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03/14/2023 08:57 AM Pages: 1 of 7 Fees: \$209.50  
Skagit County Auditor

JONES BUTLER DOLAN, PS  
P.O. Box 458  
Stanwood, WA 98292  
360-629-3833

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2023 5786  
MAR 14 2023

Amount Paid \$ ~~0~~  
Skagit Co. Treasurer  
By  Deputy

**COMMUNITY PROPERTY AFFIDAVIT  
OF SURVIVING SPOUSE**

**Document Title:** Community Property Affidavit of Surviving Spouse  
**Grantor:** John W. Murphy  
**Grantee:** Susan M. Murphy  
**Assessor Parcel No:** P113191 (4708-000-041-0000)  
**Abbreviated Legal:** LOT 41, BLACKBURN RIDGE  
**Reference Number:** 201904120100

Susan M. Murphy, being first duly sworn, on oath deposes and says:

I am a resident of Skagit County, Washington, and I am the surviving spouse of John W. Murphy (Decedent), who died on November 6, 2022, in Skagit County, Washington. A certified copy of John W. Murphy's Certificate of Death is attached hereto as Exhibit A.

On October 9, 1991, Decedent and I, as husband and wife, validly executed a written Community Property Agreement, which has remained valid and in full force since its execution, pursuant to RCW 26.16.120. The Community Property Agreement is attached hereto as Exhibit B.


The statements set forth in this affidavit are representations of facts that may be relied upon by all parties dealing with the real properties located in Skagit County, Washington, more fully described below, as well as any other assets owned by John W. Murphy at the time of his death.

**Subject to: all covenants, conditions, restrictions, reservations, agreements and easements of record.**

Decedent and I acquired the real property described herein by Statutory Warranty Deed, dated April 8, 2019, and recorded pursuant to Skagit County AFN 201904120100.

All of the community property is subject to the Community Property Survivorship Agreement, more fully described herein, the disposition of all such property is controlled by the Agreement, and all of the community property passed to Susan M. Murphy upon Decedent's death.

February, 2023.

  
VIRGINIA E. LYSTER  
Notary Public  
In and for the State of Washington  
My appointment expires: 11-19-2023

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH



DATE ISSUED: 11/14/2022  
FEE NUMBER:

CERTIFICATE NUMBER: 2022-057384

FIRST AND MIDDLE NAME(S): JOHN WILLIAM  
LAST NAME(S): MURPHY

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: NOVEMBER 06, 2022  
HOUR OF DEATH: 07:30 AM  
SEX: MALE AGE: 74 YEARS  
SOCIAL SECURITY NUMBER:

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: SUSAN WILLIAMS

OCCUPATION: ATTORNEY  
INDUSTRY: LAW  
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE  
US ARMED FORCES: NO

INFORMANT: SUSAN MURPHY  
RELATIONSHIP: WIFE  
ADDRESS: 2217 S 15TH ST, MOUNT VERNON, WA 98274

CAUSE OF DEATH:  
A: VASCULAR DEMENTIA  
INTERVAL: YEARS  
B: MULTIPLE CEREBROVASCULAR ACCIDENTS  
INTERVAL: YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: BIPOLAR DISORDER AND  
FAILURE TO THRIVE

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: NURSING HOME/LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: CREEKSIDE CONTINUING CARE COMMUNITY  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 3710 MOHAWK CT  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 31 YEARS

FATHER: JAMES MURPHY  
MOTHER: ANNE [REDACTED]

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

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: NOVEMBER 18, 2022

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: DAVID LUKOV

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: YES  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: LESLIE A. ESTEP, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: NOVEMBER 08, 2022

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

LOCAL DEPUTY REGISTRAR: MELISSA M. DOSS  
DATE RECEIVED: NOVEMBER 14, 2022

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED



# Affidavit for Correction

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

Mail to: 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
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Required	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 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:

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 forgoing is true and correct.

14a. Signature:	14b. Signature of 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

## INSTRUCTIONS – go to [www.doh.wa.gov](http://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

- 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 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.
- 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.
- \*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.

### Death Certificates

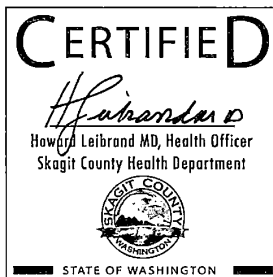
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

### Marriage/Dissolution (Divorce) Certificates

- 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.
- 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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## COMMUNITY PROPERTY AGREEMENT

**THIS IS AN AGREEMENT**, Dated this 9th day of October, 1991, between **JOHN W. MURPHY** and **SUSAN M. MURPHY**, husband and wife, pursuant to the provisions of RCW 26.16.120, 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. It is hereby agreed as follows:

1. All property of whatsoever nature or description, whether real, personal or mixed, and wheresoever situate, now owned or hereafter acquired by the parties, or either of them, in any manner, shall be considered and hereby is declared to be community property. For the purpose of constituting all property community property, each party to this agreement transfers, conveys and quit claims to the other an undivided one-half interest in and to any and all separate property presently owned or which may be hereafter acquired.

2. Upon the death of either of the parties hereto, absolute ownership and title to all community property, as defined in the preceding paragraph, shall immediately vest in the survivor of them.

3. The entry of a decree of dissolution of marriage of the parties hereto shall automatically terminate this agreement.

4. In the event of mental incompetency of one of the parties hereto or for any other valid reason, either party may petition the court to amend or terminate this agreement, and the court shall have the right to take such action as it deems best.

IN WITNESS WHEREOF, the parties hereby have executed this agreement on the day  
and year first above written.

Witness

John W. Murphy

Witness

Susan M. Murphy

STATE OF WASHINGTON )  
ss.  
COUNTY OF SKAGIT )

On this day personally appeared before me John W. Murphy and Susan M. Murphy, husband and wife, to me known to be the individuals described in and who executed the foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal this 9th day of October, 1991.

Notary Public

My appointment expires: 4-1-93