



**202212130055**

12/13/2022 03:40 PM Pages: 1 of 5 Fees: \$207.50  
Skagit County Auditor


When recorded return to:

Craig Sjostrom  
1204 Cleveland Ave.  
Mount Vernon, Washington 98273

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2022 4874

DEC 13 2022

Amount Paid \$ 0  
Skagit Co. Treasurer  
By  Deputy

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### ***Community Property Agreement***

**Grantors:** Skye K. Richendrfer & Sally C. Richendrfer

**Grantee:** The Public

**Legal Description:** Lot 56, Maddox Creek PUD Ph. 1

**Assessor's Property Tax Parcel or Account No.:** P109350

**Reference Nos of Documents Assigned or Released:** N/A

When recorded return to:

Craig Sjostrom  
1204 Cleveland Ave.  
Mount Vernon, Washington 98273

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**Grantors:** Skye K. Richendrfer & Sally C. Richendrfer, h/w

**Grantees:** Skye K. Richendrfer & Sally C. Richendrfer, h/w

**Legal Description:** N/A

**Assessor's Property Tax Parcel or Account No.:** N/A

**Reference Nos of Documents Assigned or Released:** N/A

### ***COMMUNITY PROPERTY AGREEMENT***

THIS COMMUNITY PROPERTY AGREEMENT is made and entered into this 22<sup>nd</sup> day of December, 2020, by and between Skye K. Richendrfer & Sally C. Richendrfer, husband and wife, of Skagit County, Washington, WITNESSETH:

WHEREAS, the parties herein named are husband and wife and have been such since May 25<sup>th</sup>, 1980, and are residents of the State of Washington;

AND WHEREAS, all the property, real and personal, now owned by the parties, is community property;

AND WHEREAS, said parties desire to avail themselves of the provisions of 26.16.120 RCW;

NOW, THEREFORE, in consideration of the love and affection that each of the parties has for the other, and in consideration of the mutual benefits to be derived herefrom by the parties hereto, IT IS MUTUALLY AGREED AS FOLLOWS:

That in the event of the death of Skye K. Richendrfer, leaving Sally C. Richendrfer surviving him, all of the property, both real and personal, now owned by the parties, or either of them,

together with any property by them or either of them hereafter acquired, shall at once vest in Sally C. Richendrfer in fee simple; and in the event of the death of Sally C. Richendrfer, leaving Skye C. Richendrfer surviving her, all property now owned by either or both of said parties, together with all property subsequently acquired by them or either of them shall at once vest in Skye K. Richendrfer in fee simple. It is the intention of the parties, by this instrument, to make all property of the parties, or either of them, whether now owned or hereafter acquired, community property.

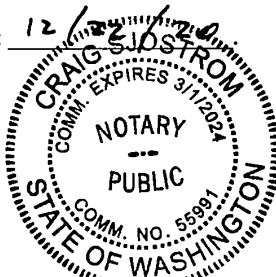
IN WITNESS WHEREOF, the said Skye K. Richendrfer and Sally C. Richendrfer have hereunto set their hands and seals the day and year first above written.


  
 SKYE K. RICHENDRFER

  
 SALLY C. RICHENDRFER

STATE OF WASHINGTON )  
 (ss.  
 COUNTY OF SKAGIT )

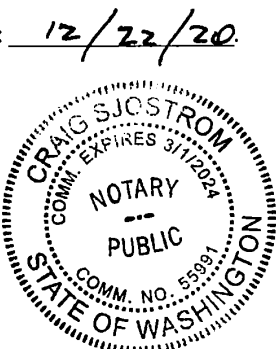
I certify that I know or have satisfactory evidence that Skye K. Richendrfer signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.


DATED: 12/22/20  


  
 NOTARY PUBLIC IN AND FOR THE STATE OF WASHINGTON,  
 Residing at mt. Vernon  
 Printed Name: Craig Sjostrom  
 My commission expires: 3/1/24

STATE OF WASHINGTON )  
 (ss.  
 COUNTY OF SKAGIT )

I certify that I know or have satisfactory evidence that Sally C. Richendrfer signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED: 12/22/20  


  
 NOTARY PUBLIC IN AND FOR THE STATE OF WASHINGTON,  
 Residing at mt. Vernon  
 Printed Name: Craig Sjostrom  
 My commission expires: 3/1/24



# STATE OF WASHINGTON DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-060347

DATE ISSUED: 11/30/2022  
FEE NUMBER: 2715

FIRST AND MIDDLE NAME(S): **SKYE KEADY**  
LAST NAME(S): **RICHENDRFR**

COUNTY OF DEATH: **SKAGIT**  
DATE OF DEATH: **NOVEMBER 20, 2022**  
HOUR OF DEATH: **02:20 AM**  
SEX: **MALE** AGE: **65 YEARS**  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: **BELLINGHAM, WA**

MARITAL STATUS: **MARRIED**  
SURVIVING SPOUSE: **SALLY CHILDS**

OCCUPATION: **EXECUTIVE DIRECTOR**  
INDUSTRY: **NON-PROFIT**  
EDUCATION: **MASTER'S DEGREE**  
US ARMED FORCES: **NO**

INFORMANT: **SALLY C RICHENDRFR**  
RELATIONSHIP: **WIFE**  
ADDRESS: **1715 LINDSAY LOOP, MOUNT VERNON, WASHINGTON 98274**

CAUSE OF DEATH:  
A: **ACUTE HYPOXIC RESPIRATORY FAILURE**  
INTERVAL: **18 DAYS**  
B: **PNEUMOCYSTIS JIROVECI PNEUMONIA SECONDARY TO IMMUNOSUPPRESSION**  
INTERVAL: **WEEKS**  
C: **ACUTE LYMPHOCYTIC LEUKEMIA**  
INTERVAL: **WEEKS**  
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: **1715 LINDSAY LOOP**  
CITY, STATE, ZIP: **MOUNT VERNON, WA 98274**  
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**  
TRIBAL RESERVATION: **NOT APPLICABLE**  
LENGTH OF TIME AT RESIDENCE: **20 YEARS**

FATHER: **DONALD CHARLES RICHENDREER**  
MOTHER: **COLLENE YATES** [REDACTED]

METHOD OF DISPOSITION: **CREMATION**  
PLACE OF DISPOSITION: **FIRST CREMATION SERVICE MARYSVILLE**

CITY, STATE: **MARYSVILLE, WASHINGTON**  
DISPOSITION DATE: **NOVEMBER 29, 2022**

FUNERAL FACILITY: **WESTERN CREMATION ALLIANCE**

ADDRESS: **1037 NE 65TH ST #80125**  
CITY, STATE, ZIP: **SEATTLE, WASHINGTON 98115**  
FUNERAL DIRECTOR: **ADRIEN H. HUNTER**

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: **DOUGLAS HAYES, DO**  
TITLE: **PHYSICIAN**  
CERTIFIER ADDRESS: **1415 E. KINCAID STREET**  
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**  
DATE SIGNED: **NOVEMBER 29, 2022**

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

LOCAL DEPUTY REGISTRAR: **MARIA VIVANCO**  
DATE RECEIVED: **NOVEMBER 29, 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
<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: 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 <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 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

## INSTRUCTIONS – go to [www.doh.wa.gov](http://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 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

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.

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 70.58A RCW

CERTIFIED



Anthony L-Chen, MD, MPH  
DIRECTOR

DO NOT DESTROY

2700653

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



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