



**202202250066**

02/25/2022 12:28 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:

DIANA LEE SLEASMAN, AS SURVIVING  
SPOUSE OF JACK ROBERT SLEASMAN  
(DECEASED)

GRANTEE:

DIANA LEE SLEASMAN

ASSESSOR'S PARCEL NUMBER:

P105571 (4612-000-002-0001)

LEGAL DESCRIPTION:

Lot 2, "LOCKEN'S ADDITION", as per  
plat recorded in Volume 15 of Plats, pages  
114 and 115, of Plats, records of Skagit  
County, Washington.

Situate in the County of Skagit, State of  
Washington.

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

6. The Decedent was survived by the following persons:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
DIANA LEE SLEASMAN 19411 Conway Hill Road Mount Vernon, WA 98274	Spouse	Legal
RICHARD ALAN MAGNUSSEN 1633 Huntwood Lane East Wenatchee, WA 98802	Stepson	Legal
STACIA LYNN WARE 19411 Conway Hill Road Mount Vernon, WA 98274	Stepdaughter	Legal

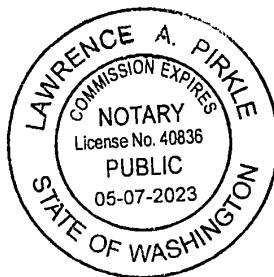
8. I, DIANA LEE SLEASMAN, affirm that I am the sole and rightful heir to the property legally described above.

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 22<sup>ND</sup> day of February, 2022.

Diana Lee Sleasman  
DIANA LEE SLEASMAN

SIGNED AND SWORN to before me this 22<sup>ND</sup> day of February, 2022.



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

THIS AGREEMENT is entered into effective this 5<sup>th</sup> day of April, 2012, at Mount Vernon, Washington, between JACK ROBERT SLEASMAN ("Husband") and DIANA LEE SLEASMAN ("Wife"), husband and wife, pursuant to Section 26.16.120 of the Revised Code of Washington.

For good and valuable consideration the parties agree as follows:

1. Status of Property. All property (including, but not limited to, property owned at the time of their marriage, property received up to the date of this Agreement by gift, bequest, legacy, devise or inheritance, or proceeds, income, rents, issues, profits, gains and appreciation from such property) of whatsoever nature or description, whether real or personal, wheresoever situated, now owned or hereafter acquired by Husband and Wife, or by either of them, during the existence of the marital community, is and shall be considered community property. All such property is referred to in this Agreement as the "described community property." Notwithstanding the foregoing, property acquired after the date of this Agreement by gift, bequest, legacy, devise or inheritance, or the proceeds, income, rents, issues, profits, gains and appreciation thereof shall be and remain the separate property of the party acquiring such property unless intentionally thereafter converted by such party into the community property of the parties.

2. Disposition of Community Property at Death. This Agreement shall be operative to transfer any interest whatsoever in the decedent spouse's share of the described community property to the surviving spouse upon the death of the decedent spouse.

3. Powers of Appointment. This Agreement shall not affect any power of appointment that is now held or is hereafter given to Husband, Wife, or either of them, nor shall it obligate Husband, Wife, or either of them, to exercise any such power of appointment in any way.

4. Revocation of Inconsistent Agreements. To the extent this Agreement is inconsistent with the provisions of any community property agreement or other arrangement previously made by the parties affecting the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

5. Marriage Termination. This Agreement shall terminate (the "Termination") upon the earliest to occur of: (i) the termination of the marital community; (ii) the filing by either party of a petition for dissolution of their marriage, for legal separation, or for the annulment of their marriage, or (iii) the parties are living separate and apart in a defunct marriage. However, such Termination shall not affect the character of property acquired during the term of this Agreement. Following the Termination, property thereafter acquired by Husband or Wife shall be the acquiring

spouse's separate property, and the income, rents, issues, profits, gains and appreciation attributable to property which was their community property shall be their respective separate property in equal shares.

DATED as first above stated.

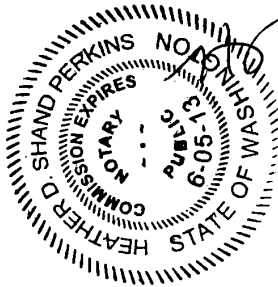
*JR Sleasman*  
JACK ROBERT SLEASMAN, husband

*Diana Lee Sleasman*  
DIANA LEE SLEASMAN, wife

STATE OF WASHINGTON )  
:SS.  
COUNTY OF SKAGIT )

I certify that I know or have satisfactory evidence that JACK ROBERT SLEASMAN and DIANA LEE SLEASMAN, husband and wife, signed this instrument and acknowledge it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 5<sup>th</sup> day of April, 2012.



*H Shand*

NOTARY PUBLIC in and for the State of Washington, residing at Mount Vernon, Washington

Printed Name: Heather D. Shand

My appointment expires: 6-5-2013

ORIGINAL

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-064726

LOCAL FILE NUMBER: 5664

DATE ISSUED: 12/20/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JACK ROBERT  
LAST NAME(S): SLEASMAN

COUNTY OF DEATH: SNOHOMISH  
DATE OF DEATH: DECEMBER 15, 2021  
HOUR OF DEATH: 06:47 AM  
SEX: MALE AGE: 76 YEARS  
SOCIAL SECURITY NUMBER: 533-44-7141

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

BIRTH DATE: DECEMBER 18, 1944  
BIRTHPLACE: TACOMA, WA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: DIANA L GILLESPIE

OCCUPATION: STATE TROOPER  
INDUSTRY: STATE PATROL  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: NO

INFORMANT: DIANA L SLEASMAN  
RELATIONSHIP: WIFE  
ADDRESS: 19411 CONWAY HILL ROAD, MOUNT VERNON, WA 98274

CAUSE OF DEATH:  
A: ACUTE RESPIRATORY FAILURE  
INTERVAL: DAYS  
B: COVID-19 PNEUMONIA  
INTERVAL: DAYS TO WEEKS  
C: INTERSTITIAL LUNG DISEASE  
INTERVAL: WEEKS MONTHS  
D: RHEUMATOID ARTHRITIS  
INTERVAL: YEARS

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: PROVIDENCE REGIONAL MEDICAL CENTER  
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201

RESIDENCE STREET: 19411 CONWAY HILL ROAD  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: DANIEL JOHN SLEASMAN  
MOTHER: FLORENCE JANE RUSSELL

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: FIR-CONWAY LUTHERAN CEMETERY

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: JANUARY 03, 2022

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: DANIEL G LA PLAUNT

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: MICHAEL D. LIANG, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1700 13TH ST  
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201  
DATE SIGNED: DECEMBER 17, 2021

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

LOCAL DEPUTY REGISTRAR: JUDY WERST  
DATE RECEIVED: DECEMBER 20, 2021



## Affidavit for Correction

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
<b>Required information must match current information on record</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 and 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 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 <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.
- 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\*

DEC 20 2021

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



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