



202211100072

11/10/2022 03:37 PM Pages: 1 of 5 Fees: \$207.50  
Skagit County Auditor

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2022 4583  
NOV 10 2022

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

Document Title:

COMMUNITY PROPERTY AGREEMENT

Reference Number :

Grantor(s):

☐ additional grantor names on page \_\_\_\_.

1. TEAL L POTTER

2.

Grantee(s):

☐ additional grantee names on page \_\_\_\_.

1. MARGARET MARY PORTER

2.

Abbreviated legal description:

☐ full legal on page(s) \_\_\_\_.

BURLINGTON AC TR 55 DK 12 TAX 3 W 99' OF S 2/3 OF W1/2 OF TR 55 LESS S 290 1/2'  
THROF LESS N 9.50'

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page \_\_\_\_.

P62673

**COMMUNITY PROPERTY AGREEMENT****(Conversion at Death)**

This is an agreement dated this 27th day of January, 2004, between **TEAL L. POTTER and MARGARET-MARY POTTER**, husband and wife, pursuant to the provisions of RCW 26.16.120, providing for agreements between husband and wife for the fixing of the status and disposition of community property to take effect upon the death of either.

**IT IS HEREBY AGREED AS FOLLOWS:**

1. That the parties do not intend by this agreement to change the status of any of their property at this time.

2. Upon the death of either of the parties hereto, all separate property owned by either of them shall become community property at which time all property of the deceased shall vest in the survivor.


3. 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 the absolute ownership and title of all such property shall vest immediately in the survivor of the parties hereto as provided herein.

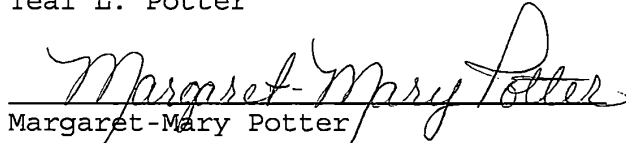
4. This agreement shall terminate and become void upon the happening of any of the following events:

- a. Mutual abandonment of this agreement by the parties;
- b. Filing of a petition for dissolution of the marriage by either party;

- c. Living separate and apart either by conduct or by court decree.

IN WITNESS WHEREOF, the parties have hereto executed this Community Property Agreement the day and year first above written.


  
Teal L. Potter

  
Margaret-Mary Potter

STATE OF WASHINGTON )  
COUNTY OF SKAGIT )

I certify that I know or have satisfactory evidence that **TEAL L. POTTER and MARGARET-MARY POTTER**, 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: January 27, 2004.

  
NOTARY PUBLIC  
BARBARA A. SCHILDT  
(Print or Type Name of Notary)  
My Appointment Expires 2/1/10

PREPARED BY:

Law Offices of  
JACK R. WALLACE  
A Professional Corporation  
P.O. Box 372  
Burlington, WA 98233  
360/757-6153

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-031217

DATE ISSUED: 07/02/2021  
FEE NUMBER:FIRST AND MIDDLE NAME(S): TEAL LARANCE  
LAST NAME(S): POTTERCOUNTY OF DEATH: KING  
DATE OF DEATH: JUNE 26, 2021  
HOUR OF DEATH: 07:34 AM  
SEX: MALE AGE: 61 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE: [REDACTED]  
BIRTH PLACE: COLFAX, WAMARITAL STATUS: MARRIED  
SURVIVING SPOUSE: MARGARET-MARY TUTTLEOCCUPATION: FACILITY SERVICES MANAGER  
INDUSTRY: REFRIGERATION  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: YESINFORMANT: MARGARET-MARY POTTER  
RELATIONSHIP: SPOUSE  
ADDRESS: 424 SOUTH SECTION STREET, BURLINGTON, WASHINGTONCAUSE OF DEATH:  
A: CARDIAC ARREST  
INTERVAL: HOURS  
B: ACUTE HYPOXEMIC RESPIRATORY FAILURE  
INTERVAL: HOURS  
C: RENAL FAILURE, ACUTE ON CHRONIC  
INTERVAL: DAYS  
D: METASTATIC PRIMARY BLADDER UROTHELIAL CARCINOMA  
INTERVAL: MONTHS

OTHER CONDITIONS CONTRIBUTING TO DEATH: HISTORY OF PULMONARY EMBOLISM

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: UNIVERSITY OF WASHINGTON MEDICAL CENTER  
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98195RESIDENCE STREET: 424 SOUTH SECTION STREET  
CITY, STATE, ZIP: BURLINGTON, WA 98233  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 18 YEARSFATHER: MARVIN SANDY POTTER  
MOTHER: [REDACTED]METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNT VERNON CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: JULY 02, 2021

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: JEREMIAH T. LESOURDMANNER 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 RESPONSECERTIFIER NAME: CRISTINA RODRIGUEZ, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1959 NE PACIFIC ST (BOX 356100)  
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98198  
DATE SIGNED: JUNE 28, 2021CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: DIANE BOGAN  
DATE RECEIVED: JULY 02, 2021

**Affidavit for Correction**

11/10/2022 03:37 PM Page 5 of 5  
 Health 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				
State File Number	Fee Number	Initials	Date	Affidavit Number
<b>Required information must match current information on record</b>				
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 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:		
<b>Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:</b>				
<b>The record currently shows:</b>		<b>The true fact is:</b>		
8.		9.		
10.		11.		
12.		13.		
<b>I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.</b>				
14a. Signature:		14b. Signature of 2 <sup>nd</sup> parent (if required):		
Printed name:		Date:	Printed name:	Date:
<b>INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information</b>				
Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:				
<ul style="list-style-type: none"> <li>• Birth/Marriage/Divorce record</li> <li>• Military record (DD-214)</li> <li>• School transcripts</li> <li>• Social Security Numident Report</li> <li>• Certificate of Naturalization</li> <li>• Hospital/medical record</li> <li>• Copy of Passport / Enhanced ID</li> <li>• Green/Permanent Resident card (I-551)</li> </ul>				
<b>You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.</b>				
<b>Birth Certificates</b>				
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. <b>The proof(s) must match</b> 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).				
<b>Child under 18</b>				
<ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship.</li> <li>• 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.</li> <li>• No proof is required to change the first or middle name.*</li> <li>• To correct parent's information, one proof documentation is required.</li> <li>• To correct the sex of the child, one proof documentation from a medical provider is required.</li> </ul>				
<b>Adult (18 years or older)</b>				
<ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate.</li> <li>• If the first or middle name is missing, three pieces of proof documentation are required.</li> <li>• 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.</li> <li>• To correct parent's birth date, place of birth, or name, one proof documentation is required.</li> </ul>				
*To change any part of the name of a child using this form, <b>signatures from both parents listed on the certificate are required.</b> If one parent is deceased, submit a death certificate with request.				
<b>Death Certificates</b>				
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.				
<b>Marriage/Dissolution (Divorce) Certificates</b>				
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.				



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

**\*CERTIFIED\***

JUL 02 2021

*Howard Leibrand*  
 Skagit County Health Department  
 Howard Leibrand M.D., Health Officer



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