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05/18/2022 03:24 PM Pages: 1 of 6 Fees: \$208.50  
Skagit County Auditor

Return Address:

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COPY

Document Title:

Community Property Agreement

Reference Number (if applicable):

Grantor(s):

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

- 1) Cloer, James C
- 2) \_\_\_\_\_

Grantee(s):

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

- 1) Cloer, E Alean S
- 2) \_\_\_\_\_

Abbreviated Legal Description:

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

PTN Lot 13 Sunrise Add

Assessor Parcel /Tax ID Number:

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

P70897  
P78901

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
2022 2065  
MAY 18 2022  
Amount Paid \$ 0  
Skagit Co. Treasurer  
By *GT* Deputy

COMMUNITY PROPERTY AGREEMENT

JAMES CALVIN CLOER

and

E. ALEAN S. CLOER

Prepared by:

JOHN R. SULLIVAN  
Attorney at Law  
310 Dillard Avenue, Suite B  
Post Office Box 383  
Concrete, WA 98237-0383  
(206) 853-8242

COMMUNITY PROPERTY AGREEMENT

KNOW ALL MEN BY THESE PRESENTS:

THIS AGREEMENT, made and entered into this 26<sup>th</sup> day of August, 1992, by an between JAMES CALVIN CLOER and E. ALEAN S. CLOER, husband and wife, residing in Skagit County, State of Washington, pursuant to the provisions of RCW Chapter 26.16.120, permitting agreements between husband and wife, for the fixing of the status and disposition of community property to take effect upon the death of either,

WITNESSETH:

THAT, in consideration of the love and affection that each of said parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and promised as follows:

FIRST: That all property of whatsoever nature or description, whether real, personal or mixed and wheresoever situated, now owned or hereafter acquired by them or either of them shall be considered and is hereby declared community property.

SECOND: That upon the death of either of the parties hereto title to all community property as defined in the preceding paragraph shall immediately vest in fee simple to the survivor of them.

IN WITNESS WHEREOF, the said JAMES CALVIN CLOER and E. ALEAN S. CLOER, husband and wife, have hereunto set their hands and seals, this 26<sup>th</sup> day of August, 1992.

Donna Rohly  
Witness

Jay E. Smith  
Witness

James Calvin Cloer  
JAMES CALVIN CLOER

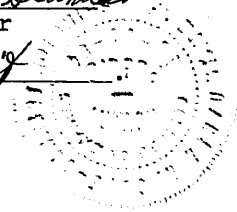
E. Alean S. Cloer  
E. ALEAN S. CLOER

STATE OF WASHINGTON )  
 ) SS.  
COUNTY OF SKAGIT )

This is to certify on this 26<sup>th</sup> day of August, 1992, before me, DARLA K. CAVE-SCHMIDT, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared JAMES CALVIN CLOER and E. ALEAN S. CLOER, husband and wife, to me known to be the individuals described in and who executed the within and foregoing instrument, and acknowledged to me that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written.

Darla K. Cave-Schmidt  
Notary Public in and for  
the State of Washington,  
residing at Rockport



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-026024

DATE ISSUED: 06/11/2020  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JAMES CALVIN  
LAST NAME(S): CLOER

AKA: CALVIN CLOER

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JUNE 07, 2020  
HOUR OF DEATH: 02:40 PM FOUND  
SEX: MALE AGE: 78 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 45194 CEDAR STREET  
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237

RESIDENCE STREET: 45194 CEDAR STREET  
CITY, STATE, ZIP: CONCRETE, WA 98237  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 52 YEARS

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: FRANKLIN, NC

FATHER: ALBERT CARL CLOER  
MOTHER: VIOLA [REDACTED]

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: EDITH ALEAN SHULER

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: FOREST PARK CEMETERY

OCCUPATION: LOGGER  
INDUSTRY: TIMBER  
EDUCATION: 8TH GRADE OR LESS  
US ARMED FORCES: YES

CITY, STATE: CONCRETE, WASHINGTON  
DISPOSITION DATE: JUNE 13, 2020

INFORMANT: ALEAN CLOER  
RELATIONSHIP: WIFE  
ADDRESS: P. O. BOX 64, CONCRETE, WA 98237

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

CAUSE OF DEATH:

- A: VENTRICULAR FIBRILLATION  
INTERVAL: 5 MINUTES  
B: CHRONIC COMBINED CONGESTIVE HEART FAILURE  
INTERVAL: 10 YEARS  
C: DILATED CARDIOMYOPATHY  
INTERVAL: 10 YEARS  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ADULT ONSET DIABETES,  
PERMANENT ATRIAL FIBRILLATION, CHRONIC ANTICOAGULATION, AORTIC  
STENOSIS

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: GLEN W. ZUROSKE, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1110 GILMORE STREET  
CITY, STATE, ZIP: RICHLAND, WA 99352  
DATE SIGNED: JUNE 08, 2020

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: CHERYL PETERSON  
DATE RECEIVED: JUNE 08, 2020



Affidavit for Correction

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This is a legal document. Complete in ink and do not alter.

P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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, Relationship to Person on Record.

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:

8. The record now shows: 9. The true fact is: 10., 11., 12., 13., 14., 15.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature, Printed name, Date; 16b. Signature of 2nd parent (if required), Printed name, Date

INSTRUCTIONS - go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include: Birth/Marriage/Divorce record, Military record (DD-214), School transcripts, Social Security Numident Report, Certificate of Naturalization, Hospital/medical record, Passport, Green/Permanent Resident card (I-551)

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. Documentary proof must be five or more years old or established within five years of birth
Child under 18: If legal guardian(s), include certified court order proving guardianship; Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)\*; After age one, 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 documentary proof is required; To correct the sex of the child, one documentary proof 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 documentary proof are required; If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required; To correct parent's birth date, place of birth, or name, one documentary proof 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.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

- 1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a 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 documentary proof
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

DOH 422-034 January 2015



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

\*CERTIFIED\*

JUN 11 2020

Signature: Howard Leibrand M.D., Health Officer



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