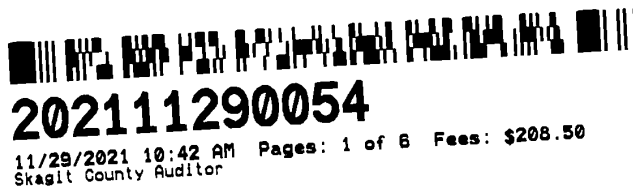


After recording please return to:  
Benner-Rothboeck  
1008 5<sup>th</sup> Street  
Anacortes, Washington 98221



**AFFIDAVIT OF  
COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON            )  
  ) ss  
COUNTY OF SKAGIT            )

Thomas Edward Beeler, being duly sworn, upon oath, declares as follows:

1. On October 9, 2015, my wife Nola Janine Beeler and I executed a valid written Community Property Agreement (CPA herein) which was never revoked or otherwise invalidated. A true and correct copy of the CPA is attached to this Affidavit as **Exhibit A.**
2. In executing the CPA, my husband and I agreed the property we owned at that time, whether jointly or separate, and all the property we acquired thereafter, was the property of our marital community regardless of its prior status. We further agreed that all property would vest in the survivor among us.
3. On October 5, 2021, Nola Janine Beeler passed away. A true and correct certified death certificate for Nola Janine Beeler is attached to this Affidavit as **Exhibit B.**
4. I make and record this Affidavit so that any individual who may be charged with the transfer of title or possession of any property, real or personal, owned by our marital community or with title in the name of Nola Janine Beeler individually, can rely on this Affidavit and its attachments to transfer title or possession of that property to me. Per our agreement, Nola did not own any separate property when she passed away and all our community property, whether or not so titled, passed to me.

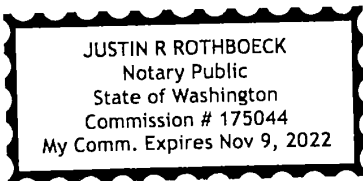
- 5. Specifically, I intend to use this affidavit to transfer my real property, including Skagit County Parcels P31448, P31454, P31455, P31456 and P55094 and Snohomish County Parcel 270325-002-107-00, which were held by me and my wife jointly to my name only. I may also use this affidavit as necessary to transfer financial accounts, vehicles and other assets held jointly by our marital community.
- 6. No proceeding has begun or is anticipated to begin to admit Nola Janine Beeler's Will to probate, to appoint a personal representative over Nola's estate, to Administer her Estate, to file a small estate affidavit or to distribute or manage her estate in any manner other than pursuant to the terms of our CPA.
- 7. All of Nola Janine Beeler's debts and expenses, including the expenses of her last illness, funeral and burial, are obligations of the Martial Community and have been paid in full or, without waiving any defense to an improper claim, will be borne by me.

Dated this 19<sup>th</sup> day of November 2021.

*Thomas Edward Beeler*  
 Thomas Edward Beeler

SIGNED AND SWORN TO before me on this 19<sup>th</sup> day of November 2021 by Thomas Edward Beeler.

*Justin Rothboeck*  
 Justin Rothboeck  
 Notary Public in and for the State of Washington  
 Residing at Anacortes, Washington  
 My appointment expires November 9, 2022



**EXHIBIT** A**COMMUNITY PROPERTY AGREEMENT**

**Thomas E. Beeler** ("Husband") and **Nola J. Beeler** ("Wife"), husband and wife, acting pursuant to the provisions of Revised Code of Washington 26.16.120, providing for agreements between husband and wife for fixing of the status and disposition of community property, **HEREBY AGREE AS FOLLOWS:**

1. All property now owned or hereafter acquired by either Husband or Wife is designated as Community Property, unless, after the date of this Agreement, the parties shall agree otherwise by making a separate property designation signed by both of them. This designation of Community Property applies even though some items of property may have been or may be purchased or acquired by one or the other or both, or may have been or may be registered in the name of one or the other or both.
2. If one spouse dies and the other spouse survives by ten (10) days, all Community Property shall vest in the surviving spouse as of the moment of death of the first spouse to die.
3. 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 property. The interest disclaimed shall pass as if the provisions of Section 2 above had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition applicable to the disclaimed interest.
4. Property held by the parties in joint tenancy, and any transfer or attempted transfer of Community Property into joint tenancy form, shall not change its status as Community Property. Holding of such property in joint tenancy, or any transfer or attempted transfer, shall be deemed to be for the convenience of the parties only and such property shall be Community Property and ownership and title shall vest as provided in Section 2 above.
5. The provisions of Section 2 above 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. Immediately prior to death if neither party survives the other by ten days.

Community Property Agreement of  
 Thomas E. Beeler & Nola J. Beeler,  
 Husband and Wife  
 Page 1 of 2

Initials: TEB

NJB

Souders Law Group  
 913 Seventh Street  
 Anacortes, Washington 98221  
 (360) 299-3060

6. If either party becomes incapacitated, the other party shall have the power to terminate the provisions of Section 2 above. The termination shall be effective upon the delivery of written notice thereof to the incapacitated spouse and to the guardians, if any, of the person and of the estate of the incapacitated spouse. Each party designates the other party as Attorney-in-Fact to become effective upon incapacity to agree to the termination. For the purposes of this section, a spouse shall be deemed incapacitated if a person duly licensed to practice medicine in the State of Washington signs a statement declaring that the named spouse is unable to manage his or her own affairs.

7. To the extent this agreement is inconsistent with the provisions of any Community Property Agreement, Will or other arrangement previously made by either or both of the parties that affect community property, the terms of this agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

IN WITNESS WHEREOF, we have hereunto set our hands this 9 day of October, 2015.

*Thomas E. Beeler*  
Thomas E. Beeler

*Nola J. Beeler*  
Nola J. Beeler

STATE OF WASHINGTON )  
                                  ) ss.  
COUNTY OF SKAGIT )

I certify that I know or have satisfactory evidence that Thomas E. Beeler and Nola J. Beeler, Husband and Wife, are the persons who appeared before me, and said persons acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 9<sup>th</sup> day of October, 2015.



*Julia Ann James*  
Julia Ann James  
Notary Public in and for the State of  
Washington, residing at Anacortes.  
My appointment expires January 19, 2018

Community Property Agreement of  
Thomas E. Beeler & Nola J. Beeler,  
Husband and Wife  
Page 2 of 2

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Anacortes, Washington 98221  
(360) 299-3060

Initials: TEB NJB

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



EXHIBIT B

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-050020

DATE ISSUED: 10/14/2021  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): NOLA JANINE  
LAST NAME(S): BEELER

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: OCTOBER 05, 2021 FOUND  
HOUR OF DEATH: UNKNOWN  
SEX: FEMALE AGE: 75 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME  
FACILITY OR ADDRESS: 1016 9TH STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

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

RESIDENCE STREET: 1016 9TH STREET  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 11 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: OAK HARBOR, WA

FATHER: ARCHIE WALLACE HARVEY ANDERSON  
MOTHER: ELLEN GENEVIEVE [REDACTED]

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: THOMAS EDWARD BEELER

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY

OCCUPATION: DIRECTOR  
INDUSTRY: PRESCHOOL BUSINESS  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES: NO

CITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: OCTOBER 08, 2021

INFORMANT: THOMAS E BEELER  
RELATIONSHIP: HUSBAND  
ADDRESS: 1016 9TH STREET, ANACORTES, WA 98221

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

CAUSE OF DEATH:  
A: PARKINSONS DISEASE  
INTERVAL: 23 YEARS

B:  
INTERVAL:

C:  
INTERVAL:

D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
FUNERAL DIRECTOR: JOSEPH J. WAHAM

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

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

LOCATION OF INJURY:

CERTIFIER NAME: SUSANNE WILHELM, DO  
TITLE: DO  
CERTIFIER ADDRESS: 1211 24TH STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
DATE SIGNED: OCTOBER 06, 2021

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: 211005-343  
ATTENDING PHYSICIAN: SUSANNE WILHELM, DO

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ  
DATE RECEIVED: OCTOBER 06, 2021



Affidavit for Correction

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

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

Required information must match current information on record. Record Type: Birth, Death, Marriage, Dissolution (Divorce). 1. Name on Record, 2. Date of Event, 3. Place of Event, 4. Father/Parent Full Birth Name, 5. Mother/Parent Full Birth Name, 6. Name of Person Requesting Correction.

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

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
• 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
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\*

OCT 14 2021

Howard Leibrand M.D., Health Officer



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