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11/10/2022 04:01 PM Pages: 1 of 6 Fees: \$208.50
Skagit County Auditor

After Recording Return To:

Karin McMichael, P.S.
114 W. Magnolia St., Suite 408
Bellingham, WA 98225

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2022 4568

NOV 10 2022

Amount Paid \$ 0
Skagit Co. Treasurer

By UT Deputy

DOCUMENT TITLE: **COMMUNITY PROPERTY AGREEMENT**

REFERENCE NUMBER OF RELATED DOCUMENT: **N/A**

GRANTOR(S): **JON KNECHTEL AND BARBARA KNECHTEL**

ADDITIONAL GRANTOR(S) ON PAGE ___ OF DOCUMENT: **N/A**

GRANTEE(S): **BARBARA KNECHTEL**

ADDITIONAL GRANTEE(S) ON PAGE ___ OF DOCUMENT: **N/A**

ABBREVIATED LEGAL DESCRIPTION: **LOT 14, COUNTRY CLUB MEADOWS DIV. 3**

ADDITIONAL LEGAL DESCRIPTION ON **EXHIBIT B** ATTACHED TO DOCUMENT.

ASSESSOR'S TAX/PARCEL NUMBER(S): **4593-000-014-0003; P102698**

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT is made on SEPT. 12, 2013, between JON KNECHTEL ("husband") and BARBARA KNECHTEL ("wife"), husband and wife, both of whom are domiciled in the State of Washington. In consideration of their mutual agreements set forth below, the parties agree as follows:

1. **Property Affected.** All community and separate property now owned or hereafter acquired by husband and wife or either one of them (except for assets for which a separate beneficiary designation has been or is hereafter made by husband or 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, is and shall be considered to be their community property, subject to the community property laws of the State of Washington, regardless of whether the property is located in the State of Washington or in another jurisdiction. All such property is referred to in this agreement as the "described community property."
 - 1.1 **Automatic Revocation.** The provisions of section 1 shall not affect the character of property acquired after either party files a petition, complaint, or other pleadings for separation, dissolution, or divorce.
2. **Vesting at Death of a Spouse.** If husband dies and wife survives him by thirty days, all of the described community property shall vest in wife as of the moment of husband's death; otherwise, husband's share of the described community property shall be distributed pursuant to husband's will. If wife dies and husband survives her by thirty days, all of the described community property shall vest in husband as of the moment of wife's death; otherwise, wife's share of the described community property shall be distributed pursuant to wife's will.
 - 2.1 **Automatic Revocation.** The provisions of section 2 shall be automatically revoked:
 - a. upon the filing by either party of a petition, complaint or other pleadings for separation, dissolution or divorce; or
 - b. upon the establishment of a domicile out of the State of Washington by either party.

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 section 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 now held by or hereafter given to husband or wife or both of them, nor shall it obligate husband or wife or both 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 any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community property, the terms of this agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.


 JON KNECHTEL

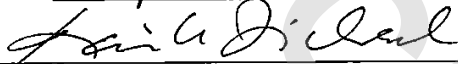

 BARBARA KNECHTEL

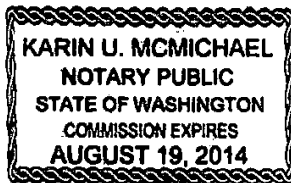
STATE OF WASHINGTON)
) ss:
 COUNTY OF WHATCOM)

I certify that I know or have satisfactory evidence that JON KNECHTEL and BARBARA KNECHTEL are the persons who appeared before me, and said persons acknowledged that they signed this **COMMUNITY PROPERTY AGREEMENT**, and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

(SEAL/STAMP)

Dated: September 12, 2013.


 NOTARY PUBLIC
 Printed Name: KARIN U. MCMICHAEL
 My Appointment Expires: 8-19-2014



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

EXHIBIT A

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-019511

DATE ISSUED: 04/14/2022
FEE NUMBER:FIRST AND MIDDLE NAME(S): JON BYRON
LAST NAME(S): KNECHTELCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 13, 2022
HOUR OF DEATH: 06:30 AM
SEX: MALE AGE: 74 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: PITTSBURGH, PAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: BARBARA WOJNOOCCUPATION: MILLWRIGHT
INDUSTRY: LUMBER
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NOINFORMANT: BARBARA KNECHTEL
RELATIONSHIP: WIFE
ADDRESS: 12253 MAPLE CREST DRIVE, BURLINGTON, WA 98233

CAUSE OF DEATH:

A: [REDACTED]

INTERVAL: 10 DAYS

B: [REDACTED]

INTERVAL: 9 DAYS

C: [REDACTED]

INTERVAL: MONTHS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: [REDACTED]

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 98274RESIDENCE STREET: 12253 MAPLE CREST DRIVE
CITY, STATE, ZIP: BURLINGTON, WA 98233
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 28 YEARSFATHER: WILLIAM CHARLES KNECHTEL
MOTHER: [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: EVANS FUNERAL CHAPELCITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: APRIL 15, 2022

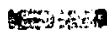
FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTERMANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: DOUGLAS HAYES, DO
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
DATE SIGNED: APRIL 13, 2022CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: APRIL 14, 2022

Affidavit for Correction

11/10/2022 04:01 PM Page 5 of 6
Mail to: Perinatal 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
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 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.
- 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.

***CERTIFIED***

APR 14 2022

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



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**EXHIBIT B
LEGAL DESCRIPTION**

Lot 14, "COUNTRY CLUB MEADOWS DIVISION 3", as per plat recorded in Volume 15 of Plats at Page 60 and 61, in the records of Skagit County, State of Washington.

Situate in Skagit County, Washington.

Subject to covenants, conditions, easements, exceptions, restrictions, and reservations of record, including those referenced in statutory warranty deed recorded under Auditor's file no. 9403230082, which are incorporated herein by this reference.