



202301040014

01/04/2023 09:33 AM Pages: 1 of 4 Fees: \$206.50
Skagit County Auditor

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Dena Thompson
DATE 1.4.23

Document Title:
COMMUNITY PROPERTY AGREEMENT

Reference Number :

Grantor(s): additional grantor names on page ____

- 1. PAUL RUDOLPH BERGMAN ✓
- 2.

Grantee(s): additional grantee names on page ____

- 1. SUSAN KATHRYN BERGMAN
- 2.

Abbreviated legal description: full legal on page(s) ____

BURLINGTON AC N 124FT OF N1/2 E1/2 E1/2 OF TR 43 LESS DK 12 E 150FT LESS
RT#043-16 043-21 TO CITY

Assessor Parcel / Tax ID Number: additional tax parcel number(s) on page ____

62557

UNOFFICIAL DOCUMENT

AGREEMENT AS TO STATUS OF COMMUNITY PROPERTY, AFTER DEATH OF ONE OF THE SPOUSES

Know All Men by These Presents:

That this agreement, made and entered into this 14th day of November, 2022, by and between PAUL RUDOLPH BERGMAN and SUSAN KATHRYN BERGMAN, husband and wife, of Burlington, Skagit County, Washington, WITNESSETH:

That, in consideration of the love and affection that each has for the other, and in consideration of the mutual benefits to be derived by each other, it is agreed, covenanted and promised:

FIRST: That all property of whatsoever nature or description whether real, personal or mixed and where ever situated now owned or hereafter acquired by them or either of them shall be considered and is hereby declared to be community property.

SECOND: That upon the death of either of the husband or the wife, title to all of the community property as herein defined shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said PAUL RUDOLPH BERGMAN and SUSAN KATHRYN BERGMAN have hereunto set their hands and seals this 14th day of November, 2022.

X [Signature of Paul Bergman] X [Signature of Susan Bergman]

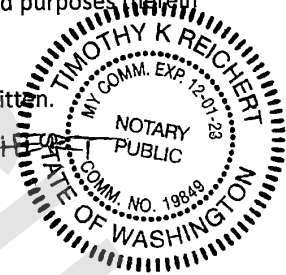
STATE OF WASHINGTON, COUNTY OF SKAGIT) ss.

This is to certify that on this 14th day of NOVEMBER, 2022, before me, TIMOTHY K. REICHERT Notary Public in and for the State of Washington, duly commissioned and sworn, personally came PAUL RUDOLPH BERGMAN and SUSAN KATHRYN BERGMAN, husband and wife, to me known to be the individuals described in and who executed the within instrument, and acknowledged to me that they signed and sealed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written.

X [Signature of Timothy K. Reichert] TIMOTHY K REICHERT

Notary Public in and for the State of Washington, residing at:



STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-065753

DATE ISSUED: 12/27/2022
FEE NUMBER:

FIRST AND MIDDLE NAME(S): PAUL RUDOLPH
LAST NAME(S): BERGMAN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 17, 2022
HOUR OF DEATH: 07:30 PM
SEX: MALE AGE: 76 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 12282 MAPLE CREST
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

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

RESIDENCE STREET: 12282 MAPLE CREST
CITY, STATE, ZIP: BURLINGTON, WA 98233
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 26 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: MOUNT VERNON, WA

FATHER: JOHN RUDOLPH BERGMAN
MOTHER: MYRTLE [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: SUSAN SCHARPENBERG

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

OCCUPATION: DENTIST
INDUSTRY: DENTISTRY
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE
US ARMED FORCES: YES

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: DECEMBER 27, 2022

INFORMANT: SUSAN BERGMAN
RELATIONSHIP: SPOUSE
ADDRESS: 12282 MAPLE CREST, BURLINGTON, WA, 98233

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: SARA E. PERRY

CAUSE OF DEATH:
A: ISCHEMIC BOWEL
INTERVAL: 3 WEEKS
B: SQUAMOUS CELL CARCINOMA OF THE TONGUE
INTERVAL: YEARS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: H EDWIN STICKLE, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1400 E. KINCAID
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
DATE SIGNED: DECEMBER 22, 2022

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MELISSA M. DOSS
DATE RECEIVED: DECEMBER 27, 2022



Affidavit for Correction

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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: Birth, Death, Marriage, 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)
5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
6. Name of Person Requesting Correction: Relationship to Person on Record: Self, Guardian, Informant, Hospital, Parent(s), Funeral Director, 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:

Table with 2 columns: The record currently shows: (8, 10, 12) and The true fact is: (9, 11, 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 2nd parent (if required): Printed name: 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

- 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.
*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.

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.

Death Certificates

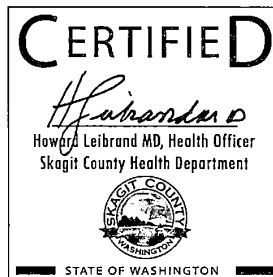
- 1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or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



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



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