

**WHEN RECORDED RETURN TO:**

Land Title and Escrow Company  
3010 Commercial Avenue  
Anacortes, WA 98221

205314-LT,

**DOCUMENT TITLE(S):**

Community Property Agreement

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:**

**GRANTOR: LINDA S. MACY, SURVIVING SPOUSE OF JAMES W. MACY, DECEASED**

**GRANTEE:**

LINDA S. MACY, AN UNMARRIED WOMAN AS HER SEPARATE PROPERTY

**ABBREVIATED LEGAL DESCRIPTION:**

Lot 4 & ptn Lot 3, Stittwood Div. No. 1

**TAX PARCEL NUMBER(S):**

4343-000-004-0004/P79587

Real Estate Excise Tax  
Exempt  
Skagit County Treasurer  
By Lena Thompson  
Affidavit No. 20221808  
Date 05/02/2022

WHEN RECORDED RETURN TO:

JAMES E. ANDERSON P.S.  
P.O. BOX 727  
ANACORTES, WA 98221

**COMMUNITY PROPERTY AGREEMENT**

AGREEMENT made this 28<sup>th</sup> day of JANUARY, 2003, between JAMES W. MACY, aka JAMES W. MACY, SR. and LINDA S. MACY, husband and wife, both of whom are domiciled in the State of Washington. In consideration of their mutual agreements set forth below, the parties agree as follows:

1. **Property Covered:** This Agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife (except for assets for which a separate beneficiary designation has been or is hereafter made by Husband or Wife and approved 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. If Husband dies and Wife survives, any separate property of Husband which is owned by Husband at the time of his death (except for assets for which Husband has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of his death, and if Wife dies and husband survives her, any separate property of Wife which is owned by Wife at the time of her death (except for assets for which Wife has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of her death. All such property is referred to in this Agreement as the "described community property".

2. **Vesting at Death of a Spouse:** If Husband dies and Wife survives him, all of the described community property shall vest in Wife as of the moment of Husband's death. If Wife dies and Husband survives her, all of the described community property shall vest in Husband as of the moment of Wife's death.

COMMUNITY PROPERTY AGREEMENT - 1

**ORIGINAL**

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 assets thereof, in which event the interest disclaimed shall pass as if the provisions of paragraph 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.

4. **Automatic Revocation:** The provisions of paragraph 2 shall be automatically revoked:

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

b. Upon the establishment of a domicile out of the State of Washington by either party; or

c. Immediately prior to death if the order of death cannot be ascertained.

5. **Optional Revocation by One Party:** If either party becomes incapacitated, 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 incapacity to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the incapacitated spouse and to the guardians, if any, of the person and of the estate of the incapacitated person. For the purposes of this paragraph, a spouse shall be deemed incapacitated if a person duly licensed to practice medicine in the State of Washington signs a statement declaring that the person is unable to manage his or her own property or financial affairs.

6. **Powers of Appointment:** This Agreement shall not affect any power of appointment now held by or hereafter given to Husband or Wife or both of them, nor shall it obligate Husband or Wife or both of them to exercise any such power of appointment in any way.

7. **Revocation of Inconsistent Agreements:** To the extent this Agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-052229

DATE ISSUED: 10/19/2021

FIRST AND MIDDLE NAME(S): JAMES WADE

FEE NUMBER:

LAST NAME(S): MACY

COUNTY OF DEATH: SKAGIT

PLACE OF DEATH: DECEDENT'S HOME

DATE OF DEATH: OCTOBER 14, 2021

FACILITY OR ADDRESS: 3918 MALLARD POINT DRIVE

HOUR OF DEATH: 01:00 PM

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

SEX: MALE

AGE: 83 YEARS

SOCIAL SECURITY NUMBER

RESIDENCE STREET: 3918 MALLARD POINT DRIVE

CITY, STATE, ZIP: ANACORTES, WA 98221

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

RACE: WHITE

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 18 YEARS

BIRTH DATE:

FATHER: CALVIN WADE MACY

BIRTHPLACE: JOLIET, IL

MOTHER: MARIE

MARITAL STATUS: MARRIED

METHOD OF DISPOSITION: BURIAL

SURVIVING SPOUSE: LINDA STANETT LEWIS

PLACE OF DISPOSITION: GRAND VIEW CEMETERY

OCCUPATION: ENGINEER

CITY, STATE: ANACORTES, WASHINGTON

INDUSTRY: OIL INDUSTRY

DISPOSITION DATE: OCTOBER 21, 2021

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: YES

FUNERAL FACILITY: EVANS FUNERAL CHAPEL &amp; CREMATORY, INC.

INFORMANT: LINDA S MACY

ADDRESS: 1105 32ND STREET

RELATIONSHIP: WIFE

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

ADDRESS: 1220 HADDON LANE, ANACORTES, WA 98221

FUNERAL DIRECTOR: JOSEPH J. WAHAM

CAUSE OF DEATH:

A: LUNG CANCER

INTERVAL: 2 YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CONGESTIVE HEART FAILURE,  
PRESUMED SUDDEN CARDIAC EVENT, CHRONIC OBSTRUCTIVE PULMONARY  
DISEASE WITH PROFOUND HYPOXIA

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DATE OF INJURY:

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

HOUR OF INJURY:

PREGNANCY STATUS IF FEMALE: NO RESPONSE

INJURY AT WORK:

PLACE OF INJURY:

CERTIFIER NAME: ANITA M. MEYER, MD

TITLE: PHYSICIAN

LOCATION OF INJURY:

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP:

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

COUNTY:

DATE SIGNED: OCTOBER 15, 2021

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: BELEN MARTINEZ

DATE RECEIVED: OCTOBER 18, 2021

**STATE OFFICE USE ONLY:**

State File Number	Fee Number	Initials	Date	Affidavit Number
-------------------	------------	----------	------	------------------

**Required information must match current information on record**

**Required**

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)  
 First Middle Last/Maiden First Middle Last/Maiden

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: P.O. Box or Street Address City State Zi  
 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: Printed name: Date: 14b. Signature of 2<sup>nd</sup> parent (if required): Printed name: 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.

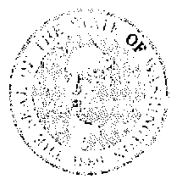
\*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

**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\***

OCT 19 2021

*Howard Labrand*

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



0 5 1 6 4 7 9 1