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11/04/2021 10:57 AM Pages: 1 of 4 Fees: \$206.50
Skagit County Auditor

Recorded by and return to:

STILES & LEHR INC., P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284

Legal: Ptn NE 1/4 of SW 1/4 of SW 1/4 11-35-6-E WM
Tax Parcel #: 350611-3-011-0001 / P41046

AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON) ss.
COUNTY OF SKAGIT)

Eloise Woody, being first duly sworn, deposes and says:

1. That affiant is the surviving spouse of Donald R. Woody, who died at Bellingham, County of Whatcom, State of Washington, on May 2, 2021, having provided for the disposition of all community property as between affiant and said deceased spouse under a Community Property Agreement dated January 16, 1984, recorded January 19, 1984 under Auditor's File No. 8401190021 and a copy of the decedent's death certificate attached to this Affidavit.

2. That there are no unpaid creditors of said decedent or the former marital community nor unpaid funeral expense or expense of last illness, except for:

NONE

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

Address: 34138 Hamilton Cemetery Road, Sedro-Woolley, Washington
Parcel ID: 350611-3-011-0001 / P41046

That portion of the Southwest ¼ of the Southwest ¼ of Section 11, Township 35 North, Range 6 East, W.M., described as follows:

Beginning at the Northwest corner of the Northeast ¼ of the Southwest ¼ of the Southwest ¼ of Section 11, Township 35 North, Range 6 East, W.M.;
thence East 10 rods to the true point of beginning of this description;
thence South 16 rods;
thence East 10 rods;
thence North 16 rods to the North line of said Southwest ¼ of the Southwest ¼;
thence West 10 rods to the point of beginning,

EXCEPT the West 40 feet thereof,

AND EXCEPT roads.

Situate in the County of Skagit, State of Washington.

4. This affidavit is made to induce any title company to issue its policies of title insurance on real property passing to the affiant as surviving spouse by virtue of said community property survivorship agreement in reliance upon the representations hereinabove set forth.

DATE: November 2, 2021 Eloise Woody
Eloise Woody

State of Washington) ss.
County of Skagit)

On this day personally appeared before me **Eloise Woody**, who executed the within and foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal on November 2, 2021.



[Signature]
NOTARY PUBLIC in and for the State of Washington, residing at Sedro Woolley
Commission Expires: 10-26-22

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-021040

DATE ISSUED: 05/04/2021
FEE NUMBER:

FIRST AND MIDDLE NAME(S): RICHARD DONALD

LAST NAME(S): WOODY

AKA: DONALD WOODY

COUNTY OF DEATH: WHATCOM

DATE OF DEATH: MAY 02, 2021

HOUR OF DEATH: 05:45 PM

SEX: MALE AGE: 82 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: DEL RIO, TN

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: ELOISE LAVANGE GALBREATH

OCCUPATION: SHAKER MILL

INDUSTRY: LUMBER

EDUCATION: 8TH GRADE OR LESS

US ARMED FORCES: NO

INFORMANT: ELOISE WOODY

RELATIONSHIP: WIFE

ADDRESS: 34138 HAMILTON CEMETERY ROAD, SEDRO-WOOLLEY, WA

CAUSE OF DEATH:

A: ACUTE HYPOXIC RESPIRATORY FAILURE

INTERVAL: 1 WEEK

B: ENTEROCOCCUS SEPTICEMIA

INTERVAL: 2 WEEKS

C:

INTERVAL:

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: 34138 HAMILTON CEMETERY ROAD

CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 59 YEARS

FATHER: RUBIN NICOLAS BROWN WOODY

MOTHER: SALLY KATE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: MAY 05, 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: KEVIN S. LEE, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 2901 SQUALICUM PARKWAY

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

DATE SIGNED: MAY 03, 2021

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: HEATHER M. LOPES

DATE RECEIVED: MAY 04, 2021



Affidavit for Correction

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Public Health Statistics
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: <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 Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <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 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:

- 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.

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.

*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

- 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.



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

CERTIFIED

MAY 04 2021

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



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