



**202205130109**

05/13/2022 03:33 PM Pages: 1 of 9 Fees: \$211.50  
Skagit County Auditor

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2022 1999

MAY 13 2022

Amount Paid \$ 0  
Skagit Co. Treasurer  
By Deputy

When recorded return to:

Dewey W. Weddle  
Law Office of Dewey W. Weddle, PLLC  
909 7<sup>th</sup> Street  
Anacortes, WA 98221

### STATUTORY WARRANTY DEED

THE **GRANTOR**, ELIZABETH LEE KUEHN, pursuant to a Community Property Agreement executed on July 21, 1989, wherein she and her husband, VON W. KUEHN (now deceased) declared all their property to be community property, thus entitling the surviving spouse to full ownership of said property, conveys and warrants to the **GRANTEE**, ELIZABETH LEE KUEHN, the following described real property, situated in the County of Skagit, State of Washington:

**PARCEL NO. P55749**

LEGAL DESCRIPTION: (0.1536 ac) THE NORTH HALF OF LOTS 1, 2, 3 AND 4, BLOCK 117, MAP OF THE CITY OF ANACORTES, RECORDED IN VOLUME 2 OF PLATS, PAGES 4 THROUGH 7, RECORDS OF SKAGIT COUNTY, WASHINGTON. EXCEPT THE WEST 4.30 FEET THEREOF. AKA LOT B, CITY OF ANACORTES BLA-2019-0013 RECORDED UNDER AF#202003090121

GEO ID: 3772-117-004-0107

SITE ADDRESS: 1302 L Avenue, Anacortes, WA 98221

**PARCEL NO. P55748**

LEGAL DESCRIPTION: (0.1532 ac) THE SOUTH HALF OF LOTS 1, 2, 3 AND 4, BLOCK 117, MAP OF THE CITY OF ANACORTES, RECORDED IN VOLUME 2 OF PLATS, PAGES 4 THROUGH 7, RECORDS OF SKAGIT

COUNTY, WASHINGTON. EXCEPT THE WEST 4.30 FEET THEREOF. AKA  
LOT A, CITY OF ANACORTES BLA-2019-0013 RECORDED UNDER  
AF#202003090121

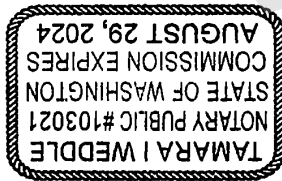
GEO ID: 3772-117-004-0008

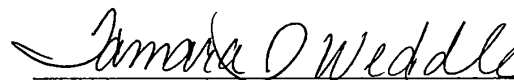
SITE ADDRESS: 1306 L Avenue, Anacortes, WA 98221

Dated this 11th day of May 2022

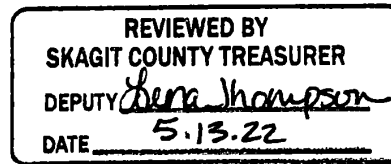
  
ELIZABETH LEE KUEHN

SUBSCRIBED and SWORN to before me this 11<sup>th</sup> day of May 2022.



  
TAMARA I. WEDDLE

NOTARY PUBLIC in and for the State of  
Washington, residing at Anacortes, WA  
My commission expires: August 29, 2024



# COMMUNITY PROPERTY AFFIDAVIT

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

ELIZABETH LEE KUEHN, being first duly sworn, upon oath, declares as follows:

1. Status. I am the surviving spouse of VON W. KUEHN, who died on March 2, 2022, at Anacortes, Skagit County, Washington. A certified copy of his Certificate of Death is attached to this Affidavit.
2. Purpose of Affidavit. I am making this Affidavit and the representations made in it to induce any party dealing with the Community Property Agreement (the "Agreement") referenced in the following paragraph and any property, real, personal, or mixed, subject to the Agreement to rely upon the Agreement and all of its terms and provisions.
2. Community Property Agreement. On July 21, 1989, Decedent, and I, as husband and wife, validly executed a written Community Property Agreement, which has remained valid and in full force since its execution.
3. Community Property Subject to the Agreement. Decedent's and my Community Property is listed in an attachment to this Affidavit. All of the Community Property is subject to the Agreement, and all of its disposition is controlled by the Agreement.
4. Decedent's Will & Probate. No proceedings have begun to have a Will of Decedent admitted to probate, to have a Personal Representative for Decedent appointed, or to set aside, cancel, or revoke the Agreement.
5. Character and Value of Decedent's Estate. At his death, Decedent's estate was valued at approximately \$340,150.00 and consisted solely of his one-half share of Community Property subject to the Agreement. Decedent owned no separate property at death.

6. Decedent's Debts & Expenses. All of the debts and expenses (including expenses of last illness, funeral, and burial) of Decedent have been paid in full.

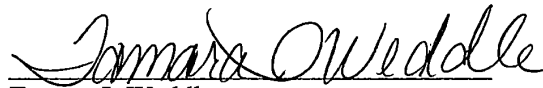
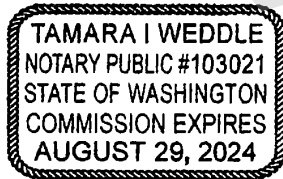
7. Community Liabilities. All liabilities and other obligations of the marital community have been paid in full.

Dated: May 11, 2022



Elizabeth Lee Kuehn  
1306 L. Avenue  
Anacortes, WA 98221

SUBSCRIBED & SWORN TO before me on May 11, 2022



Tamara I. Weddle

NOTARY PUBLIC in and for the state of  
Washington, residing at Anacortes, WA  
My commission expires: August 29, 2024

Attachment to  
COMMUNITY PROPERTY AFFIDAVIT

Community Property Subject to the  
Community Property Agreement

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GEO ID: 3772-117-004-0107

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GEO ID: 3772-117-004-0008

SITE ADDRESS: 1306 L Avenue, Anacortes, WA 98221

**COMMUNITY PROPERTY AGREEMENT**

AGREEMENT made this 21<sup>st</sup> day of July, 1989, between VON W. KUEHN (Husband) and ELIZABETH LEE KUEHN (Wife), 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.

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.

COMMUNITY PROPERTY AGREEMENT - 1

ORIGINAL

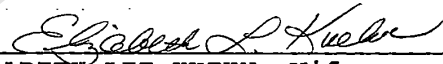
LAW OFFICES OF  
ANDERSON & RODE  
1011-8TH STREET  
P. O. BOX 727  
ANACORTES, WASHINGTON 98221  
TELEPHONE (206) 293-3177

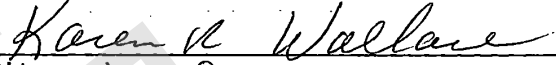
1       **5. Optional Revocation by One Party:** If either party becomes  
 2 disabled, the other party shall have the power to terminate the  
 3 provisions of paragraph 2 and each party designates the other as  
 4 attorney-in-fact to become effective upon disability to exercise  
 5 such power. The termination shall be effective upon the delivery  
 6 of written notice thereof to the disabled spouse and to the guard-  
 7 ians, if any, of the person and of the estate of the disabled per-  
 8 son. For the purposes of this paragraph, a spouse shall be deemed  
 9 disabled if a person duly licensed to practice medicine in the  
 10 State of Washington signs a statement declaring that the person is  
 11 unable to manage his or her own affairs.


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

16       **7. Revocation of Inconsistent Agreements:** To the extent this  
 17 agreement is inconsistent with any provisions of any community  
 18 property agreement or other arrangement previously made by the  
 19 parties that affects the described community property, the terms  
 20 of this agreement shall be deemed to revoke such prior provisions  
 21 to the extent of the inconsistency.

22   
 23 VON W. KUEHN, Husband

24   
 25 ELIZABETH LEE KUEHN, Wife

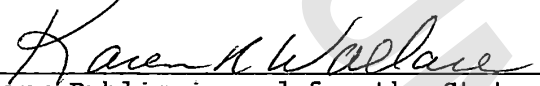
26   
 27 (Witness)

28   
 (Witness)

29 STATE OF WASHINGTON       )  
 30                                       ) ss  
 31 COUNTY OF SKAGIT       )

32 I certify that I know or have satisfactory evidence that  
 33 VON W. KUEHN and ELIZABETH LEE KUEHN signed this instrument and  
 34 acknowledged it to be their free and voluntary act for the uses  
 35 and purposes mentioned in the instrument.

36 DATED: 7/2/89

37   
 38 Notary Public in and for the State of  
 39 Washington, residing at Sedro-Woolley

40 A&R 1/87

41 My appointment expires: 3-30-92

42 COMMUNITY PROPERTY AGREEMENT - 2

LAW OFFICES OF  
 ANDERSON & RODE  
 1011-8TH STREET  
 P. O. BOX 727  
 ANACORTES, WASHINGTON 98221  
 TELEPHONE (206) 293-3177

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-012033

DATE ISSUED: 03/07/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): VON W  
LAST NAME(S): KUEHN

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: MARCH 02, 2022

HOUR OF DEATH: 12:00 PM

SEX: MALE AGE: 81 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: NAMPA, ID

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: ELIZABETH LEE MCCONNELL

OCCUPATION: DENTIST

INDUSTRY: DENTAL PRACTICE

EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE

US ARMED FORCES: YES

INFORMANT: BETTY KUEHN

RELATIONSHIP: WIFE

ADDRESS: 1306 - L AVENUE, ANACORTES, WA 98221

CAUSE OF DEATH:

A: CONGESTIVE HEART FAILURE

INTERVAL: 5 MONTHS

B: CHEMOTHERAPY FOR HODGKIN'S LYMPHOMA

INTERVAL: 1 YEAR

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ARTERIAL THROMBOSIS OF  
SUPERIOR MESENTERIC ARTERY, CELIAC AND SPLENIC ARTERY, BILATERAL  
PLEURAL EFFUSIONS.

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: 1306 - L AVENUE

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1306 - L AVENUE

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 48 YEARS

FATHER: KARL EDWARD KUEHN

MOTHER: FERN BUNICE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: MARCH 05, 2022

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

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: LEONARD J. WILLIAMS

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: ANITA M. MEYER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: MARCH 04, 2022

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: MARCH 04, 2022



**Affidavit for Correction**

05/13/2022 03:33 PM Page 8 of 9  
 Mail to: Center for 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
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<b>Required</b>	<b>Required information must match current information on record</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:**

<b>The record currently shows:</b>	<b>The true fact is:</b>
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**

- 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.

**\*CERTIFIED\***

MAR 07 2022



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

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



0 5 2 6 1 5 3 7