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Skagit County Auditor

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LAWRENCE A. PIRKLE
P.O. Box 1788
Mount Vernon, WA 98273
(360) 336-6587

REVIEWED BY
SKAGIT COUNTY TREASURER

DEPUTY Gena Thompson

DATE 1.3.23

DOCUMENT TITLE(S):

AFFIDAVIT IN SUPPORT OF
COMMUNITY PROPERTY AGREEMENT

REFERENCE NUMBER(S):

GRANTOR:

RICHARD JAMES HOLMGREN,
AS SURVIVING SPOUSE OF
JO ELLEN KAY HOLMGREN (DECEASED)

GRANTEE:

RICHARD JAMES HOLMGREN

ASSESSOR'S PARCEL NUMBERS:

P18217 (330522-4-006-0006)
P134515 (330522-4-006-0106)

LEGAL DESCRIPTIONS:

P18217 (330522-4-006-0006) Abbreviated Legal
Description: Portion of the Southeast 1/4 of the
Southeast 1/4 of Section 22, Township 33 North,
Range 5 East, W.M.

P134515 (330522-4-006-0106) Legal Description:
The SE 1/4 of the SE 1/4 EXCEPT the NE 1/4
thereof; EXCEPT that portion of said SE 1/4 of the
SE 1/4 lying Southerly of the County Road and
EXCEPT County Road, and located in Section 22,
Range 5, Township 33, E.W.M.

Situate in the County of Skagit, State of
Washington.

**AFFIDAVIT IN SUPPORT
OF
COMMUNITY PROPERTY AGREEMENT**

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

RICHARD JAMES HOLMGREN, being first duly sworn, on oath, deposes and says:

1. This Affidavit provides information for the record regarding that certain Community Property Agreement dated September 7, 1999, executed by RICHARD JAMES HOLMGREN and JO ELLEN KAY HOLMGREN, husband and wife (the "Agreement"), attached as Exhibit "A" and incorporated herein by this reference. The statements set forth in this Affidavit are representations of fact which may be relied upon by all parties dealing with the property commonly known as 27867 Lake Cavanaugh Road, Mount Vernon, Washington 98274 (Skagit County Assessor's Parcel Numbers: P18217 (330522-4-006-0006) and P134515 (330522-4-006-0106)), and legally described as set forth on Exhibit "B" attached hereto and incorporated herein by this reference.

2. JO ELLEN KAY HOLMGREN (the "Decedent") was one of the parties to the Agreement and died on October 4, 2022, as a resident of Skagit County, Washington. A copy of the Decedent's Death Certificate is attached as Exhibit "C" and incorporated herein by this reference.

3. The parties to the Agreement were legally competent at the time of the Agreement and executed no subsequent Wills or agreement which would have the effect of abrogating or nullifying the Agreement.

4. The Decedent left no separate property.

5. All obligations of the community composed of the Decedent and the affiant owing at the date of the Decedent's death have been paid in full, and all expenses of last illness and for funeral and burial services of the Decedent have been paid.

6. The Decedent was survived by the following persons:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
RICHARD JAMES HOLMGREN 27867 Lake Cavanaugh Road Mount Vernon, WA 98274	Spouse	Legal

CRAIG KENDALL HOLMGREN
27871 Lake Cavanaugh Road
Mount Vernon, WA 98274

Son

Legal

BRIAN JAMES HOLMGREN
1005 Rita Street, Apt. 307
Sedro Woolley, WA 98284

Son

Legal

8. I, RICHARD JAMES HOLMGREN, affirm that I am the sole and rightful heir to the property legally described above.

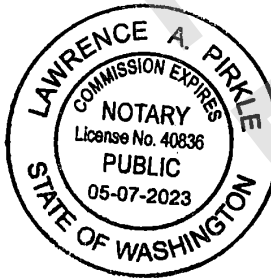
9. That the transfer of this property is exempted from the real estate excise tax pursuant to WAC 458-61A-202(6)(a).


DATED this 22nd day of December, 2022.


RICHARD JAMES HOLMGREN

SIGNED AND SWORN to before me this 22nd day of December, 2022.

LAWRENCE A. PIRKLE




NOTARY PUBLIC in and for the
State of Washington
Residing at: Mount Vernon
My Commission Expires: 5/7/23

COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 7th day of September, 1999, between RICHARD JAMES HOLMGREN ("Husband") and JO ELLEN KAY HOLMGREN ("Wife"), husband and wife, both of whom are domiciled in the State of Washington. In consideration of their mutual promises set forth below, the parties agree as follows:

A. *Revocation of Prior Agreements.* If before this date the parties have executed a community property agreement, or any other agreement other than a Will or trust which is signed by both of them and which specifically provides for the disposition of their community property at the time either or both of them die, then any such agreement is terminated by this Agreement.

B. *Property Covered.* This Agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife. Any separate property of either, [now owned or hereafter acquired,] shall become and be considered community property upon the death of the party owning said separate property. All such community property is referred to in this Agreement as the "subject property."

C. *Vesting at Death.* On the death of either Husband or Wife, all of the subject property shall vest in the survivor of them.

D. *Disclaimer.* Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, and the interest disclaimed shall pass under the terms and conditions of any validly executed Will which the decedent may have executed, and in default thereof according to the laws of intestacy as governed by the statutes of the State of Washington then in effect.

E. *Automatic Revocation.* In the absence of other evidence indicating the party's intent to terminate this Agreement, it shall, nevertheless, be deemed mutually terminated and of no further force or effect upon either party's filing a petition, complaint or other pleading for dissolution of their marriage or divorce, or upon a court of competent jurisdiction dissolving the marriage or granting a decree of divorce or separate maintenance to either of them.

F. *Optional Revocation by One Party.*

This Agreement may be terminated by either party acting alone by delivery of a written notice of revocation to the other party or the other party's legal representative, and by recording such revocation with the **Skagit** County, Washington, Recorder's Office where real property transactions in **Skagit** County, Washington are recorded.

If either party becomes disabled, the other party shall have the power to terminate this Agreement, and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. Such termination shall be effective upon the delivery of written notice thereof to the disabled spouse, and to the guardian, if any, of the person and of the estate of the disabled person. For the purpose of this paragraph, a spouse shall be deemed disabled if such spouse's regularly attending physician signs a statement declaring that such spouse is unable to manage his or her own affairs; or if such spouse has no regularly attending physician, if such a statement is signed by two qualified physicians who have adequately examined the disabled spouse. An adjudication of incompetence by a court of competent jurisdiction shall also be proof of a spouse's disability for purposes of this paragraph.

G. *Powers of Appointment.* This Agreement shall not affect any power of appointment now held by or hereafter given to either party, nor shall it obligate either of them to exercise any such power of appointment in any way.

H. *Survivorship.* As used herein, the term "survivor, survive," or "survivorship" shall mean living for a period of thirty (30) days following the death of the first of the aforementioned parties to die.



RICHARD JAMES HOLMGREN



JO ELLEN KAY HOLMGREN

GIVEN under my hand and official seal this 7th day of
September, 1999.

Lawrence A. Pirkle

NOTARY PUBLIC in and for the
State of Washington
Residing at Mount Vernon
My Commission Expires: 5/7/03

EXHIBIT "B"**Assessor's Parcel Number: P18217 (330522-4-006-0006)**

The Southeast 1/4 of the Southeast 1/4, EXCEPT the Northeast 1/4 thereof, EXCEPT that portion of said Southeast 1/4 of the Southeast 1/4, lying Southerly of the County road, AND EXCEPT County road, and located in Section 22, Township 33 North, Range 5 East, W.M., ALSO EXCEPT that portion of the Southeast 1/4 of the Southeast 1/4 of Section 22, Township 33 North, Range 5 East, W.M. described as follows:

Beginning at the intersection of the North line of the Southeast 1/4 of the Southeast 1/4 of the Southeast 1/4 of said Section with the West line of the County road;
thence West along said North line 150 feet;
thence South 100 feet;
thence East parallel with the North line of said subdivision to the West line of the County road;
thence North along said West line to the point of beginning.

ALSO EXCEPT that property conveyed by right of way deed to Skagit County on a deed recorded on May 24, 1988, under Auditor's File No. 8805240092, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

TOGETHER WITH AND SUBJECT TO: All covenants, conditions, restrictions, reservations, agreements, easements and assessments of record, if any.

Assessor's Parcel Number: P134515 (330522-4-006-0106)

The SE 1/4 of the SE 1/4 EXCEPT the NE 1/4 thereof; EXCEPT that portion of said SE 1/4 of the SE 1/4 lying Southerly of the County Road and EXCEPT County Road, and located in Section 22, Range 5, Township 33, E.W.M.

Situate in the County of Skagit, State of Washington.

TOGETHER WITH AND SUBJECT TO: All covenants, conditions, restrictions, reservations, agreements, easements and assessments of record, if any.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-050761

DATE ISSUED: 10/05/2022
FEE NUMBER:FIRST AND MIDDLE NAME(S): JOELLEN KAY
LAST NAME(S): HOLMGRENCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: OCTOBER 04, 2022
HOUR OF DEATH: 12:03 PM
SEX: FEMALE AGE: 71 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: SEDRO WOOLLEY, WAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: RICHARD JAMES HOLMGRENOCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: NOINFORMANT: RICHARD JAMES HOLMGREN
RELATIONSHIP: HUSBAND
ADDRESS: 27867 LAKE CAVANAUGH ROAD MOUNT VERNON, WA 98274CAUSE OF DEATH:
A: CARDIAC ARREST
INTERVAL: 1 HOUR
B: CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: 20 YEARS
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: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274RESIDENCE STREET: 27867 LAKE CAVANAUGH ROAD
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 54 YEARSFATHER: JOSEPH MAGAL
MOTHER: ELLEN [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: OCTOBER 05, 2022

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEYMANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: ALLISON STRONG, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: OCTOBER 04, 2022CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: MELISSA M. DOSS
DATE RECEIVED: OCTOBER 05, 2022



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: 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 forgoing is true and correct.

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

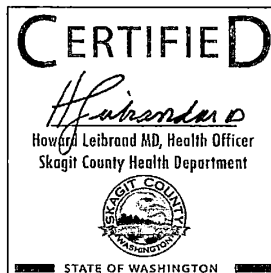
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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.



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



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