202209060053

After recording return to:

Alexis Oles Souders Law Group 913 Seventh Street Anacortes, WA 98221 09/08/2022 11:47 AM Pages: 1 of 7 Fees: \$209.50 Skagit County Auditor

SKAGIT COUNTY WASHINGTON REAL ESTATE EXCISE TAX Zo Z Z - 3668 SEP 0 6 2022

Amount Paid \$ Skagit Co. Treasurer

By Deputy

DOCUMENT TITLE: AFFIDAVIT REGARDING COMMUNITY PROPERTY

GRANTOR: HAZEL CHERRY MONAHAN; WILLIAM J. MONAHAN, deceased

GRANTEE: THE PUBLIC

ASSESSOR'S PARCEL/TAX NUMBERS: P56047/3772-165-017-0002 P58806/3813-006-012-0004

Lts 14-16 Ptn 17 BL 165 City of Ana etal

AFFIDAVIT

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

Hazel Cherry Monahan, being first duly sworn, upon oath, deposes and says:

That I am the surviving spouse of William Joe Monahan (the Decedent), who died November 5, 2021, at Mt. Vernon, Skagit County, Washington. At that time, the Decedent and I were both residents of Anacortes, Skagit County, Washington.

This Affidavit is for the purpose of supplying information pertaining to the Estate of William Joe Monahan and it is intended that the statements set forth herein shall be considered representations of fact, which may be relied upon by all persons dealing with the real property described herein and with any other community property.

That at the time of the death of William Joe Monahan, there was in full force and effect a Community Property Agreement, executed by myself, Hazel Cherry Monahan and William Joe Monahan on April 13, 2018. The original Agreement is attached hereto. The Agreement specifies that all property of myself, and my late husband, whenever acquired from any source and including all property to be acquired after the date of the Agreement shall be considered to be community property. The Agreement further provided that in the event of the death of either spouse, all community property, whether real or otherwise, would immediately become the sole property of the survivor spouse.

The Decedent also executed a Last Will and Testament, but no probate is planned, in view of this Community Property Affidavit.

That all expenses of the Decedent's last illness, funeral and costs of administration have been paid and I know of no unpaid creditors of the Decedent or of our former marital community.

That among the property that the Decedent and I held as community property was the following described real estate:

LOTS 14, 15, 16 AND THE WEST ½ OF 17, BLOCK 165 AS PER PLAT RECORDED IN VOLUME 2 OF PLATS, PAGE 4, MAP OF THE CITY OF ANACORTES, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SUBJECT TO ENCUMBRANCES OF RECORD

SITUATE IN THE COUNTY OF SKAGIT AND STATE OF WASHINGTON

And

LOTS 5 TO 12, BLOCK 6, SEATTLE SYNDICATE FIRST ADDITION TO ANACORTES, WASHINGTON, ACCORDING TO THE PLAT RECORDED IN VOLUME 1 OF PLATS, PAGE 25, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SUBJECT TO ENCUMBRANCES OF RECORD.

The Decedent's estate is not subject to estate tax for the federal government or the State of Washington, as the surviving spouse is a citizen of the United States, with an unlimited marital deduction.

Dated this 28^{tt} day of July 2022.

Hazel Cherry Monahan, surviving spouse

ME M GONZALIA ME M GONZALIA MENANTANIA MENAN

SUBSCRIBED AND SWORN to before me this aday of July, 2022.

Stephanie M. Gonzales

NOTARY PUBLIC in and for the State of Washington, residing in Anacortes.
My commission expires 11/19/2022.

After recording return to:

Alexis Oles Souders Law Group 913 Seventh Street Anacortes, WA 98221

DOCUMENT TITLE: COMMUNITY PROPERTY AGREEMENT

DOCUMENT DATE: APRIL 13, 2018

PARTIES: HAZEL CHERRY MONAHAN; WILLIAM J. MONAHAN, deceased

COVER SHEET

TO

COMMUNITY PROPERTY AGREEMENT

COMMUNITY PROPERTY AGREEMENT

William Joe Monahan, Jr. ("Husband") and Hazel Cherry Monahan ("Wife"), husband and wife, acting pursuant to the provisions of Revised Code of Washington 26.16.120, providing for agreements between husband and wife for fixing of the status and disposition of community property, HEREBY AGREE AS FOLLOWS:

- 1. All property now owned or hereafter acquired by either Husband or Wife is designated as Community Property, unless, after the date of this Agreement, the parties shall agree otherwise by making a separate property designation signed by both of them. This designation of Community Property applies even though some items of property 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.
- 2. If one spouse dies and the other spouse survives by ten (10) days, all Community Property shall vest in the surviving spouse as of the moment of death of the first spouse to die.
- 3. 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 entitled to the benefits provided by any alternate disposition applicable to the disclaimed interest.
- 4. 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 Community Property and ownership and title shall vest as provided in Section 2 above.
- 5. The provisions of Section 2 above 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. Immediately prior to death if neither party survives the other by ten days.

Community Property Agreement of
William Joe Monahan, Jr. & Hazel Cherry
Monahan, Husband and Wife
Page 1 of 2

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- 6. If either party becomes incapacitated, the other party shall have the power to terminate the provisions of Section 2 above. The termination shall be effective upon the delivery of written notice thereof to the incapacitated spouse and to the guardians, if any, of the person and of the estate of the incapacitated spouse. Each party designates the other party as attorney-in-fact to become effective upon incapacity to agree to the termination. For the purposes of this section, a spouse shall be deemed incapacitated 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. 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 affect community property, the terms of this agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

IN WITNESS WHEREOF, we have hereunto set our hands this 13th day of April, 2018.

Milliam Joe Monahan, Jr.

Hazel Cherry Monahan
Hazel Cherry Monahan

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that William Joe Monahan, Jr. and Hazel Cherry Monahan, Husband and wife, 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 this $\frac{13}{100}$ day of April, 2018

ad this 19 day of the state of

Erica Weaver

Notary Public in and for the State of Washington, residing at Oak Harbor My appointment expires 4/09/2021

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Community Property Agreement of William Joe Monahan, Jr. & Hazel Cherry Monahan, Husband and Wife Page 2 of 2

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STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 12/07/2021 FEE NUMBER: 311221

CERTIFICATE NUMBER: 2021-061519

FIRST AND MIDDLE NAME(S): WILLIAM JOE LAST NAME(S): MONAHAN JR

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 05, 2021
HOUR OF DEATH: 01:40 AM

SEX: MALE
SOCIAL SECURITY NUMBER:

¥: 86 YEARS

OCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE

BIRTHPLACE: BORGER, TX

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: HAZEL CHERRY MONAHAN

OCCUPATION: SOCIAL WORKER

INDUSTRY: PRIVATE

EDUCATION: MASTER'S DEGREE

US ARMED FORCES: YES

INFORMANT: HAZEL CHERRY MONAHAN

RELATIONSHIP: SPOUSE

ADDRESS: 1810 9TH ST. ANACORTES, WA. 98221

CAUSE OF DEATH:

A: RESPIRATORY ARREST

INTERVAL: 0

B: POSSIBLE ASPIRATION/ASPIRATION PNEUMONIA

INTERVAL: DAYS
C: PONTINE STROKE
INTERVAL: WEEKS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: TYPE 2 DIABETES, ATRIAL

FIBRILLATION

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

LOCATION OF INJURY:

CITY, STATE, ZIP:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: EMERGENCY ROOM

FACILITY OR ADDRESS: **SKAGIT VALLEY HOSPITAL** CITY, STATE, ZIP: **MT. VERNON, WASHINGTON 98274**

RESIDENCE STREET: 1810 9TH ST.

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 50 YEARS

FATHER: WILLIAM JOE MONAHAN SR

MOTHER: LUVELLA

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON DISPOSITION DATE: DECEMBER 03, 2021

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C

CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036

FUNERAL DIRECTOR: BRENT J. GLENN

MANNER OF DEATH: NATURAL

AUTOPSY: UNKNOWN

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: MARK LISOWSKI, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 E KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: DECEMBER 02, 2021

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

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ DATE RECEIVED: DECEMBER 03, 2021

DOH 422-132 Snohomish (8/18

202209060053

Affidavit for Correction

09/06/2022 11/m4/70AMenReagenTeach 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 Date Affidavit Number State File Number Required information must match current information on record Birth Death Dissolution (Divorce) Record Type: Marriage 3. Place of Event: 1. Name on Record: Date of Event: Middle Last MANDOWYY Bruth no e-papet 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) 4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) Last/Maiden ☐ Hospital 6. Name of Person Requesting Correction: Relationship to ☐ Self ☐ Guardian ☐ Informant ☐ Funeral Director Person on Record: Parent(s) Other (specify) 7. Return Mailing Address: State PO Box or Street Address City Telephone Number: Email Address: Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows: The true fact is: The record currently shows: 8. 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. 14b. Signature of 2nd parent (if required): 14a. Signature: Printed name: Date: 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 • Copy of Passport / Enhanced ID Hospital/medical record Green/Permanent Resident card (I-551) Certificate of Naturalization 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. 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 3. 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). Adult (18 years or older) Only the adult can change his or her birth certificate. 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 • If the first or middle name is missing, three pieces of proof documentation are of Parentage form, last name can be changed once to either parents' name required. If the first, middle and/or last name is misspelled, or month and/or day of birth on certificate (can be any combination of the first, middle or last names); thereafter, a court order is required to change the last name. is incorrect, two pieces of proof documentation are required. To correct parent's birth date, place of birth, or name, one proof documentation

- 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.
 - Sonation to 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.

is required.

- 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.



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





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