



202204270083

04/27/2022 11:52 AM Pages: 1 of 7 Fees: \$209.50  
Skagit County Auditor

When recorded return to:  
CHERYL KING  
10516 POTTS ROAD  
SEDRO WOOLLEY, WA 98284

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2022 1730  
APR 27 2022

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

**QUIT CLAIM DEED**

THE GRANTOR(S) CHERYL KING, SURVIVING SPOUSE OF JAMES S KING, DECEASED

for NO MONETARY VALUE and in consideration of WAC 458-61a-202(6)(4)

in hand paid, conveys and quit claims to CHERYL KING

the following described real estate, situated in the County of SKAGIT , State of Washington

together with all after acquired title of the grantor(s) herein:

THAT PORTION OF THE WEST 1/2 OF THE NORTHEAST 1/4 OF THE SOUTHEAST 1/4 OF THE  
NORTHWEST 1/4 OF SECTION 19, TOWNSHIP 34 NORTH, RANGE 4 EAST W.M.,

Abbreviated Legal: (Required if full legal not inserted above.)

Tax Parcel Number(s): P26345

Dated:

4-27-2022

Cheryl A. King

Cheryl A. King

State of Washington  
County of Skagit

4/27/22 Cheryl King

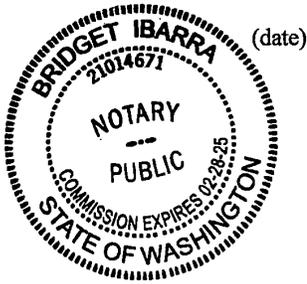
This record was acknowledged before me on (date) by (name(s) of individuals).

(Stamp) (Signature of notary public)

*Blee*

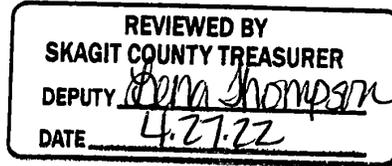
(Title of office)  
My commission expires:

Notary  
02-28-25



Return Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Document Title:

Community Property Agreement

Reference Number (if applicable): \_\_\_\_\_

Grantor(s):

additional grantor names on page \_\_\_\_

1) Cheryl King, sole heir of James S. King dec.

2) \_\_\_\_\_

Grantee(s):

additional grantor names on page \_\_\_\_

1) Cheryl King

2) \_\_\_\_\_

Abbreviated Legal Description:

full legal on page(s) \_\_\_\_

Ptn 1/2 NE SE NW 19.34.4 EOW

Assessor Parcel /Tax ID Number:

additional parcel numbers on page \_\_\_\_

P 26345

## COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT is entered into effective this 11<sup>th</sup> day of April, 2017 at Mount Vernon, Washington, between JAMES STEVEN KING ("Husband") and CHERYL ANN KING ("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 de facto 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



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-009642

DATE ISSUED: 03/02/2021  
FEE NUMBER:FIRST AND MIDDLE NAME(S): JAMES STEVEN  
LAST NAME(S): KINGCOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: FEBRUARY 24, 2021  
HOUR OF DEATH: 02:45 PM  
SEX: MALE AGE: 73 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 10516 POTTS ROAD  
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITERESIDENCE STREET: 10516 POTTS ROAD  
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 10 YEARSBIRTH DATE: [REDACTED]  
BIRTHPLACE: BURLINGTON, WAFATHER: RALPH JAMES KING  
MOTHER: RICHIE ARLENE [REDACTED]MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: CHERYL ANN MANSURMETHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORYOCCUPATION: PRODUCTION WORKER  
INDUSTRY: PAPER MILLS  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: NOCITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: FEBRUARY 28, 2021INFORMANT: CHERYL A KING  
RELATIONSHIP: WIFE  
ADDRESS: 10516 POTTS ROAD, SEDRO-WOOLLEY, WA 98284

FUNERAL FACILITY: SKAGIT CREMATION SERVICES, LLC

ADDRESS: PO BOX 433  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
FUNERAL DIRECTOR: LEONARD J. WILLIAMSCAUSE OF DEATH:  
A: LUNG CANCER, STAGE IV  
INTERVAL: 3 YEARSB:  
INTERVAL:C:  
INTERVAL:D:  
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE  
PULMONARY DISEASEMANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: YES  
PREGNANCY STATUS IF FEMALE: NO RESPONSEDATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:CERTIFIER NAME: LESLIE A. ESTEP, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: FEBRUARY 26, 2021

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: FEBRUARY 26, 2021



Affidavit for Correction

04/27/2022 11:52 AM Page 7 of 8
Marriage Health Statistics
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

Required information must match current information on record

Record Type: Birth, Death, Marriage, 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)
5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
6. Name of Person Requesting Correction: Relationship to Person on Record: Self, Guardian, Informant, Hospital, Parent(s), Funeral Director, 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: 8, 9, 10, 11, 12, 13
The true fact is:

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 2nd parent (if required):
Printed name: 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

- 1. 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.
2. 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.
3. Proof documentation must be five or more years old or established within five years of birth.
4. 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 Acknowledgement 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

- 1. 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.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 1. 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.
2. 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\*

MAR 02 2021

Handwritten signature

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



0 4 4 9 5 9 3 4

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