



202210210067

10/21/2022 02:56 PM Pages: 1 of 4 Fees \$206.50
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2022 4308

OCT 21 2022

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

Document Title:

COMMUNITY PROPERTY AGREEMENT

Reference Number :

Grantor(s):

☐ additional grantor names on page ____.

1. STEVEN W. HEATHERS

2. CATHERINE R. HEATHERS

Grantee(s):

☐ additional grantee names on page ____.

1.

2.

Abbreviated legal description:

☐ full legal on page(s) ____.

LT 1 S/P 99-0030 SW NW 10-34-4

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page ____.

P116245

COPY

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT made and entered into this 9th day of March, 1976, by and between Steven W. Heathers and Catherine R. Heathers, his wife, of Bellingham, Washington.

WITNESSETH: That whereas, the said parties hereto are the owners of certain community property, and are desirous that said property, together with all other community property, either real or personal, that may hereafter be acquired, shall pass without delay upon the death of either to the survivor.

IT IS HEREBY AGREED that all property of whatsoever nature or description, whether real, personal, or mixed, and wheresoever situated, now owned or hereafter acquired by said parties or either of them, shall be considered and construed and is hereby declared to be community property.

NOW, THEREFORE, for and in consideration of the sum of One Dollar, the receipt of which is hereby acknowledged by each party thereto, and also, in consideration of the love and affection that each of said parties bears for the other, it is hereby agreed that in the event of the death of.....

Steven W. Heathers, while the said Catherine R. Heathers survives then the whole of said community property now owned, together with all other community property, real or personal, that may hereafter be acquired shall at once vest in the said.....

Catherine R. Heathers in fee simple; and in the event of the death of the said.....

Catherine R. Heathers while the said Steven W. Heathers survives, then the whole of said community property now owned together with all other community property, real or personal, that may hereafter be acquired shall at once vest in the said.....

Steven W. Heathers.....

In the event that either or both of said parties execute wills, the survivor shall have the option of taking such community property pursuant to the terms of the will or pursuant to this agreement, whichever in his or her sole discretion the survivor shall determine.

IN WITNESS WHEREOF the parties hereto have set their hands and seals the date first above written.

Catherine R. Heathers (Seal)
Steven W. Heathers (Seal)

WITNESSES:

STATE OF WASHINGTON } ss:
COUNTY OF WHATCOM }

THIS IS TO CERTIFY THAT on the 9th day of March, 1976, before me, a notary public in and for the State of Washington, duly commissioned and sworn personally came.....

Steven W. Heathers and Catherine R. Heathers, his wife, to me known to be the individuals described in and who executed the within instrument and acknowledged to me that they signed and sealed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and seal the date first above written.

Judith A. Roberts
NOTARY PUBLIC in and for the State of Washington residing at Bellingham

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 09/14/2022
FEE NUMBER: 37

CERTIFICATE NUMBER: 2022-046593

FIRST AND MIDDLE NAME(S): CATHERINE RUTH
LAST NAME(S): HEATHERS

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: SEPTEMBER 10, 2022
HOUR OF DEATH: 09:20 AM
SEX: FEMALE AGE: 69 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: OLYMPIA, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: STEVEN HEATHERS

OCCUPATION: HUMAN RESOURCES
INDUSTRY: GOVERNMENT
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NO

INFORMANT: STEVEN HEATHERS
RELATIONSHIP: HUSBAND
ADDRESS: 13287 SIGNE RD., MOUNT VERNON, WA 98237

CAUSE OF DEATH:
A: ESOPHAGEAL CANCER
INTERVAL: 3 MONTHS

B:
INTERVAL:

C:
INTERVAL:

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: DECEDENT'S HOME
FACILITY OR ADDRESS: 13287 SIGNE ROAD
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98237

RESIDENCE STREET: 13287 SIGNE ROAD
CITY, STATE, ZIP: MOUNT VERNON, WA 98237
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: WILFRED LLOYD LAFOND
MOTHER: NORMA [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM

CITY, STATE: BLAINE, WASHINGTON
DISPOSITION DATE: SEPTEMBER 16, 2022

FUNERAL FACILITY: WHATCOM CREMATION & FUNERAL

ADDRESS: 4202 GUIDE MERIDIAN #106
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226
FUNERAL DIRECTOR: TIM D. POWELL

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: SEPTEMBER 12, 2022

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

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: SEPTEMBER 13, 2022

DOH 422-132 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED

**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

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record:		2. Date of Event:	3. Place of Event:
	First Middle Last	MM/DD/YYYY	(City or County)	
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
	First Middle Last/Maiden	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 foregoing is true and correct.

14a. Signature:	14b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	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

- 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.
- *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.

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.

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.



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Greg Thompson, Health Officer.

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



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