



05/06/2022 02:14 PM Pages: 1 of 4 Fees: \$206.50
Skagit County Auditor

Return Address:

Gabriela H.E. Grissom
P.O. Box 574
Burlington WA 98233

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2022 1883
MAY 06 2022

Amount Paid \$ 0
Skagit Co. Treasurer
By Deputy

Document Title:

Community Property Agreement w/Death Cert

Reference Number (if applicable): _____

Grantor(s):

additional grantor names on page ____

- 1) Wilbur V. Grissom
- 2) Gabriela H.E. Grissom

Grantee(s):

additional grantor names on page ____

- 1) Gabriela H.E. Grissom
- 2) _____

Abbreviated Legal Description:

full legal on page(s) ____

Lt 35, Replat of Evergreen Acres Div. 1

Assessor Parcel /Tax ID Number:

additional parcel numbers on page ____

P77670

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT between **WILBUR V. GRISSOM** and **GABRIELA H.E. GRISSOM**, husband and wife, of **Skagit County, Washington**, is made in consideration of love and affection and of the mutual benefits to be derived from the parties hereto. It is hereby agreed as follows:

1. All property of whatsoever nature or description, whether real, personal, or mixed, and wheresoever situated, now owned or hereafter acquired by the undersigned husband and wife, or either of them, including separate property, shall be considered and is hereby declared to be community property.
2. Upon the death of either the husband or the wife, title to all community property as herein defined shall vest immediately in the surviving spouse.

DATED this 27th day of May, 2003

Gabriela Grissom
Wife

Wilbur V. Grissom
Husband

WITNESSED:

[Signature]
[Signature]

STATE OF WASHINGTON)
) ss.
County of SKAGIT)

I certify that I know or have satisfactory evidence that Gabriela/Wilbur 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.

Dated: 5-27-03

Mary Dean
[notary signature]

Mary Dean
[printed name]

My appointment expires: 4-15-05



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-012751

DATE ISSUED: 03/09/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): WILBUR VERNON

LAST NAME(S): GRISSOM

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: MARCH 04, 2022

HOUR OF DEATH: 04:00 PM

SEX: MALE AGE: 79 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME

FACILITY OR ADDRESS: 20349 ALISTON LANE

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 20349 ALISTON LANE

CITY, STATE, ZIP: BURLINGTON, WA 98233

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 33 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: OAK HARBOR, WA

FATHER: CHESTER GRISSOM

MOTHER: GOLDIE [REDACTED]

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: GABRIELA LUEDERITZ

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

OCCUPATION: FINANCIAL SPECIALIST

INDUSTRY: DSHS

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: MARCH 09, 2022

INFORMANT: GABRIELA GRISSOM

RELATIONSHIP: WIFE

ADDRESS: 20349 ALISTON LANE BURLINGTON, WA 98233

FUNERAL FACILITY: HULBUSH FUNERAL HOME AND CREMATION SERVICES

ADDRESS: 281 S BURLINGTON BLVD

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

FUNERAL DIRECTOR: THOMAS CUFLEY

CAUSE OF DEATH:

A: LUNG MASS, PRESUMED LUNG CANCER

INTERVAL: MONTHS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: EMPHYSEMA, CONGESTIVE HEART FAILURE, CORONARY ARTERY DISEASE, CHRONIC KIDNEY DISEASE STAGE 4, PERIPHERAL VASCULAR DISEASE

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY

PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE 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: MARCH 08, 2022

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: MARIA VIVANCO

DATE RECEIVED: MARCH 09, 2022



Affidavit for Correction

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Mail to: Public 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, 2. Date of Event, 3. Place of Event, 4. Father/Parent Full Birth Name, 5. Mother/Parent Full Birth Name, 6. Name of Person Requesting Correction, 7. Return Mailing Address, 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, 10, 12. 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, 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.
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 09 2022

Handwritten signature of Howard Leibrand

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



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



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