

**RETURN NAME and ADDRESS**Rocket Mortgage, LLC1050 Woodward AveDetroit, MI 48226-19067299069081 99604Real Estate Excise Tax  
Exempt

Skagit County Treasurer

By Lena ThompsonAffidavit No. 20235734Date 03/09/2023Please Type or Print Neatly and Clearly All Information**Document Title(s)**Affidavit of Death**Reference Number(s) of Related Documents**200209160149**Grantor(s)** (Last Name, First Name, Middle Initial)Poolman, Lyle R. (deceased)**Grantee(s)** (Last Name, First Name, Middle Initial)Poolman, Andrea F.**Legal Description** (Abbreviated form is acceptable, i.e. Section/Township/Range/Qtr Section or Lot/Block/Subdivision)LOT 73, THUNDERBIRD, VOL 9, PGS 34-35, SKAGIT COUNTY, WASHINGTONFULL LEGAL DESCRIPTION LOCATED ON "EXHIBIT A"**Assessor's Tax Parcel ID Number**37620000730004**P54546**

The County Auditor will rely on the information provided on this form. The Staff will not read the document to verify the accuracy and completeness of the indexing information provided herein.

**Sign below only if your document is Non-Standard.**

I am requesting an emergency non-standard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some parts of the text of the original document. Fee for non-standard processing is \$50.

Signature of Requesting Party

RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

Order No.:

Escrow No.:

APN:

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT OF DEATH**  
**Community Property with Right of Survivorship**  
**Spouse**

STATE OF Washington )  
 ) SS.  
 COUNTY OF Skagit )

Andrea F. Poolman of legal age, being first duly sworn, deposes and says:

1. Lyle R. Poolman is the decedent mentioned in the attached certified copy of Certificate of Death, who died on 1/23/2008 at Skagit Valley Hospital (insert place of death).
2. I am the surviving spouse of Decedent and was married to Decedent on the date of death.
3. Decedent and I are the same persons who are named as grantees in that certain deed dated 9/11/2002, executed by Robert J. Salie and Nancy S. Salie in favor of the grantees as **community property with right of survivorship**, recorded on 9/16/2002 as Instrument No. 200209160149, Official Records of Skagit County, WA, describing the following real property:  
 See attached Exhibit "A"

Dated: 3/1/2023

x Andrea F. Poolman

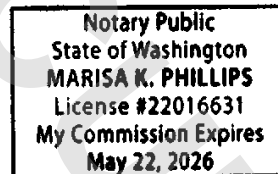
Subscribed and sworn to (or affirmed) before me on this

1<sup>st</sup> day of March 2023 by

Andrea F. Poolman,  
 proved to me on the basis of satisfactory evidence to be  
 the person(s) who appeared before me.

Signature Marisa K. Phillips

Name Marisa K. Phillips  
(typed or printed)



(Area reserved for official notarial seal)

ATTACH CERTIFIED COPY OF DEATH CERTIFICATE

# Community Property Agreement

**THIS COMMUNITY PROPERTY AGREEMENT** is made and entered into by and between **LYLE R. POOLMAN** and **ANDREA F. POOLMAN**, husband and wife, both of Skagit County, Washington.

## Witneseth:

**WHEREAS**, the parties hereto are the owners of certain property situated in the state of Washington, consisting of real and personal property; and

**WHEREAS**, the parties contemplate acquiring more property in the future; and

**WHEREAS**, the parties are desirous of all of their property passing to the survivor without delay or expense in the event of the death of either of them;

**NOW, THEREFORE**, we, and, for and in consideration of the love and affection that we have one for the other, do hereby mutually agree as follows:

1. That all property now owned by us or either of us, and all property acquired in the future by us or either of us, whether separate or community, and whether real or personal, is declared to be community property.
2. That upon the death of the first of us to die, the whole of the community property shall at once be vested in the other, real property in fee simple and personal property absolutely as their sole and separate property.
3. This agreement may be amended or revoked by written instrument executed and acknowledged by the spouses. No such amendment or revocation by mutual consent of the spouses shall become effective except by written revocation or amendment.
4. If prior to the death of either spouse a legal guardian is appointed over the property of one of the spouses on account of incompetence, the legal guardian may join with the competent spouse in a petition to the court having jurisdiction over the guardianship proceedings for permission to enter into a modification or revocation of this agreement. Hearing on the petition shall be held after giving such notice to all interested parties as may be ordered by the court. If, after the hearing, the court deems the proposed modification or revocation to be fair and equitable and affords reasonable protection toward all parties concerned, it may authorize the guardian to execute such modification or revocation on behalf of the incompetent spouse.

5. This agreement shall be deemed to be mutually rescinded and of no further force and effect should the spouses live separate and apart within the meaning of RCW 26.16.140. The status of living separate and apart is conclusively, but not exclusively, established by either spouse commencing a proceeding seeking dissolution of marriage, a decree of invalidity, a decree of legal separation, or a decree of separate maintenance, and also by the parties executing a separation contract as defined by RCW 26.09.070. The rescission of the agreement terminates the characterization of future assets as community property which would have been separate property except for the agreement. The rescission of the agreement also terminates the provisions of paragraph 2 of this agreement. However, the rescission of the agreement shall not operate to recharacterize assets which were characterized by virtue of the agreement prior to its rescission.

6. Unless otherwise revoked or modified, this agreement shall remain in full force and effect regardless of the state of residence and/or domicile of the spouses at the time of the death of either or both.

Dated this 1 day of Aug., 2005.

Lyle Poolman  
 LYLE R. POOLMAN

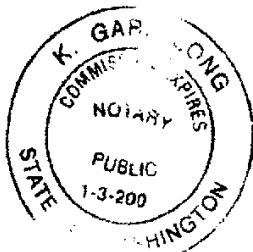
Andrea F. Poolman  
 ANDREA F. POOLMAN

IN WITNESS WHEREOF the parties have hereunto set their hands this 1<sup>st</sup> day of August, 2005.

STATE OF WASHINGTON )  
 ) ss.  
 COUNTY OF SKAGIT )

On this day personally appeared before me, **LYLE R. POOLMAN**, to me known to be the individual described in and who executed the within and foregoing Community Property Agreement, and acknowledged to me that he signed the same as his free and voluntary act and deed for the uses and, purposes therein mentioned.

Given under my hand and official seal this 1<sup>st</sup> day of August, 2005.

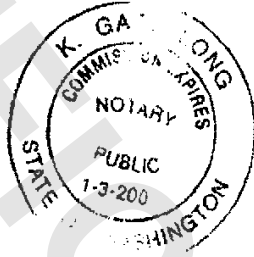


[Signature]  
 Notary Public in and for the state of Washington,  
 Residing at Mt. Vernon, Washington  
 My commission expires January 3, 2008

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

On this day personally appeared before me, **ANDREA F. POOLMAN**, to me known to be the individual described in and who executed the within and foregoing Community Property Agreement, and acknowledged to me that she signed the same as her free and voluntary act and deed for the uses and, purposes therein mentioned.

Given under my hand and official seal this 15<sup>th</sup> day of August, 2005.



*[Signature]*  
Notary Public in and for the state of Washington,  
Residing at Mt. Vernon, Washington.  
My commission expires January 3, 2008.

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

Local File Number **64-08**

## Washington State Certificate of Death

State File Number

1. Legal Name (Include AKA's if any): First Middle LAST <b>Lyle R. POOLMAN</b>		2. Death Date <b>Jan 23, 2008</b>	
3. Sex (M/F) <b>M</b>	4a. Age - Last Birthday <b>63</b>	4b. Under 1 Year Months Days <b>0 0</b>	4c. Under 1 Day Hours Minutes <b>0 0</b>
5. Birthplace (City, Town, or County) <b>Everett</b>		6. Decedent's Education <b>Bachelor's Degree</b>	
10. Was Decedent of Hispanic Origin? (yes or no; if yes, specify) <b>No</b>		11. Decedent's Race(s) <b>Caucasian</b>	
12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>			
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>2801 Iroquois Dr.</b>		13b. City or Town <b>Mount Vernon</b>	
13c. Residence: County <b>Skagit</b>	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>98273-</b>
14. Estimated length of time at residence. <b>6 Years</b>		15. Marital Status at Time of Death <b>Married</b>	
16. Surviving Spouse's Name (Give name prior to first marriage) <b>Andrea F. Dygert</b>			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Juvenile Court Administrator</b>		18. Kind of Business/Industry (Do not use Company Name) <b>Skagit County</b>	
19. Father's Name (First, Middle, Last, Suffix) <b>Kenneth Poolman</b>		20. Mother's Name Before First Marriage (First, Middle, Last) <b>Evelyn</b>	
21. Informant's Name <b>Andrea F. Poolman</b>	22. Relationship to Decedent <b>Wife</b>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>2801 Iroquois Dr. Mount Vernon WA 98273-</b>	
24. Place of Death, if Death Occurred in a Hospital: <b>Inpatient</b>		Place of Death, if Death Occurred Somewhere Other than a Hospital:	
25. Facility Name (if not a facility, give number & street or location) <b>Skagit Valley Hospital</b>		26a. City, Town, or Location of Death <b>Mount Vernon</b>	26b. State <b>WA</b>
27. Zip Code <b>98274</b>			
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Hawthorne Memorial Park</b>	
30. Location-City/Town, and State <b>Mount Vernon, Washington</b>			
31. Name and Complete Address of Funeral Facility <b>Hawthorne Funeral Home 1825 E. College Way Mount Vernon, WA 98273-0398</b>		32. Date of Disposition <b>Jan. 28, 2008</b>	
33. Funeral Director Signature X <i>W. Dygert</i>			
Cause of Death (See instructions and examples)			
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Interval between Onset & Death	
→ a. <b>congestive heart failure</b>		<b>5 years</b>	
Due to (or as a consequence of)		Interval between Onset & Death	
b. <b>ischemic cardiomyopathy</b>		<b>10 years</b>	
Due to (or as a consequence of)		Interval between Onset & Death	
c. _____		Interval between Onset & Death	
Due to (or as a consequence of)		Interval between Onset & Death	
d. _____		Interval between Onset & Death	
Due to (or as a consequence of)		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>COPD, renal insufficiency</b>			
36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		41. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
41. Date of Injury (MM/DD/YYYY)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
44. Location of Injury: Number & Street: City or Town: _____ State: _____ Zip Code: 4: _____		45. Describe how injury occurred: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
46. Certifying Physician: X <i>Eric Stark</i>		47b. Medical Examiner/Coroner: X	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Eric Stark, M.D. 835 E. Fairhaven, Burlington, WA 98233</b>		50. Hour of Death (24hrs) <b>2058</b>	
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)		52. Date Signed (MM/DD/YYYY) <b>01/25/2008</b>	
53. Title of Certifier Dr.	54. License Number <b>MD00033849</b>	55. ME/Coroner File Number <b>NJA #026</b>	56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature X <i>Betty G. Fitzgerald</i>		58. Date of Death (MM/DD/YYYY) <b>JAN 25 2008</b>	
59. Amendments			

LHM-CHS 500 Rev. 2-06/2001

DOH 01-003 (5/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

**\*CERTIFIED\***

JAN 25 2008

*Howard Leibrand*  
Skagit County Public Health Department  
Howard Leibrand M.D., Health Officer

PP00198374