

202112070141

12/07/2021 02:20 PM Pages: 1 of 7 Fees: \$209.50  
Skagit County Auditor

When Recorded Please Return To:  
LAWRENCE A. PIRKLE  
P.O. Box 1788  
Mount Vernon, WA 98273  
(360) 336-6587

DOCUMENT TITLE(S):

AFFIDAVIT IN SUPPORT OF  
COMMUNITY PROPERTY AGREEMENT

REFERENCE NUMBER(S):

GRANTOR:

CAROL ANN FISKE

GRANTEE:

PUBLIC

ASSESSOR'S PARCEL NUMBER:

P83502 (4501-000-017-0007)

LEGAL DESCRIPTION:

Lot 17, Plat of Brown and McMillen Div.  
No. 1, as per plat thereof recorded in  
Volume 14 of Plats, pages 57 and 58,  
records of Skagit County, Washington.

Situate in the County of Skagit, State of  
Washington.



6. The Decedent was survived by the following persons:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
CAROL ANN FISKE 20464 Eastgate Way Burlington, WA 98233	Spouse	Legal

8. I, CAROL ANN FISKE, affirm that I am the sole and rightful heir to the property legally described above.

9. That the transfer of this property is exempted from the real estate excise tax pursuant to WAC 458-61A-202(6)(a).

DATED this 24<sup>th</sup> day of November, 2021.

*Carol Ann Fiske*  
CAROL ANN FISKE

SIGNED AND SWORN to before me this 24<sup>th</sup> day of November, 2021.

LAWRENCE A. PIRKLE



*[Signature]*  
NOTARY PUBLIC in and for the  
State of Washington  
Residing at: Mount Vernon  
My Commission Expires: 5/7/23

## COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 3rd day of November, 2014, between HENRY D. FISKE, JR. and CAROL ANN FISKE, Husband and Wife, both of whom are domiciled in the State of Washington. In consideration of their mutual promises set forth below, the parties agree as follows:

A. *Revocation of Prior Agreements.* If before this date the parties have executed a community property agreement or any other agreement other than a Will or trust which is signed by both of them and which specifically provides for the disposition of their community property at the time either or both of them die, then any such agreement is terminated by this Agreement.

B. *Property Covered.* This Agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife. Any separate property of either, [now owned or hereafter acquired,] shall become and be considered community property upon the death of the party owning said separate property. All such community property is referred to in this Agreement as the "subject property."

C. *Vesting at Death.* On the death of either Husband or Wife, all of the subject property shall vest in the survivor of them.

D. *Disclaimer.* Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, and the interest disclaimed shall pass under the terms and conditions of any validly executed Will which the decedent may have executed, and in default thereof according to the laws of intestacy as governed by the statutes of the State of Washington then in effect.

E. *Automatic Revocation.* In the absence of other evidence indicating the party's intent to terminate this Agreement, it shall, nevertheless, be deemed mutually terminated and of no further force or effect upon either party's filing a petition, complaint or other pleading for dissolution of their marriage or divorce, or upon a court of competent jurisdiction dissolving the marriage or granting a decree of divorce or separate maintenance to either of them.

F. *Optional Revocation by One Party.* This Agreement may be terminated by either party acting alone by delivery of a written notice of revocation to the other party or the other party's legal representative, and by recording such revocation with the Skagit County, Washington, Recorder's Office where real property transactions in Skagit County, Washington are recorded.

If either party becomes disabled, the other party shall have the power to terminate this Agreement, and each party designates the other as attorney-in-fact to become effective



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-055235

DATE ISSUED: 11/05/2021  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): HENRY DUNSTER  
LAST NAME(S): FISKE JR

AKA: HANK FISKE

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: OCTOBER 30, 2021

HOUR OF DEATH: 01:18 PM

SEX: MALE AGE: 85 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: DENVER, CO

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: CAROL ANN PFERDESPELLER

OCCUPATION: TEACHER

INDUSTRY: EDUCATION

EDUCATION: MASTER'S DEGREE

US ARMED FORCES: YES

INFORMANT: CAROL ANN FISKE

RELATIONSHIP: WIFE

ADDRESS: P. O. BOX 434, BURLINGTON, WA 98233

CAUSE OF DEATH:

A: ACUTE RESPIRATORY FAILURE

INTERVAL: 5 DAYS

B: ASPIRATION PNEUMONIA

INTERVAL: 5 DAYS

C: ADVANCED DEMENTIA

INTERVAL: MANY 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: UNITED GENERAL HOSPITAL

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 20464 EASTGATE WAY

CITY, STATE, ZIP: BURLINGTON, WA 98233

INSIDE CITY LIMITS: NO COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 32 YEARS

FATHER: HENRY DUNSTER FISKE

MOTHER: LORA ALMA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: NOVEMBER 02, 2021

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

FUNERAL DIRECTOR: DOUGLAS E. HUTTER

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: EDUARDO GOO, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 2000 HOSPITAL DRIVE

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

DATE SIGNED: OCTOBER 31, 2021

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: NOVEMBER 02, 2021



Affidavit for Correction

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Member of 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: Birth Death Marriage 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) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)  
6. Name of Person Requesting Correction: Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director 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 2nd 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  
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\*

NOV 05 2021

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



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