202210100058
10/10/2022 02:58 PM Pages: 1 of 8 Fees $210.50
Skagit County Auditor

When Recorded Please Return To:
LAWRENCE A. PIRKLE
P.O. Box 1788
Mount Vernon, WA 98273
(360) 336-6587

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DOCUMENT TITLE(S): AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

REFERENCE NUMBER(S):

GRANTOR: CHARLES WOOD, AS SURVIVING SPOUSE OF RANDY RETTIG (DECEASED)

GRANTEE: CHARLES WOOD

ASSESSOR'S PARCEL NUMBER: P135025 (6070-000-167-0000)

LEGAL DESCRIPTION: Lot 167, "PLAT OF WOODSIDE PUD DIVISIONS 8 & 9", recorded on November 4, 2019, under Skagit County Auditor's File No. 201911040121, records of Skagit County, Washington.

Situate in the City of Mount Vernon, County of Skagit, State of Washington.

# AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON )
) ss.
COUNTY OF SKAGIT )

CHARLES WOOD, being first duly sworn, on oath, deposes and says:

1. This Affidavit provides information for the record regarding that certain Community Property Agreement dated June 21, 2019, executed by CHARLES WOOD and RANDY RETTIG, as spouses (the "Agreement"), attached as Exhibit "A" and incorporated herein by this reference. The statements set forth in this Affidavit are representations of fact which may be relied upon by all parties dealing with the property commonly known as 986 S. 49th Street, Mount Vernon, Washington 98273 (Assessor's Parcel Number: P135025 (6070-000-167-0000)), and legally described as follows:

> Lot 167, "PLAT OF WOODSIDE PUD DIVISIONS 8 & 9", recorded on November 4, 2019, under Skagit County Auditor's File No. 201911040121, records of Skagit County, Washington.
>
> Situate in the City of Mount Vernon, County of Skagit, State of Washington.

2. RANDY RETTIG (the "Decedent") was one of the parties to the Agreement and died on July 9, 2022, as a resident of Skagit County, Washington. A copy of the Decedent's Death Certificate is attached as Exhibit "B" and incorporated herein by this reference.

3. The parties to the Agreement were legally competent at the time of the Agreement and executed no subsequent Wills or agreement which would have the effect of abrogating or nullifying the Agreement.

4. The Decedent left no separate property.

5. All obligations of the community composed of the Decedent and the affiant owing at the date of the Decedent's death have been paid in full, and all expenses of last illness and for funeral and burial services of the Decedent have been paid.



**Lawrence A. Pirkle**
**Attorney at Law**
**(360) 336-6587**

6. The Decedent was survived by the following persons:

| Name and Address | Relationship | Age |
|---|---|---|
| CHARLES WOOD<br>986 S. 29th Street<br>Mount Vernon, WA 98274 | Spouse | Legal |

8. I, CHARLES WOOD, affirm that I am the sole and rightful heir to the property legally described above.

9. That the transfer of this property is exempted from the real estate excise tax pursuant to WAC 458-61A-202(6)(a).

DATED this 6th day of October, 2022.

CHARLES WOOD

SIGNED AND SWORN to before me this 6th day of October, 2022.

LAWRENCE A. PIRKLE
NOTARY PUBLIC in and for the
State of Washington
Residing at: Mount Vernon
My Commission Expires: 5/7/23

# COMMUNITY PROPERTY AGREEMENT

This COMMUNITY PROPERTY AGREEMENT is between Randy Rettig and Charles Wood (the "parties"), as spouses.

The parties are married to each other, are residents of the State of Washington, and desire to enter into this Agreement in order to set forth the status of their property as Community Property and to provide for its disposition to the survivor of them at the death of the first of them to die.

**WHEREFORE**, the parties revoke all prior Community Property Agreements and any other agreement regarding the status or disposition of his or their property to the extent of any inconsistency with this Agreement and agree as follows:

1. **Financial Disclosure**. Each party has fully disclosed to the other party his assets, incomes, debts, and liabilities, and the other party is satisfied that full disclosure has been made.

2. **Status of Property**. All property of whatever nature or description, whether real, personal, or mixed, and wherever located, within or without the State of Washington, now owned or hereafter acquired by either party or both of the parties shall be and is the Community Property of the parties.

3. **Disposition of Property**. Upon the death of either party survived by the other party, all interest of the deceased party in the then current Community Property of the parties shall pass to and become the sole and separate property of the survivor of the parties.

4. **Disclaimer**. Upon the death of either party survived by the other party, the surviving spouse may disclaim, in whole or in part, and if in part, any specific part, share, asset or any interest passing under this Agreement. Upon such disclaimer, the disclaimed interest shall pass as if Paragraph 3 above had been revoked as to that interest at the deceased spouse's death but with the surviving spouse continuing to be entitled to any benefits by any alternative disposition.



ORIGINAL

SELANDER O'BRIEN PLLC
3829C S EDMUNDS ST
SEATTLE, WA 98118

6/21/19 Initials / Date

6/21/19 Initials / Date

**5. Automatic Revocation of Paragraph 3.** Paragraph 3 above shall be automatically revoked upon the occurrence of any of the following events:

a. The establishment of a domicile outside the State of Washington by either party.

b. The simultaneous death of both parties, or both of their deaths if the order cannot be reasonably determined.

c. The filing in a Court of competent jurisdiction by either party or both parties of a Petition for Marital Dissolution, Legal Separation, or Declaration of Marital Invalidity followed by the death of either party survived by the other party before such proceeding is either dismissed, abandoned, or completed, with its completion being determined by the entry of an Order of Dissolution, Legal Separation, or Marital Invalidity, respectively.

**6. Optional Revocation of Paragraph 3 by Either Party.** If either party becomes disabled, the other party may revoke Paragraph 3 above but only by a writing signed by that party and acknowledged before a Notary Public. For purposes of this paragraph, a party shall be "disabled" if he is:

a. Determined in a writing to be unable to adequately manage his property or financial affairs by two independent physicians, or

b. Found to be legally disabled by a Court of competent jurisdiction.

**7. Optional Revocation of Paragraph 3 by Both Parties.** Paragraph 3 above may be revoked by both parties but only by a writing signed by both of them and acknowledged before a Notary Public.

**8. Independent Counsel.** Each party recognizes that he has the right to be represented by independent counsel as regards the advisability of his entering into this Agreement and waives that right.

**IN WITNESS WHEREOF**, the Parties have signed this Agreement, consisting of three (3) pages, on this 21 day of June, 2019.

Randy Rettig

Charles Wood

STATE OF WASHINGTON )
) ss.
COUNTY OF KING )

On this day personally appeared before me Randy Rettig and Charles Wood, proven to be the individuals described in and who executed the within and foregoing Community Property Agreement, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 21st day of June, 2019.

Jeannie L. O'Brien
Notary Public for the State of
Washington, residing at Seattle.
My commission expires 12-29-19.

202210100058

# STATE OF WASHINGTON
# DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

CERTIFICATE NUMBER: **2022-035076**

DATE ISSUED: **07/12/2022**
FEE NUMBER:

FIRST AND MIDDLE NAME(S): **RANDY GENE**
LAST NAME(S): **RETTIG**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **JULY 09, 2022**
HOUR OF DEATH: **05:40 AM**
SEX: **MALE** AGE: **62 YEARS**
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DATE: [redacted]
BIRTHPLACE: **PALO ALTO, CA**

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **CHARLES WAYNE WOOD**

OCCUPATION: **COMPUTER PROGRAMMER**
INDUSTRY: **SHIPPING**
EDUCATION: **BACHELOR'S DEGREE**
US ARMED FORCES: **NO**

INFORMANT: **CHARLES WAYNE WOOD**
RELATIONSHIP: **SPOUSE**
ADDRESS: **986 S 49TH ST., MOUNT VERNON, WA 98274**

CAUSE OF DEATH:
A: **ACUTE HYPOXIC RESPIRATORY FAILURE**
INTERVAL: **7 DAYS**
B: **ACUTE ALCOHOL INDUCED HEPATITIS**
INTERVAL: **3 WEEKS**
C: **SEVERE ALCOHOL USE DISORDER**
INTERVAL: **30 YEARS**
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

RESIDENCE STREET: **986 S 49TH ST.**
CITY, STATE, ZIP: **MOUNT VERNON, WA 98274**
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **1 YEAR**

FATHER: **GEORGE HERMAN RETTIG JR**
MOTHER: **ANNE** [redacted]

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **MOUNT VERNON CREMATORY**

CITY, STATE: **MOUNT VERNON, WASHINGTON**
DISPOSITION DATE: **JULY 14, 2022**

FUNERAL FACILITY: **KERN FUNERAL HOME**

ADDRESS: **1122 S. 3RD STREET**
CITY, STATE, ZIP: **MT. VERNON, WASHINGTON 98273**
FUNERAL DIRECTOR: **DANIEL G LA PLAUNT**

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: **ALLEN L. JOHNSON, MD**
TITLE: **PHYSICIAN**
CERTIFIER ADDRESS: **1415 E. KINCAID STREET**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98274**
DATE SIGNED: **JULY 12, 2022**

CASE REFERRED TO ME/CORONER: **NO**
FILE NUMBER: **NOT APPLICABLE**
ATTENDING PHYSICIAN: **ALLEN JOHNSON, PHYSICIAN**

LOCAL DEPUTY REGISTRAR: **ISABEL M. CARBAJAL**
DATE RECEIVED: **JULY 12, 2022**

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

Washington State Department of Health
DOH 422-034 August 2019

# Affidavit for Correction

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

Mail to: Center for Health Statistics
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: 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 Person on Record: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ 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 2nd parent (if required): | |
|---|---|---|---|
| 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
- 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.

THE SEAL OF THE STATE OF WASHINGTON 1889

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

CERTIFIED
Howard Leibrond MD, Health Officer
Skagit County Health Department
SKAGIT COUNTY WASHINGTON
STATE OF WASHINGTON

0 6 2 5 4 8 9 3