals described in and who executed the within and  
foregoing Community Property Agreement, and acknowledged that  
they signed the same as their free and voluntary act and deed for  
the uses and purposes therein mentioned.

GIVEN under my hand and official seal on the date first set  
out above.



Lois LeBlonde  
NOTARY PUBLIC in and for the  
State of Washington  
My commission expires: 6-25-02

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-040828

DATE ISSUED: 08/25/2021

FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): NORMA JEAN  
LAST NAME(S): BROWN

COUNTY OF DEATH: WHATCOM  
DATE OF DEATH: AUGUST 23, 2021  
HOUR OF DEATH: 05:30 AM  
SEX: FEMALE AGE: 89 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

BIRTH DATE: [REDACTED]  
BIRTHPLACE: PAULDING, OH

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: JESSE JOHN BROWN JR

OCCUPATION: HOMEMAKER  
INDUSTRY: OWN HOME  
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE  
US ARMED FORCES: NO

INFORMANT: LINDA M MITCHELL  
RELATIONSHIP: DAUGHTER  
ADDRESS: 6162 UNREIN DRIVE, FERNDALE, WA 98248

CAUSE OF DEATH:  
A: ACUTE HYPOXIC RESPIRATORY FAILURE  
INTERVAL: DAYS  
B: HEART FAILURE WITH PRESERVED EJECTION FRACTION  
INTERVAL: YEARS  
C: AORTIC STENOSIS  
INTERVAL: YEARS  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: HOSPITAL  
FACILITY OR ADDRESS: PEACEHEALTH ST JOSEPH HOSPITAL  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

RESIDENCE STREET: 2923 COTTONWOOD AVENUE  
CITY, STATE, ZIP: BELLINGHAM, WA 98225  
INSIDE CITY LIMITS: YES COUNTY: WHATCOM  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 1 YEAR

FATHER: ELMER VICTOR DEVERS  
MOTHER: ESTELLA BLANCHE [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: AUGUST 24, 2021

FUNERAL FACILITY: SIG'S FUNERAL SERVICES

ADDRESS: 809 W. ORCHARD DRIVE, SUITE 2  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225  
FUNERAL DIRECTOR: JUSTIN M. AASE

MANNER OF DEATH: NATURAL  
AUTOPSY: UNKNOWN  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: INGMAR PROKOP, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 2901 SQUALICUM PARKWAY  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225  
DATE SIGNED: AUGUST 23, 2021

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: INGMAR PROKOP, PHYSICIAN

LOCAL DEPUTY REGISTRAR: GUADALUPE AYALA  
DATE RECEIVED: AUGUST 23, 2021

**Affidavit for Correction**

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

Mail to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

**STATE OFFICE USE ONLY**

State File Number	Fee Number	Initials	Date	Affidavit Number
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**Required information must match current information on record**

<b>Required</b>	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) 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 forgoing is true and correct.**

14a. Signature:	14b. Signature of 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

**INSTRUCTIONS – go to [www.doh.wa.gov](http://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**

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

**Child under 18**

- 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.
- \*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.

**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 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.

**Death Certificates**

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

**Marriage/Dissolution (Divorce) Certificates**

- 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.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Greg Stern, Health Officer.

*Greg Stern MD*

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



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