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05/03/2022 03:45 PM Pages: 1 of 7 Fees: \$209.50  
Skagit County Auditor

When Recorded Please Return To:  
LAWRENCE A. PIRKLE  
P.O. Box 1788  
Mount Vernon, WA 98273  
(360) 336-6587

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Jana Thompson  
DATE 5.3.22

DOCUMENT TITLE(S): AFFIDAVIT IN SUPPORT OF COMMUNITY  
PROPERTY AGREEMENT

REFERENCE NUMBER(S):

GRANTOR: JENNIFER M. SUTHERLAND, AS SURVIVING  
SPOUSE OF SCOTT C. SUTHERLAND  
(DECEASED)

GRANTEE: JENNIFER M. SUTHERLAND

ASSESSOR'S TPN: P105914 (4634-000-031-0000)

LEGAL DESCRIPTION:

Lot 31, "PARK RIDGE-DIVISION II" as per plat recorded in Volume 15 of Plats, pages  
187 and 188, records of Skagit County, Washington.



KELSEY M. SUTHERLAND 27605 - 74th Avenue NW Stanwood, WA 98292	Daughter	Legal
KATELYN J. ZACHMEYER 1019 South 38th Place Mount Vernon, WA 98274	Daughter	Legal
KEVIN J. SUTHERLAND 403 South 38th Place Mount Vernon, WA 98274	Son	Legal

8. I, JENNIFER M. SUTHERLAND, affirm that I am the sole and rightful heir to the property legally described above.

9. That the transfer of this property is exempted from the real estate excise tax pursuant to WAC 458-61A-202(6)(a).

DATED this 25<sup>th</sup> day of April, 2022.

Jennifer M Sutherland  
JENNIFER M. SUTHERLAND

SIGNED AND SWORN to before me this 25<sup>th</sup> day of April, 2022.

LAWRENCE A. PIRKLE



[Signature]  
NOTARY PUBLIC in and for the  
State of Washington  
Residing at: Mount Vernon  
My Commission Expires: 5/7/23

## COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 16th day of May, 2016, between SCOTT C. SUTHERLAND and JENNIFER M. SUTHERLAND, husband and wife, both of whom are domiciled in the State of Washington. In consideration of their mutual promises set forth below, the parties agree as follows:

A. *Revocation of Prior Agreements.* If before this date the parties have executed a community property agreement or any other agreement other than a Will or trust which is signed by both of them and which specifically provides for the disposition of their community property at the time either or both of them die, then any such agreement is terminated by this Agreement.

B. *Property Covered.* This Agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife. Any separate property of either, [now owned or hereafter acquired,] shall become and be considered community property upon the death of the party owning said separate property. All such community property is referred to in this Agreement as the "subject property."

C. *Vesting at Death.* On the death of either Husband or Wife, all of the subject property shall vest in the survivor of them.

D. *Disclaimer.* Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, and the interest disclaimed shall pass under the terms and conditions of any validly executed Will which the decedent may have executed, and in default thereof according to the laws of intestacy as governed by the statutes of the State of Washington then in effect.

E. *Automatic Revocation.* In the absence of other evidence indicating the party's intent to terminate this Agreement, it shall, nevertheless, be deemed mutually terminated and of no further force or effect upon either party's filing a petition, complaint or other pleading for dissolution of their marriage or divorce, or upon a court of competent jurisdiction dissolving the marriage or granting a decree of divorce or separate maintenance to either of them.

F. *Optional Revocation by One Party.* This Agreement may be terminated by either party acting alone by delivery of a written notice of revocation to the other party or the other party's legal representative, and by recording such revocation with the Skagit County, Washington, Recorder's Office where real property transactions in Skagit County, Washington are recorded.

If either party becomes disabled, the other party shall have the power to terminate this Agreement, and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. Such 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 person. For the purpose of this paragraph, a spouse shall be deemed disabled if such spouse's regularly attending physician signs a statement declaring that such spouse is unable to manage his or her own affairs; or if such spouse has no regularly attending physician, if such a statement is signed by two qualified physicians who have adequately examined the disabled spouse. An adjudication of incompetence by a court of competent jurisdiction shall also be proof of a spouse's disability for purposes of this paragraph.

G. *Powers of Appointment.* This Agreement shall not affect any power of appointment now held by or hereafter given to either party, nor shall it obligate either of them to exercise any such power of appointment in any way.

H. *Survivorship.* As used herein, the term "survivor" or "survivorship" shall mean living for a period of thirty (30) days following the death of the first of the aforementioned parties to die.

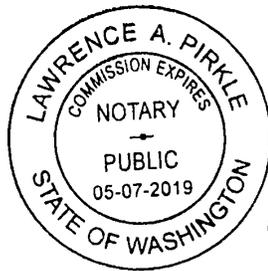
Scott C. Sutherland  
SCOTT C. SUTHERLAND

Jennifer M. Sutherland  
JENNIFER M. SUTHERLAND

STATE OF WASHINGTON )  
  ) ss.  
COUNTY OF SKAGIT )

On this day personally appeared before me, SCOTT C. SUTHERLAND and JENNIFER M. SUTHERLAND, to me known to be the individuals described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 16th day of May, 2016.



LAWRENCE A. PIRKLE

[Signature]  
NOTARY PUBLIC in and for the  
State of Washington  
Residing at Mount Vernon  
My Commission Expires: 5/7/19

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-019023

DATE ISSUED: 04/13/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): SCOTT CRAIG  
LAST NAME(S): SUTHERLAND

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: APRIL 09, 2022  
HOUR OF DEATH: 05:00 AM  
SEX: MALE AGE: 66 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: BELLINGHAM, WA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: JENNIFER HOEKSTRA

OCCUPATION: MANAGER  
INDUSTRY: PUBLIC WORKS SOLID WASTE DIV.  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: NO

INFORMANT: JENNIFER SUTHERLAND  
RELATIONSHIP: WIFE  
ADDRESS: 403 SOUTH 38TH PLACE, MOUNT VERNON, WASHINGTON,

CAUSE OF DEATH:  
A: LIPOSARCOMA OF RETROPERITONEUM WIDELY METASTATIC  
INTERVAL: 6 YEARS  
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: DECEDENT'S HOME  
FACILITY OR ADDRESS: 403 SOUTH 38TH PLACE  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 403 SOUTH 38TH PLACE  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 26 YEARS

FATHER: JACK SUTHERLAND  
MOTHER: BARBAR [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: APRIL 14, 2022

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: JEREMIAH T. LESOURD

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: DEBORAH NORTH, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: APRIL 11, 2022

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

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: APRIL 12, 2022



Affidavit for Correction

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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, 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:

Table with 2 columns: The record currently shows: (8, 10, 12) and The true fact is: (9, 11, 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 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.
\*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.
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.

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\*

APR 13 2022

Howard Leibrand M.D., Health Officer



0 5 4 9 2 0 2 4

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