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05/12/2022 10:53 AM Pages: 1 of 6 Fees: \$208.50  
Skagit County Auditor

Return Address:

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

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2022 1961  
MAY 12 2022

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

Document Title:

Community property agreement

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

Grantor(s):

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

- 1) <sup>D.</sup> Connie glass
- 2) \_\_\_\_\_

Grantee(s):

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

- 1) <sup>L.</sup> Nancy glass
- 2) \_\_\_\_\_

Abbreviated Legal Description:

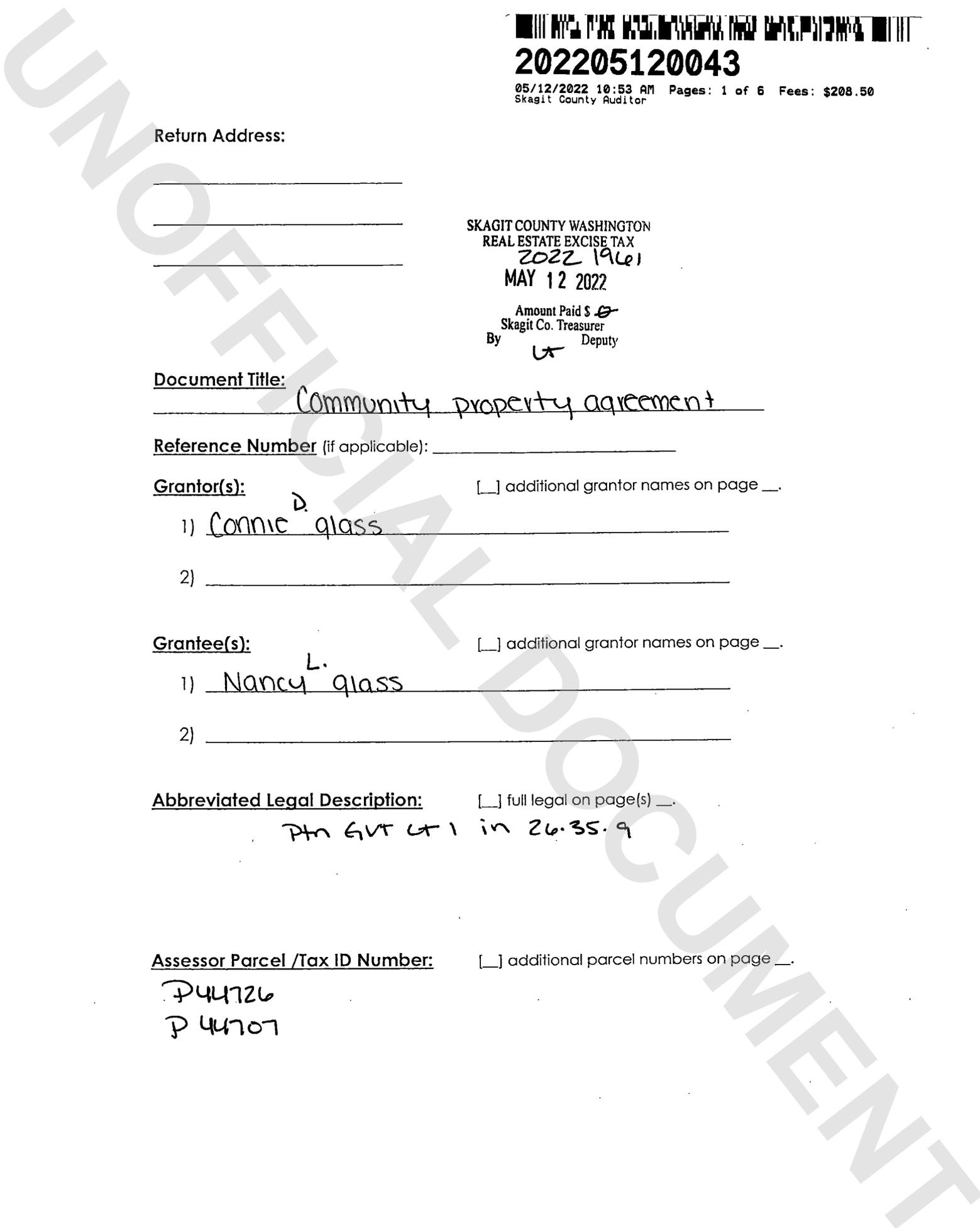
full legal on page(s) \_\_\_\_

Ptn GVT Lt 1 in 26-35-9

Assessor Parcel /Tax ID Number:

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

P44726  
P 44707



## COMMUNITY PROPERTY AGREEMENT (Conversion at Death)

This is an agreement dated this 18<sup>th</sup> day of February, 2020, between **CONNIE D. GLASS** ("Husband") and **NANCY L. GLASS** ("Wife"), husband and wife, pursuant to the provisions of RCW 26.16.120, providing for agreements between husband and wife for the fixing of the status and disposition of community property to take effect upon the death of either.

### IT IS HEREBY AGREED AS FOLLOWS:

1. Conversion at Death. The parties do not intend by this Agreement to change the status of any of their property at this time. Upon the death of either of the parties hereto, all separate property owned by either of them shall become community property.

2. Vesting at Death of Spouse. If one spouse dies and the other spouse survives by ten (10) days, all property of the deceased spouse shall vest in the surviving spouse as of the moment of death of the first spouse to die.

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 property. The interest disclaimed shall pass as if the provisions of Section 2 above had been revoked as to such interest, with the surviving spouse being entitled to the benefits provided by any alternate disposition applicable to the disclaimed interest.

4. Property Held in Joint Tenancy. Property held by the parties in joint tenancy, and any transfer or attempted transfer of community property into joint tenancy form, shall not change its status as community property. Holding of such property in joint tenancy, or any transfer or attempted transfer, shall be deemed to be for the convenience of the parties only and such property shall be deemed to be community property and the absolute ownership and title of all such property shall vest immediately in the survivor of the parties hereto as provided herein.

5. Automatic Revocation. This Agreement shall terminate and become void upon the filing by either party of a petition, complaint, or other pleading for separation, dissolution or divorce.

6. Optional Revocation by One Party. If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 2 above. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardians, if any, of the person and of the estate of the disabled spouse. Each party designates the other party as attorney-in-fact to become effective upon disability to agree to such termination. For the purposes

Community Property Agreement - 1

\\SERVER\Shared\HOME\BA - K\GLASS, Connie D. and Nancy\2019 EP\CPA (Glass) 120619.doc

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 spouse is unable to manage his or her own affairs.

7. Revocation of Inconsistent Agreements. To the extent this Agreement is inconsistent with the provisions of any community property agreement, will or other arrangement previously made by either or both of the parties that affects the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

8. Rights of Parties. The parties acknowledge that they have each been advised of their right to be represented by independent counsel prior to signing this Agreement, and hereby expressly waive that right.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement the day and year first above written.

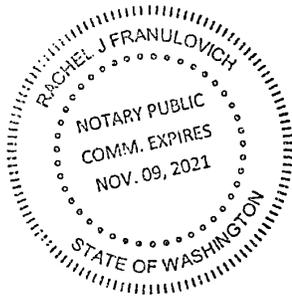
Connie D. Glass  
CONNIE D. GLASS, Husband

Nancy L. Glass  
NANCY L. GLASS, Wife

STATE OF WASHINGTON }  
COUNTY OF SKAGIT } ss.

I certify that I know or have satisfactory evidence that **CONNIE D. GLASS** and **NANCY L. GLASS** 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.

GIVEN UNDER MY HAND AND OFFICIAL SEAL this 18<sup>th</sup> day of February, 2020.



Rachel Franulovich  
Printed Name **RACHEL FRANULOVICH**  
NOTARY PUBLIC in and for the State of Washington  
My Commission Expires 11-09-2021

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-019715

DATE ISSUED: 05/02/2022  
FEE NUMBER: 1706064

FIRST AND MIDDLE NAME(S): CONNIE DANIEL  
LAST NAME(S): GLASS

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: APRIL 07, 2022  
HOUR OF DEATH: 10:15 PM  
SEX: MALE AGE: 79 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME  
FACILITY OR ADDRESS: 40181 SNOWBERRY LN  
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237

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

RESIDENCE STREET: 40181 SNOWBERRY LN  
CITY, STATE, ZIP: CONCRETE, WA 98237  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 5 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: TACOMA, WA

FATHER: DANIEL GLASS  
MOTHER: INEZ MARIE [REDACTED]

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: NANCY NEWMAN

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

OCCUPATION: METAL FLANGER  
INDUSTRY: SHIP YARD  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

CITY, STATE: SEATTLE, WASHINGTON  
DISPOSITION DATE: APRIL 19, 2022

INFORMANT: NANCY GLASS  
RELATIONSHIP: SPOUSE  
ADDRESS: 40181 SNOWBERRY LN, CONCRETE, WA, 98237

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD  
ADDRESS: 4320 196TH ST SW - STE. C  
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036  
FUNERAL DIRECTOR: MANUELA A. BARBER

CAUSE OF DEATH:  
A: CHRONIC LYMPHOCYTIC LEUKEMIA  
INTERVAL: 5.5 YEARS

B:  
INTERVAL:

C:  
INTERVAL:

D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

CERTIFIER NAME: DANIEL H. GARCIA, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 7438 SOUTH D AVENUE  
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237  
DATE SIGNED: APRIL 13, 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: APRIL 15, 2022



# Affidavit for Correction

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
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Required information must match current information on record

<b>Required</b>	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
	6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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:	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:	14b. Signature of 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	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

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.



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



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## EXHIBIT A

P44726

A TR 50' WIDE IN GOVERNMENT LOT 1, SECTION 26, TOWNSHIP 35 NORTH, RANGE 9 EAST, W.M., DESC AS FOL BEG AT PT 50' NE'LY ALG THE RD OF A TR OWNED BY SKAGIT CO BOUNDED ON N BY SD CO RD NE'LY ALG SD CO RD 50' TH SE'LY TO CITY OF SEATTLE R/W TH ALG SD CITY OF SEATTLE R/W IN A SW'LY DIR 50' NW'

P44707

THAT PORTION OF LOT 1, SECTION 26, TOWNSHIP 35 NORTH, RANGE 9 EAST, W.M., DESCRIBED AS FOLLOWS: BEGINNING AT A POINT ON THE NORTHERLY MARGIN OF THE STATE HIGHWAY WHICH IS SOUTH 58 DEGREES WEST 795 FEET FROM POINT OF INTERSECTION OF THE SECTION LINE BETWEEN SECTION 25 AND 26, SAID TOWNSHIP AND RANGE AND THE NORTH LINE OF THE STATE HIGHWAY; THENCE NORTH 32 DEGREES WEST 120 FEET; THENCE SOUTH 58 DEGREES WEST 120 FEET; THENCE SOUTH 32 DEGREES EAST 120 FEET; THENCE NORTH 58 DEGREES EAST ALONG THE NORTH LINE OF THE STATE HIGHWAY 120 FEET TO THE POINT OF BEGINNING. EXCEPT THAT PORTION OF GOVERNMENT LOT 1, SECTION 26, TOWNSHIP 35 NORTH, RANGE 9 EAST, W.M., DESCRIBED AS FOLLOWS: BEGINNING AT A 1/2 INCH REBAR WITH A CAP STAMPED 'ZITKOVICH 46904' SAID REBAR BEING SET AT THE SOUTHEAST CORNER OF SKAGIT COUNTY PARCEL P44707 AND RECORDED BY A SURVEY FILED UNDER AUDITOR'S FILE NO. 201809060132; THENCE NORTH 32 DEGREES WEST PER SAID SURVEY A DISTANCE OF 71.16 FEET TO THE TRUE POINT OF BEGINING OF THIS PARCEL; THENCE CONTINUE NORTH 32 DEGREES WEST 48.84 FEET; THENCE SOUTH 58 DEGREES WEST 99.62 FEET; THENCE NORTH 84-06-57 EAST 110.95 FEET TO THE TRUE POINT OF BEGINNING. PTN SURVEY AF#201809060132