

**FILED FOR RECORD AT REQUEST OF:**

ELDER LAW OFFICES OF  
MEYERS, NEUBECK & HULFORD, P.S.  
2828 Northwest Avenue  
Bellingham, WA 98225-2335

**WHEN RECORDED RETURN TO:**

ELDER LAW OFFICES OF  
MEYERS, NEUBECK & HULFORD, P.S.  
2828 Northwest Avenue  
Bellingham, WA 98225-2335

Real Estate Excise Tax  
Exempt  
Skagit County Treasurer  
By Lena Thompson  
Affidavit No. 20235290  
Date 01/25/2023

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**AFFIDAVIT IN SUPPORT OF  
COMMUNITY PROPERTY AGREEMENT**

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**GRANTOR:** THOMAS EDWARD SWAPP  
**GRANTEE:** PEGGY ANN SWAPP  
**PARCEL NUMBER:** P55623  
**LEGAL DESCRIPTION:** LOTS 11-13, BLK 99, MAP OF THE CITY OF ANACORTES  
(Full legal on page 2)  
**REFERENCE NUMBERS:** 202301240056 (CPA)

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

PEGGY ANN SWAPP, being first duly sworn on oath, deposes and says:

1. This Affidavit is for the purpose of supplying information for record pertaining to the Community Property Agreement executed by THOMAS EDWARD SWAPP and PEGGY ANN SWAPP, husband and wife, dated January 14, 2023. The Community Property Agreement is being recorded simultaneously with this Affidavit and also for the Estate of THOMAS EDWARD SWAPP, deceased, one of the parties to said Agreement. It is intended that the statements set forth herein shall be considered representations of fact which may be relied upon by all parties.

2. THOMAS EDWARD SWAPP died on September 17, 2022, in Anacortes, Skagit County, Washington, and was at the time of his death a resident of Anacortes, Skagit County, Washington, as evidenced by the Certified Copy of the Death Certificate attached hereto as **Exhibit A**.

3. The parties to the Community Property Agreement entered into no subsequent Wills or Agreements which would have the effect of abrogating or nullifying the above mentioned Community Property Agreement.

4. The decedent left no separate estate.

5. Among other items of community property is US BANK Account # 4037 8401 2295 9271 and the real property commonly known as 1320 9<sup>th</sup> Street, Anacortes, Washington, and legally described as follows:

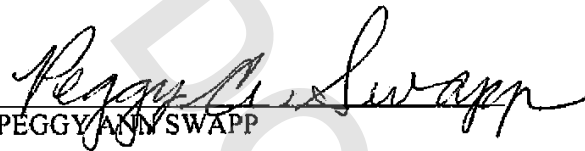
LOTS 11 THROUGH 13, BLOCK 99, MAP OF THE CITY OF ANACORTES, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 2 OF PLATS, PAGES 4 THROUGH 7, RECORDS OF SKAGIT COUNTY, WASHINGTON; SITUATED IN SKAGIT COUNTY, WASHINGTON.

6. All obligations of the community owing at the date of death of decedent have been paid in full or provided for, and all expenses of last illness and for funeral and burial services have been paid or provided for.

7. The decedent is survived by his spouse, PEGGY ANN SWAPP, who resides at 1320 9<sup>th</sup> Street, Anacortes, Washington.

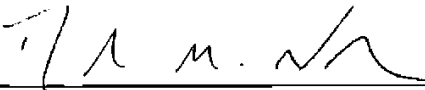
8. No inheritance tax or estate tax is due to either the State of Washington or to the United States.

Dated this 12<sup>th</sup> day of January, 2023.

  
PEGGY ANN SWAPP

Subscribed and sworn before me on this 12<sup>th</sup> day of January, 2023 by PEGGY ANN SWAPP.



  
\_\_\_\_\_  
DAVID M. NEUBECK  
Notary Public in and for the  
State of Washington  
Residing in Bellingham  
My commission expires: 09/19/2023

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-047870

DATE ISSUED: 09/20/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): THOMAS EDWARD

LAST NAME(S): SWAPP

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: SEPTEMBER 17, 2022

HOUR OF DEATH: 07:08 PM

SEX: MALE

AGE: 74 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: ANACORTES, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: PEGGY HANSEN

OCCUPATION: TEACHER

INDUSTRY: EDUCATION

EDUCATION: MASTER'S DEGREE

US ARMED FORCES: NO

INFORMANT: PEGGY SWAPP

RELATIONSHIP: WIFE

ADDRESS: 1320 9TH ST, ANACORTES, WA, 98221

CAUSE OF DEATH:

A: ESOPHAGEAL CANCER WITH METASTATIC DISEASE TO BRAIN AND LYMPH NODES

INTERVAL: 5 MONTHS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ENTEROBACTER BACTEREMIA  
FROM FOOT OR BUTTOCKS PRESSURE ULCERS 3 WEEKS PRIOR; WEIGHT LOSS  
AND MALNUTRITION

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: DECEDENT'S HOME

FACILITY OR ADDRESS: 1320 9TH ST

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1320 9TH ST

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 30 YEARS

FATHER: EDMUND SWAPP

MOTHER: FRANCES ELIZABETH [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: SEPTEMBER 20, 2022

FUNERAL FACILITY: EVANS FUNERAL CHAPEL &amp; CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: COLE B. ERIKSON

MANNER 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 RESPONSE

CERTIFIER NAME: DEBORAH NORTH, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: SEPTEMBER 19, 2022

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: SEPTEMBER 20, 2022

## Affidavit for Correction

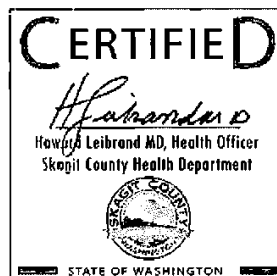
01/25/2023 04:01 PM Page 5 of 5  
not alter.

**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	<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:
	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: <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:				
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:		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:				
<input type="checkbox"/> Birth/Marriage/Divorce record <input type="checkbox"/> Military record (DD-214) <input type="checkbox"/> School transcripts <input type="checkbox"/> Social Security Numident Report <input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> Hospital/medical record <input type="checkbox"/> Copy of Passport / Enhanced ID <input type="checkbox"/> Green/Permanent Resident card (I-551)				
<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>		<b>Adult (18 years or older)</b>		
<input type="checkbox"/> If legal guardian(s), include certified court order proving guardianship. <input type="checkbox"/> 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. <input type="checkbox"/> No proof is required to change the first or middle name.* <input type="checkbox"/> To correct parent's information, one proof documentation is required. <input type="checkbox"/> 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, <b>signatures from both parents listed on the certificate are required.</b> If one parent is deceased, submit a death certificate with request.		<input type="checkbox"/> Only the adult can change his or her birth certificate. <input type="checkbox"/> If the first or middle name is missing, three pieces of proof documentation are required. <input type="checkbox"/> 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. <input type="checkbox"/> To correct parent's birth date, place of birth, or name, one proof documentation is required.		
<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.



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