

202112230027

12/23/2021 09:04 AM Pages: 1 of 9 Fees: \$211.50  
Skagit County Auditor

When recorded return to:

Judyann Menish-Handler  
369 Ozette Place  
La Conner, WA 98257

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2021-5874  
DEC 23 2021

Amount Paid \$ 0  
By Skagit Co. Treasurer  
Deputy

**AFFIDAVIT: LACK OF PROBATE**  
(With Statement of Community Property)

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<b>GRANTOR:</b>	<b>JOSEPH G. MENISH, now deceased</b>
<b>GRANTEE:</b>	<b>JUDYANN MENISH-HANDLER, surviving spouse</b>
<b>LEGAL DESCRIPTION:</b>	Shelter Bay, Block 2, Lot 369
<b>ASSESSOR'S PROPERTY TAX PARCEL OR ACCOUNT NO.</b>	5100-002-369-0000 (P129183)/S340235131
<b>REFERENCE NOS. OF DOCUMENTS ASSIGNED OR RELEASED:</b>	N/A

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**JUDYANN MENISH-HANDLER**, being first duly sworn, deposes and says:

The undersigned Affiant is the rightful heir, as listed in the section entitled Heirs at Law below, to the real property described below, and is the surviving spouse of **JOSEPH G. MENISH** who died on December 10, 2018, at La Conner, Skagit County, Washington. A certified copy of the Death Certificate is attached hereto as Exhibit "A."

**Real Property Description**

Lot No. 369, Revised Map of Survey of Shelter Bay Division No. 2 as recorded June 27, 1969, in official records of Skagit County, Washington, under Auditor's File No. 728258.

**Status of Will**

No Will has been found. Decedent and the undersigned entered into a Community Property Agreement dated April 19, 1993, executed in the presence of a duly authorized notary, in favor of the surviving spouse. The undersigned declares under the penalty of perjury under the laws of the State of Washington that this Agreement has not been revoked, and that a true and correct copy is attached as Exhibit "B".

**Heirs At Law**

Affiant hereby identifies all heirs at law of the Decedent:

Name and Address	Age	Relationship to Decedent
Judyann Menish-Handler 369 Ozette Place La Conner, WA 98257	Adult	Surviving Spouse
Joseph G. Menish, Jr. P.O. Box 1404 Bellingham, WA 98227	Adult	Son
Doug Menish P.O. Box 1132 Girdwood, AK 99587	Adult	Son

The Affiant states of her own knowledge that each of the obligations of the Estate of Joseph G. Menish, including but not limited to the debts of the Decedent, last illness, funeral and burial, promissory notes, installment contracts, mortgages, income tax, and state and federal succession taxes, if any, have been paid in full or provided for by the Affiant.

This Affidavit is made as an inducement to each purchaser and each title insurer of the above-described property to treat the title thereto, or title to an interest therein, relieved from interference of the said Decedent, his heirs, creditors, and the taxing authorities.

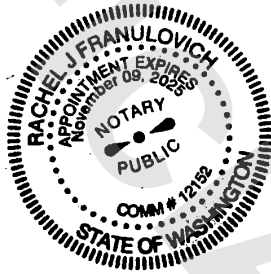
DATED this 21<sup>st</sup> day of December, 2021.

  
JUDYANN MENISH-HANDLER, Affiant

State of Washington )  
 ) :ss  
County of Skagit )

I certify that I know or have satisfactory evidence that **JUDYANN MENISH-HANDLER**, is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes in the instrument.

Dated this 21<sup>st</sup> day of December, 2021.



A handwritten signature in black ink, appearing to read "Rachel Franulovich", written over a horizontal line.

Rachel Franulovich, Notary Public

My appointment expires 11-09-2025

Exhibit "A"  
Death Certificate

Exhibit "A"  
Death Certificate

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-055671

DATE ISSUED: 12/20/2018

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOSEPH GLEN

LAST NAME(S): MENISH

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: DECEMBER 10, 2018

HOUR OF DEATH: 04:00 AM

SEX: MALE

AGE: 88 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: ELMA, WA

MARITAL STATUS: MARRIED

SPOUSE: JUDYANN HALL

OCCUPATION: LOGGER

INDUSTRY: LOGGING

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: JUDYANN MENISH

RELATIONSHIP: SPOUSE

ADDRESS: 369 OZETTE PL., LA CONNER, WA, 98257

CAUSE OF DEATH:

A: ALZHEIMER'S DEMENTIA

INTERVAL: 4 YEARS

B:

INTERVAL:

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: HOME

FACILITY OR ADDRESS: 369 OZETTE PLACE

CITY, STATE, ZIP: LA CONNER, WASHINGTON 98257

RESIDENCE STREET: 369 OZETTE PL.

CITY, STATE, ZIP: LA CONNER, WA 98257

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 12 YEARS

FATHER/PARENT: JOSEPH MENISH

MOTHER/PARENT: BERTH [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON

DISPOSITION DATE: DECEMBER 19, 2018

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C

CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036

FUNERAL DIRECTOR: BRENT J. GLENN

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: ANITA M. MEYER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: DECEMBER 10, 2018

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: DECEMBER 19, 2018



## Affidavit for Correction

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

 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	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:
	4. Father/Parent Full Legal 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: <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:
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Telephone Number:	Email Address:
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Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature:	16b. Signature of 2 <sup>nd</sup> parent (if required):
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Printed name:	Date:	Printed name:	Date:
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INSTRUCTIONS – go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

## 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.
- Documentary proof must be five or more years old or established within five years of birth.

## Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)\*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

\*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

## Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015


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

\*CERTIFIED\*

DEC 20 2018

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


0 2 0 2 3 6 1 6

## Exhibit “B” Community Property Agreement

# COMMUNITY PROPERTY AGREEMENT

This agreement made and entered into this 19<sup>th</sup> day of April, 1993, by and between JOE G. MENISH and JUDYANN MENISH, husband and wife, of ~~1825 Chilberg Road~~, Mount Vernon, Skagit County, Washington 98273, pursuant to the provision of Section 26.16.120, Revised Code of Washington, providing for agreements between husband and wife for the fixing of the status and disposition of community property to take effect upon the death of either, WITNESSETH:

That in consideration of the love and affection that each of the 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 as follows:

FIRST: That all property of whatsoever nature or description whether real, personal or mixed and wheresoever situated and howsoever held, now owned or hereafter acquired by them or either of them, shall be considered and is hereby declared to be community property, and each party conveys to the other a community interest therein.

SECOND: That upon the death of either of the parties hereto, title to all community property as defined in the preceding paragraph shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said JOE G. MENISH and JUDYANN MENISH, husband and wife, have hereunto set their hands and seals this 19<sup>th</sup> day of April, 1993.

WITNESSED BY:

Aileen Kuchinski

[Signature]

(SEAL)

Jynn Davis

Judyann Menish

(SEAL)



THIS IS TO CERTIFY: That on this 19<sup>th</sup> day of APRIL, 1993, personally appeared **JOE G. MENISH** and **JUDYANN MENISH**, husband and wife, to me known to be the individuals described in and who executed the within and foregoing instrument and acknowledged the same to be their free and voluntary act and deed for the uses and purposes therein mentioned.

Notary Public in and for the State  
 of Washington, residing at 1019 2nd  
VERNON My commission  
 expires: Dec. 15, 1932