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03/04/2022 12:15 PM Pages: 1 of 6 Fees: \$208.50
Skagit County Auditor


After recording please return to:

Mrs. Lindsay Wilme
P.O. Box 1524
La Conner, WA 98257

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2022.838

MAR 04 2022

Amount Paid \$ 0
Skagit Co. Treasurer
By  Deputy

RECORDING COVER PAGE

DOCUMENT TITLE: AFFIDAVIT RE: COMMUNITY PROPERTY AGREEMENT

REFERENCE NUMBER OF RELATED DOCUMENT: 201806080027; 201806080028

GRANTORS: SCOTT WILME and LINDSAY WILME

GRANTEES: THE PUBLIC

PARCEL NO.: P128849

LEGAL DESCRIPTION: Lot #297, "REVISED MAP OF SURVEY OF SHELTER BAY DIV. 2 Tribal and Allotted Lands of Swinomish Indian Reservations," as recorded March 17, 1970, in Volume 43 of official Records, Pages 833 through 838, under Auditor's File No. 737013 records of Skagit County, Washington. Situate in the County of Skagit, State of Washington.

Affidavit Re: Community Property Agreement of**Scott S. Wilme and Lindsay A. Wilme**

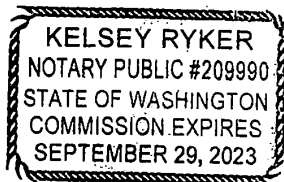
State of Washington)
)
 County of Skagit) ss.

Lindsay A. Wilme, being first duly sworn, deposes and says:

1. I am the surviving spouse of Scott S. Wilme, who died on December 30, 2021. A certified copy of Scott S. Wilme's death certificate is attached as Exhibit A.
2. Scott S. Wilme and I, as husband and wife, executed a Community Property Agreement on April 29, 2020, which provided for the disposition of all community property as between ourselves. The original Community Property Agreement is attached to this Affidavit as Exhibit B, and will be recorded with the Skagit County Auditor's Office.
3. The Community Property Agreement was validly executed, and was in full force and effect on the date of Scott S. Wilme's death.
4. By virtue of the Community Property Agreement, all property and assets owned by Scott S. Wilme passed to me as sole owner.
5. There are no unpaid creditors of Scott S. Wilme, nor unpaid funeral expenses or expenses of last illness. No state or federal estate tax is due on his estate.
6. This Affidavit is made to induce a title company to issue its policies of title insurance on real property passing to the surviving spouse, and to induce financial institutions to transfer funds or securities, by virtue of said community property agreement, and in reliance upon the representations set forth above.

Lindsay A. Wilme
 Lindsay A. Wilme

Subscribed and sworn to before me this 1 day of March, 2022 by Lindsay A. Wilme.



Kelsey Ryker
 Notary Public in and for the State
 of Washington, residing at Anacortes
 My Commission Expires: 09/29/2023

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-066845

DATE ISSUED: 01/03/2022
FEE NUMBER:

FIRST AND MIDDLE NAME(S): SCOTT STEPHAN
LAST NAME(S): WILME

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 30, 2021
HOUR OF DEATH: 02:50 AM
SEX: MALE AGE: 53 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: NEWPORT BEACH, CA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: LINDSAY ANN LAMBIE

OCCUPATION: AGENT
INDUSTRY: COMMERCIAL REAL ESTATE
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: NO

INFORMANT: LINDSAY WILME
RELATIONSHIP: WIFE
ADDRESS: 297 NISQUALLY PLACE, LA CONNER, WA 98257

CAUSE OF DEATH:
A: COLON CANCER
INTERVAL: 2 YEARS 3 MONTHS
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

Exhibit A

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 297 NISQUALLY PLACE
CITY, STATE, ZIP: LA CONNER, WASHINGTON 98257

RESIDENCE STREET: 297 NISQUALLY PLACE
CITY, STATE, ZIP: LA CONNER, WA 98257
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: SWINOMISH
LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER: CLIFFORD CHARLES WILME
MOTHER: STEPHANIE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: JANUARY 03, 2022

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

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

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: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: DECEMBER 31, 2021

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

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: JANUARY 03, 2022

**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
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 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 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***

JAN 03 2022

Howard Letbrand
Shagb County Health Department
Howard Letbrand M.D., Health Officer

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



0 5 2 5 8 0 4 5

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT is entered into this 29 day of APRIL 2020, between SCOTT S. WILME ("Husband") and LINDSAY A. WILME ("Wife"), husband and wife, in accordance with the provisions of RCW 26.16.120, allowing for agreements between husband and wife for the fixing of the status of community property or the disposition thereof to take effect upon the death of either.

IT IS HEREBY AGREED AS FOLLOWS:

1. **Property Covered.** This agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife and to all separate property now owned or hereafter acquired by either Husband or Wife, all of which shall be considered and is declared to be the community property of the parties (except for property for which a separate property designation is hereafter made by Husband or Wife and approved in writing by the other spouse), even though some items 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. All such property is referred to in this agreement as the "described community property."

2. **Vesting at Death of a Spouse.** If one spouse dies and the other spouse survives by ten (10) days, all of the described community property shall vest in the surviving spouse as of the moment of death of the first spouse to die.

3. **Disclaimer.** 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, provided that the surviving spouse shall remain entitled to any benefits which may be provided by any alternate disposition applicable to the disclaimed interest, in the absence of further disclaimer.

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 such property shall be community property and ownership and title shall vest as provided in Section 2 above.

5. **Automatic Revocation.**

a. This agreement shall be automatically revoked upon the filing by either party of a petition, complaint, or other pleading for separation, dissolution, or divorce; or

b. The provisions of Section 2 above shall be automatically revoked immediately prior to death if neither party survives the other by ten (10) days.

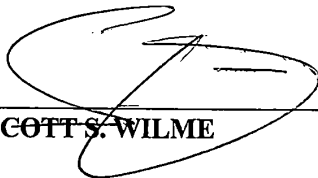
COMMUNITY PROPERTY AGREEMENT - 1

6. **Optional Revocation by One Party.** If either party becomes disabled, 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 disabled spouse and to the guardians, if any, of the person and of the estate of the disabled spouse. Each party designates the other party, to become effective upon disability, as attorney-in-fact to agree to the termination. For the purposes of this paragraph, a spouse shall be deemed disabled 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 financial affairs.

7. **Revocation of Inconsistent Agreements.** 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 affects the described community property, the terms of this agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

8. **Rights of Parties.** The parties have each been advised of their right to be represented by independent counsel prior to signing this agreement and hereby expressly waive that right.

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

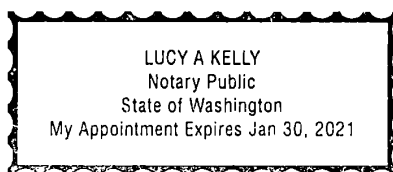

SCOTT S. WILME

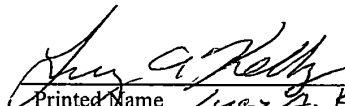

LINDSAY A. WILME

STATE OF WASHINGTON }
COUNTY OF SKAGIT } ss.

I certify that I know or have satisfactory evidence that **SCOTT S. WILME** and **LINDSAY A. WILME** 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 29th day of April 2020




Printed Name Lucy A. Kelly
NOTARY PUBLIC in and for the State of Washington
My Commission Expires 01/30/2021

COMMUNITY PROPERTY AGREEMENT - 2

Exhibit B Page 2