



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
COMPANY OF WASHINGTON

425 Commercial St
Mount Vernon, WA 98273

CHICAGO TITLE
620053510

Escrow No.: 620053510

DOCUMENT TITLE(S)

Community Property Agreement
Certificate of Death

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED: _____

Additional reference numbers on page _____ 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 DESCRIPTION

Lot 28, COUNTRY LANE ADDITION, according to the plat thereof
recorded in Volume 7 of Plats, Page 37, records of Skagit County,
Washington.

Complete legal description is on page _____ of document

TAX PARCEL NUMBER(S)

P64625

Additional Tax Accounts are on page _____ of document

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Signature of Requesting Party

Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: **044-10** Washington State Certificate of Death State File Number: **2010 72346**

1. Legal Name (Include AKA's if any) First Middle LAST: **Clarence Nicholas Rankin Jr.** 2. Death Date: **Nov. 12, 2010**

3. Sex (M/F): **Male** 4a. Age - Last Birthday: **84 Years** 4b. Under 1 Year: **Months** 4c. Under 1 Day: **Hours** 5. Social Security Number: **XXXX-XX-XXXX** 6. County of Death: **Skiagit**

7. Birthplace: **Shady Nook, Kentucky** 8a. Birthplace (City, Town, or County): **Kentucky** 8b. (State or Foreign Country): **Kentucky** 9. Decedent's Education: **High School Graduate**

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: **No** 11. Decedent's Race(s): **White** 12. Was Decedent ever in U.S. Armed Forces? **Yes**

13a. Residential Number and Street (e.g., 624 SE 8th St.) (Include Apt. No.): **3807 East College Way** 13b. City or Town: **Mount Vernon**

13c. Residence, County: **Skiagit** 13d. Tribal Reservation Name (if applicable): **Washington** 13e. State of Foreign Country: **Washington** 13f. Zip Code - 4: **98273** 13g. Inside City Limits? **Yes** ☐ No ☐ Unk

14. Estimated length of time at residence: **1 Year** 15. Marital Status at Time of Death: **Married** 16. Surviving Spouse's or Domestic Partner's Name (Use name prior to first marriage): **Virginia Grace Kasey**

17. Usual Occupation (Indicate type of work done during most of working life. Do not use retirement): **Equipment Operator** 18. Kind of Business/Industry (Do not use Company Name): **Public Power**

19. Father's Name (First, Middle, Last, Suffix): **Clarence N Rankin Sr.** 20. Mother's Name Before First Marriage (First, Middle, Last): **Hazel**

21. Informant's Name: **Virginia G. Rankin** 22. Relationship to Decedent: **Wife** 23. Mailing Address: **12068 Country Lane Burlington Washington 98233**

24. Place of Death, if Death Occurred in a Hospital: **Nursing Home/Long-Term Care Center** 25. Facility Name (If not a facility, give number & street or location): **Ashley Gardens 3807 East College Way**

26. Method of Disposition: **Cremation** 27. Place of First Disposition (Name of cemetery, crematorium, or other place): **First Cremation Services LLC** 28. Location, City/Town, and State: **Kent, Washington**

29. Name and Complete Address of Burial Facility: **Affordable Burial & Cremation Services LLC 16078 SE 136 Mount Vernon Washington 98273** 30. Date of Disposition: **11/17/2010**

31. Funeral Director Signature: **Timothy Donovan**

32. Enter the chain of events - diseases, injuries, and other conditions - and directly causing the death. DO NOT abbreviate. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death): **Anorexia + Dehydration**

Sequitely list conditions, if any, leading to the cause listed on line 32. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

C.O.B.S. + CVA

ASVD

33. Other significant conditions contributing to death but not resulting in the underlying cause shown above: **None**

34. Autopsy? ☐ Yes ☒ No 35. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☒ No

36. Manner of Death: ☒ Natural ☐ Homicide ☐ Undetermined ☐ Suicide ☐ Pending

37. If female: ☐ Not pregnant within past year ☐ Not pregnant, last pregnancy within 42 days before death ☐ Pregnant at time of death ☐ Not pregnant, last pregnancy 42 days to 1 year before death ☐ Unknown if pregnant within the past year

38. Did tobacco use contribute to death? ☐ Yes ☒ No ☐ Probably ☐ Unknown

39. Date of Injury (mm/yyyy): **11/12/2010** 40. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area): **Home** 41. Injury at Work? ☐ Yes ☒ No ☐ Unk

42. Location of Injury: Number & Street: **12068 Country Lane** City or Town: **Burlington** State: **WA** Zip Code - 4: **98233**

43. Describe how injury occurred: **Transportation Injury** 44. If transportation injury, specify: ☐ Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify): **None**

45a. Certifying Physician: To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner stated. **Paul C. Creelman**

45b. Medical Examiner/Coroner: On the basis of information, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. **Paul C. Creelman**

46. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): **DR. Paul C. Creelman M.D. 712 S. Burlington Blvd. Burlington WA, 98233** 47. Hour of Death (24hrs): **2115 Hours**

48. Name and Title of Attending Physician (if other than Certifier) (Type or Print): **None** 49. Date Signed (mm/yyyy): **11/15/10**

50. Title of Certifier: **Physician** 51. License Number: **MD05 207** 52. License File Number: **NJA 552** 53. Was case reported to ME/Coroner? ☒ Yes ☐ No

54. Registrar Signature: **Theresa Marshall, Deputy** 55. Date Received (mm/yyyy): **NOV 16 2010**

DOH4213 003 Rev 07/06/01

NOT VALID IF PHOTOCOPIED OR ALTERED

DOH 422-131 (6/22)



Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

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
Required Information must match current information on record				
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 - Birth only 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 2nd parent (if required):		
Printed name: Date:		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: <ul style="list-style-type: none"> 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 from DOH 422-159).				
Child under 18				
<ul style="list-style-type: none"> 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)				
<ul style="list-style-type: none"> 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, 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.				

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.

Katherine Hutchinson

ISSUED

DEC 16 2022



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

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.

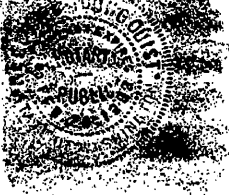
WITNESSED BY:

Clarence N. Rankin Jr. (SEAL) Virginia G. Rankin (SEAL)

STATE OF WASHINGTON)
: SS
COUNTY OF SKAGIT)

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.



Robert C. Young
Notary Public in and for the State of
Washington, residing at Mount Vernon