## 202302280084

02/28/2023 03:17 PM Pages: 1 of 4 Fees: \$245.50 Skagit County Auditor

When recorded return to: Virginia Rankin 5312 Park Ridge Pl Sedro Woolley, WA 98284

REVIEWED BY SKAGIT COUNTY TREASURER DEPUTY Lena Thompson DATE 02/28/2023

Filed for record at the request of: CHICAGO TITLE

### D

Mount Vemon, WA 98273	CHICAGO TITLE 620053510
Escrow No.: 620053510	
DOCUMENT TITLE(S)	
Community Propery Agreement Certificate of Death	
REFERENCE NUMBER(S) OF DOCU	MENTS ASSIGNED OR RELEASED:
Additional reference numbers on pa	age of document
GRANTOR(S)	
Clarence Rankin	
State of Washington	
☐ Additional names on page	of document
GRANTEE(S)	
Virginia Rankin	
Clarence Rankin	
☐ Additional names on page	of document
ABBREVIATED LEGAL DESCRIPTIO Lot 28, COUNTRY LANE ADDITION, ac recorded in Volume 7 of Plats, Page 3 Washington.	cording to the plat thereof 37, records of Skagit County,
Complete legal description is on pa	ge of document
TAX PARCEL NUMBER(S) P64625	
Additional Tax Accounts are on page	ge of document
The Auditor/Recorder will rely on the information accuracy or completeness of the indexing information.	on provided on this form. The staff will not read the document to verify the lation provided herein.
emergency nonstandard document), because	al \$50 recording fee (as provided in RCW 36.18.010 and referred to as an se this document does not meet margin and formatting requirements, cording process may cover up or otherwise obscure some part of the text quest,"
· · · · · · · · · · · · · · · · · · ·	Signature of Requesting Party
Note to submitter: Do not sign above nor pay ac	iditional \$50 fee if the document meets margin/formatting requirements

Cover Page for Recordings WA0000018.doc / Updated: 08.26.16

WA-CT-FNRV-02150.620019-620053510



# STATE OF WASHINGTON DEPARTMENT OF HEALTH



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02/20/2023 03:17 PM Page 3 of 4
Mail to Center for health Statistics
P.O. Box 47814
not alter. 05/mpla, WA 98504-7814
360-236-4300 **Affidavit for Correction** W Health This is a legal document. Complete in ink and do not alter. STATE OFFICE USE ONLY Affidavit Number Fee Number Date Required information must match current information on record Record Type: 1. Name on Record Birth Death \_\_\_ Marriage Dissolution (Divorce) 3 Place of Event MM/DD/YYYY (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) CasuMake Section. # 180 Middle Last/Maiden 6. Name of Person Requesting Correction: Relationship to ☐ Self ☐ Guardian ☐ Informant ☐ Hospital Person on Record: Parent(s) ☐ Funeral Director ☐ Other (specify) 7. Return Mailing Address: 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: 10. 12 13 I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

14b. Signature of 2<sup>nd</sup> parent (if required): 14a. Signature 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 includes. Birth/Marriage/Divorce record
 Certificate of Naturalization 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 F.) edgment of Parentage from DOH 422-159). Child under 18 Adult (18 years or older) Adult (1st years or older)

If legal guardian(s), include certified court order proving guardianship.

Up to age one or up to one year following the filling 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.

Adult (1st years or older)

Only the adult can change their own birth certificate.

If the first or middle name is missing, three pieces of proof documentation are required.

If the first or 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 To correct parent's birth date, place of birth, or name, one proof documentation 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. 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 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
1. Personal facts (minor spelling changes in name, date or place of birth, or residence) may be changed by the person with one place 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, and at the direction of Katherine Hutchinson, PhD. MSPH, Deputy State Registrar.

Katherick All

ISSUED DEC 16 2022

### COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 14th day of January, 1980, by and between CLARENCE N. RANKIN, JR., and VIRGINIA G. RANKIN, husband and wife, of 607 Country Lane, Burlington, Skagit County, Washington 98233, pursuant to the provisions of Section 26.16.120, Revised Code of Washington, providing for agreements between husband and wife, for the fixing of the status and disposition of community property to take effect upon the death of either, WITNESSETH:

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

FIRST: That all property of whatsoever nature or description, whether real, personal or mixed and wheresoever situated and howsoever held, now owned or hereafter acquired by them or either of them, shall be considered and is hereby declared to be community property, and each party hereby conveys to the other a community interest therein.

SECOND: That upon the death of either of the parties hereto, title to all community property as defined in the preceding paragraph shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said CLARENCE N. RANKIN, JR., and VIRGINIA G. RANKIN, husband and wife, have hereunto set their hands and seals this 14th day of January, 1980.

WITNESSED BY:

Deare H. White

N. Rankini Ga. (SEAL)

Buller & Jangy &

Virginia y Rankin (SEA)

STATE OF WASHINGTON )

COUNTY OF SKAGIT

: 55

THIS IS TO CERTIFY: That on this 14th day of January, 1980, personally appeared CLARENCE N. RANKIN, JR., and VIRGINIA G. RANKIN, husband and wife, to me known to be the individuals described in and who executed the within the foregoing instrument and acknowledged the same to be 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.

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