

Filed for Record at Request of:  
CHMELIK SITKIN & DAVIS P.S.  
1500 Railroad Avenue  
Bellingham, WA 98225  
(360) 671-1796

Certified copy of Death Certificate - Altered at time of recording

**DOCUMENT TITLE:**

COMMUNITY PROPERTY AGREEMENT

**REFERENCE NUMBER OF DOCUMENTS ASSIGNED OR RELEASED:**

N/A

**GRANTORS:**

JEFFREY M. SMITH, DECEASED

**GRANTEE:**

BONNIE J. SMITH

**ABBREVIATED LEGAL DESCRIPTION:**

LOT(S) 40, BLOCK K, OF CAPE HORN ON THE SKAGIT RIVER DIV. II,

MAP BOOK 9, MAP PAGE 14-19

Additional Legal Description can be found on page \_\_\_\_\_ of document.

**TAX PARCEL ID #:**

3869-011-040-0003 / P63368

## COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT made and entered into this 10th day of February, 2003 by and between JEFFREY M. SMITH and BONNIE J. SMITH, husband and wife, of Bellingham, Whatcom County, Washington. In consideration of the mutual agreements set forth below, the parties agree as follows:

1. All property of whatsoever nature or description, whether real, personal, or mixed now owned or hereafter acquired by said parties or either of them, shall be considered and construed and is hereby declared to be community property.

2. In the event of the death of one of the parties, while the other survives, the whole of said community property, real or personal, shall immediately vest in the survivor of them.

3. The provisions of this agreement shall be automatically revoked:

(a) Upon the filing of either party of a petition, complaint, or other pleading for separation, dissolution or divorce; or

(b) Upon the parties living separate and apart from one another for more than one year.

4. If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 2 and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardian, if any, of the person and of the estate of the disabled spouse. For 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 person is unable to manage his or her own affairs.



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: 835 Washington State Certificate of Death State File Number

1. Legal Name (through AAA if any) First Middle LAST Jeffrey Millard SMITH 2. Death Date 07/17/2011

3. Sex (M/F) Male 4a. Age - Last Birthday 66 4b. Under 1 Year Months 4c. Under 1 Day Hours Minutes 5. Social Security Number [Redacted] 6. County of Death Whatcom

7a. Birthplace (City, Town, or County) Bellingham 7b. (State or Foreign Country) Washington 8. Decedent's Education High School Graduate

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No 11. Decedent's Race(s) Caucasian 12. Was Decedent ever in U.S. Armed Forces? YES

13a. Residence - Number and Street (e.g. 624 SE 5th St.) (Include Apt. No.) 834 E. Douglas Ave 13b. City or Town Bellingham

13c. Residence - County Whatcom 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country Washington 13f. Zip Code - 4 98229 13g. Inside City Limits? Yes No Unk

14. Estimated length of time at residence. 35 Years 15. Marital Status at Time of Death Married 16. Surviving Spouse's or Partner's Name (first name prior to last marriage) Bonnie J.

17. Usual Occupation (Indicate type of work done during most of working life - DO NOT USE RETIRED) Iron Worker 18. Kind of Business/Industry (do not use Company Name) Fabrication

19. Father's Name (First Middle Last Suffix) Millard Smith 20. Mother's Name (Before First Marriage (First Middle Last)) Margaret P. Van Iew

21. Informant's Name Bonnie J. Smith 22. Relationship to Decedent Wife 23. Mailing Address (Number and Street or RFD No. Box or Post Office) 834 E. Douglas Ave, Bellingham, WA 98229

24. Place of Death (if Death Occurred in a Hospital) Decedent's Home

25. Facility Name (if not a facility, give number & street or location) 834 E. Douglas Ave. 26a. City, Town, or Location of Death Bellingham 26b. State WA 27. Zip Code 98229

28. Method of Disposition Cremation 29. Place of Final Disposition (Name of cemetery, crematory, other place) Moles Greenacres Crematory 30. Location - City/Town, and State Perndale, Washington

31. Name and Complete Address of Funeral Facility Moles Bayview Chapel, 2465 Lakeway Drive, Bellingham, WA 98229 32. Date of Disposition 07/20/2011

33. Funeral Director Signature X Paul V. Spinelli Paul V. Spinelli

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Metastatic lung Cancer Interval between Onset & Death 5 years

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death). b. c.

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: COPD, squamous cell cancer of throat

36. Autopsy? Yes No 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death: Natural, Accident, Suicide, Homicide, Undetermined, Pending

39. If female: Not pregnant within past year, Pregnant at time of death, Not pregnant, but pregnant within 42 days before death, Not pregnant, but pregnant 43 days to 1 year before death, Unknown if pregnant within the past year

40. Did tobacco use contribute to death? Yes No Unknown

41. Date of Injury 42. Hour of Injury 43. Place of Injury 44. Injury at Work? Yes No Unk

45. Location of Injury: Number & Street, City or Town, County, State, Zip Code - 4

46. Describe how injury occurred

47. If transportation injury, specify: Driver/Operator, Pedestrian, Passenger, Other (Specify)

48a. Certifying Physician: X Michael Hughes

48b. Medical Examiner/Coroner: X

49. Name and Address of Certifier - Physician, Medical Examiner (M.D., D.O., or Print) Michael Hughes, 3130 Ellis Street, Bellingham, WA 98225

50. Hour of Death (24hrs) 1010

51. Name and Title of Attending Physician (if other than Certifier (Type or Print))

52. Date Signed (mm/dd/yyyy) 7/18/11

53. Title of Certifier M.D. 54. License Number 25321 55. ME/Coroner File Number

56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature X Greg [Signature]

58. Date Received (mm/dd/yyyy) 07/20/2011

59. Amendments



