




202210280013

10/28/2022 09:03 AM Pages: 1 of 8 Fees: \$210.50
Skagit County Auditor

JONES BUTLER DOLAN, PS
P.O. Box 458
Stanwood, WA 98292
360-629-3833

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2022 4391
OCT 28 2022

Amount Paid \$ 0
Skagit Co. Treasurer
By  Deputy

**COMMUNITY PROPERTY AFFIDAVIT
OF SURVIVING SPOUSE**

Document Title: Community Property Affidavit of Surviving Spouse

Grantor: Birgit Kick

Grantee: William H. Kick

Parcel Number: P117992 - 4775-000-009-0000

Abbreviated Legal: LOT 9, STONEBRIDGE CONDOMINIUM, THIRD
AMENDMENT TO SURVEY MAP AND PLANS FOR
STONEBRIDGE CONDOMINIUM AF#200207290130
(FORMERLY STONEBRIDGE CONDO AND SECOND
AMENDMENT TO STONEBRIDGE CONDO)

Subject to: Rights, reservations, covenants, conditions, easements
and restrictions of record.

References: 201501230083

William H. Kick, being first duly sworn, on oath deposes and says:

I am a resident of Skagit County, Washington, and I am the surviving spouse of Birgit Kick, deceased, who died on July 31, 2022, in Skagit County, Washington. A certified copy of Birgit Kick's Certificate of Death is attached hereto as Exhibit A.

On March 10, 2020, 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, pursuant to RCW 26.16.120. The Community Property Agreement is attached hereto as Exhibit B.

The statements set forth in this affidavit are representations of facts that may be relied upon by all parties dealing with the real property located in Skagit County, Washington, more fully described below, as well as any personal property or financial assets owned by Birgit Kick at the time of her death.

Unit 9, STONEBRIDGE CONDOMINIUM, according to the Declaration thereof recorded April 3, 2001, under AFN 200104030061 and any amendments thereto, and third amended survey map and plans thereof, recorded July 29, 2002, under AFN 200207290130, records of Skagit County, Washington.

Subject to all covenants, conditions, restrictions, reservations, agreements, and easements of record.

Decedent and I acquired the real property described herein by Statutory Warranty Deed, dated January 14, 2015, and recorded pursuant to Skagit County Auditor's Number 201501230083.

5. Community Property Subject to the Agreement

All of the community property is subject to the Community Property Agreement, more fully described herein, the disposition of all such property is controlled by the Agreement, and all of the community property passed to William H. Kick upon Decedent's death.

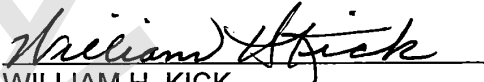
6. Probate

No proceedings have occurred or are anticipated to have a Will of Decedent admitted to probate, to have a Personal Representative appointed for Decedent, or to set aside, cancel, or revoke the Community Property Agreement.

7. Decedent's Debts, Expenses, Taxes

All debts and expenses of Decedent, and any liabilities or obligations of the marital community have been paid in full, and no estate taxes are due.

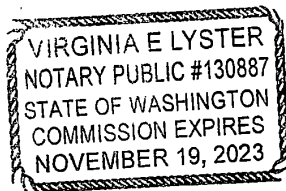
Signed in Stanwood, Washington, this 16th day of August, 2022.



WILLIAM H. KICK

STATE OF WASHINGTON)
) ss.
COUNTY OF SNOHOMISH)

I certify that I know or have satisfactory evidence that William H. Kick is the person who appeared before me, and he acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 16th day of August, 2022.




VIRGINIA E. LYSTER
Notary Public
In and for the State of Washington
My appointment expires: 11-19-2023

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-039217

DATE ISSUED: 08/03/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): BIRGIT

LAST NAME(S): KICK

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: JULY 31, 2022

HOUR OF DEATH: 05:30 AM

SEX: FEMALE

AGE: 87 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: VILHEMINA SWEDEN

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: WILLIAM KICK

OCCUPATION: CORRECTIONS OFFICER

INDUSTRY: LAW ENFORCEMENT

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: WILLIAM KICK

RELATIONSHIP: HUSBAND

ADDRESS: 2415 STONEBRIDGE WAY MOUNT VERNON, WA 98273

CAUSE OF DEATH:

A: ALZHEIMER'S DEMENTIA

INTERVAL: YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: LEFT HIP FRACTURE WITH
SURGICAL REPAIR, ANOREXIA, DYSPHAGIA, WEIGHT LOSS

DATE OF INJURY: JANUARY 30, 2022

HOUR OF INJURY: 09:31 AM PRESUMED

INJURY AT WORK: NO

PLACE OF INJURY: DECEDENT'S RESIDENCE

LOCATION OF INJURY: 2415 STONEBRIDGE WAY

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

COUNTY: SKAGIT

DESCRIBE HOW INJURY OCCURRED: UNWITNESSED GROUND LEVEL FALL

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY

FACILITY OR ADDRESS: WHERE THE HEART IS

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 2415 STONEBRIDGE WAY

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 7 YEARS

FATHER: JOHAN VIKTOR VIBERG

MOTHER:

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: AUGUST 03, 2022

FUNERAL FACILITY: ALPHA-OMEGA BURIAL & CREMATION

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: THOMAS CUFLEY

MANNER OF DEATH: ACCIDENT

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: HAYLEY THOMPSON

TITLE: CORONER/ME

CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: AUGUST 02, 2022

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: 220802-511

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: AUGUST 03, 2022



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: <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 Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <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 forgoing 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 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

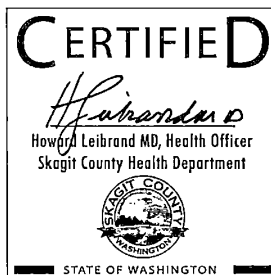
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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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**COMMUNITY PROPERTY AGREEMENT
OF
WILLIAM HARLEY KICK & BIRGIT KICK**

This Agreement made this 10th day of March, 2020, between William H. Kick ("Husband" or "Spouse") and Birgit Kick ("Wife" or "Spouse"), husband and wife, married December 27, 1969, both of whom are domiciled in the State of Washington, pursuant to Section 26.16.120 of the Revised Code of Washington.

In consideration of the mutual love and affection that we have for each other, and in consideration of the mutual benefits to be derived by each of us, it is hereby agreed, covenanted and promised as follows:

1. Property Covered

This Agreement shall apply to all community or separate property now owned or hereafter acquired by Husband and Wife or either of them (except for assets for which a separate beneficiary designation has been or is hereafter made by Husband and 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. All such property is declared to be community property of Husband and Wife and 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 by thirty (30) days, all of the described community property shall vest in Wife as of the moment of Husband's death. Otherwise, said community property shall be distributed pursuant to Husband's Last Will and Testament. If Wife dies and Husband survives her by thirty (30) days, all of the described community property shall vest in Husband as of the moment of Wife's death. Otherwise, said community property shall be distributed pursuant to Wife's Last Will and Testament.

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. Powers of Appointment

This Agreement shall not affect any power of appointment that is now held or is hereafter given to Husband, Wife, or either of them, nor shall it obligate Husband, Wife, or either of them, to exercise any such power of appointment in any way.

5. Revocation of Inconsistent Agreements

To the extent this Agreement is inconsistent with the provisions of any community property agreement or other arrangement previously made by the parties affecting the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

6. Automatic Revocation

The provisions of Paragraph 2 shall be automatically revoked:

- (a) Upon the establishment of a domicile outside the State of Washington by either Spouse;
- (b) Upon the filing by either Spouse of a petition, complaint or other pleading for separation, dissolution or divorce;
- (c) Immediately prior to death of both spouses, if the order of death cannot be ascertained; or,
- (d) If a Spouse has applied for federal or state benefits for the benefit of a disabled spouse and the non-disabled spouse dies first.

7. Optional Revocation by One Spouse Due to Incapacity of Other

If either Spouse becomes incapacitated or disabled, the other Spouse shall have the power to terminate the provisions of Paragraph 2 and each Spouse designates the other as Attorney-in-Fact to become effective upon incapacity or disability thereof to the disabled Spouse and to the guardian(s), if any, of the person and estate of the incapacitated or disabled person. For the purposes of this paragraph, a Spouse shall be deemed incapacitated or disabled if: (a) a physician who has treated the Spouse for at least two (2) years certifies that the Spouse is unable to manage his or her own affairs; or (b) two (2) independent physicians so certify.

March 10, 2020.

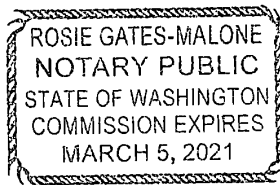

WILLIAM H. KICK



BIRGIT KICK

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

On this day personally appeared before me William H. Kick and Birgit Kick, to me known 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 10 day of March, 2020.




ROSIE GATES-MALONE
Notary Public
In and for the State of Washington
My appointment expires: