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03/02/2022 02:37 PM Pages: 1 of 6 Fees: \$208.50
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2022.805
MAR 02 2022

Document Title:

Community Property

Reference Number:

Amount Paid \$0
Skagit Co. Treasurer
By LT Deputy

Grantor(s):

☐ additional grantor names on page ____

1. Barry A. Newsom

2.

Grantee(s):

☐ additional grantee names on page ____

1. Valerie J. Newsom

2.

Abbreviated legal description:

☐ full legal on page(s) ____

LT 14, Village Park

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____

D112549

I, Valerie J. Newsom, am hereby requesting an emergency non-standard recording for an additional fee provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document. Recording fee is \$203.50 for the first page, \$1.00 per page thereafter per document. In addition to the standard fee, an emergency recording fee of \$50.00 is assessed. This statement is to become part of the recorded document.

Signed _____ Dated _____

AGREEMENT AS TO STATUS OF PROPERTY

THIS AGREEMENT is made and entered into this 20th day of November, 2018, by and between **BARRY A. NEWSOM** ("Husband") and **VALERIE J. NEWSOM** ("Wife"), pursuant to the provisions of RCW 26.16.120, providing for agreements between husband and wife concerning the status of their property.

RECITALS

WHEREAS, Husband and Wife were married in Skagit County, Washington, on October 30, 1994;

WHEREAS, Husband and Wife each have separate property and, since their marriage, have acquired community property; and

WHEREAS, in order to clarify and establish their respective property interests, the parties have set forth below, as of this date and time, what they consider to be the separate property of each of them and what they consider to be their community property.

AGREEMENT

NOW, THEREFORE, in consideration of the love and affection that Husband and Wife have for each other and for the benefits to be derived from the clarification of property, Husband and Wife hereby agree as follows:

1. Existing Separate Property of Husband. Husband agrees that any and all separate property he now has shall be converted to community property.

2. Existing Separate Property of Wife. Wife agrees that any and all separate property she now has shall be converted to community property, with the exception of the assets described on Schedule "A" attached hereto and incorporated herein by this reference, which assets shall remain the separate property of Wife.

3. Community Property. The parties agree that, with the exception of the property described in paragraph 2 above, all property now owned or hereafter acquired by either Husband or Wife shall constitute their community property under the laws of the State of Washington, even though some items may have been acquired by one or the other or both, or may have been registered or titled in the name of one or the other or both. All such property is referred to in this agreement as the "described community property."

4. Property Held in Joint Tenancy. 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 for all intents and purposes such property shall be and remain community property, unless otherwise agreed to by the parties in writing.

AGREEMENT AS TO STATUS OF PROPERTY -1-

\\SERVER\Shared\HOME\CNEWSOM, Barry A & Valerie J\2018 EP\Property Status Agmt (final) 112018.docx

5. Automatic Revocation. This agreement shall terminate and become void as to the conversion of any separate property to community property upon the filing by either party of a petition, complaint, or other pleading for legal separation, dissolution of marriage, or divorce.

6. Oral or Inconsistent Agreements. To the extent this agreement is inconsistent with the provisions of any other agreement previously entered into by the parties, whether orally or in writing, that affects the described community property, the terms of this agreement shall be deemed to prevail.

7. Waiver. The parties have been fully advised of their individual right to be represented by independent counsel prior to signing this agreement and hereby expressly waive that right.

IN WITNESS WHEREOF, the parties have executed this agreement the day and year first above written.


BARRY A. NEWSOM


VALERIE J. NEWSOM

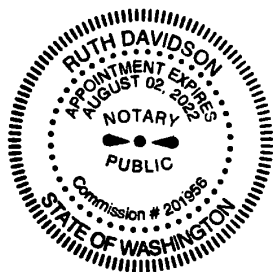
STATE OF WASHINGTON


COUNTY OF SKAGIT

} SS.

I certify that I know or have satisfactory evidence that **BARRY A. NEWSOM** and **VALERIE J. NEWSOM** 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.

GIVEN UNDER MY HAND AND OFFICIAL SEAL this 20th day of November, 2018.




Printed Name RUTH DAVIDSON
NOTARY PUBLIC in and for the State of Washington
My Commission Expires 8/2/22

SCHEDULE "A"
(Separate Property of VALERIE J. NEWSOM)

Prudential Account No. ending 7146

SCHEDULE "A"

AGREEMENT AS TO STATUS OF PROPERTY

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INITIALS



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-062708

DATE ISSUED: 12/13/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): BARRY ALAN

LAST NAME(S): NEWSOM

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: DECEMBER 05, 2021

HOUR OF DEATH: 02:45 PM

SEX: MALE

AGE: 73 YEARS

SOCIAL SECURITY NUMBER: 537-48-2608

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: MAY 14, 1948

BIRTHPLACE: BREMERTON, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: VALERIE JEANNE ORTH

OCCUPATION: POLICE OFFICER

INDUSTRY: LAW ENFORCEMENT

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: YES

INFORMANT: VALERIE J NEWSOM

RELATIONSHIP: WIFE

ADDRESS: 2315 35TH CT. ANACORTES, WA 98221

CAUSE OF DEATH:

A: ACUTE HYPOXIC RESPIRATORY FAILURE SECONDARY TO COVID-19 PNEUMONIA

INTERVAL: 1 MONTH

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: HOSPITAL

FACILITY OR ADDRESS: ISLAND HOSPITAL

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 2315 35TH CT

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: ALFREDO ZAYAS NEWSOM

MOTHER: MARY ELIZABETH GOLDEN

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: DECEMBER 10, 2021

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: JOSEPH J. WAHAM

MANNER OF DEATH: NATURAL

AUTOPSY: UNKNOWN

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: NATALIE DAVIDSON, ARNP

TITLE: ARNP

CERTIFIER ADDRESS: 1211 24TH STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

DATE SIGNED: DECEMBER 08, 2021

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ

DATE RECEIVED: DECEMBER 09, 2021

Affidavit for Correction

03/02/2022 02:37 PM Page 6 of 8
 Printed to: Washington State Department of Health
 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
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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: 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) 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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <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:	Printed name:
Date:	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 <ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> • 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.

***CERTIFIED***

DEC 13 2021

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



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