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05/17/2023 04:10 PM Pages: 1 of 6 Fees: \$208.50
Skagit County Auditor

After recording return to:

Alan R. Souders
Souders Law Group
913 Seventh Street
Anacortes, WA 98221

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2023-6514
MAY 17 2023
Amount Paid \$ 0
Skagit Co. Treasurer
By *SNB* Deputy

DOCUMENT TITLE: **AFFIDAVIT REGARDING COMMUNITY PROPERTY**

GRANTOR: **MARIJA ANDERSON; EDWIN CRISS ANDERSON, deceased**

GRANTEE: **THE PUBLIC**

ASSESSOR'S PARCEL/TAX NUMBERS: **P95651/4546-000-022-0001**

ABBREVIATED LEGAL DESCRIPTION: **LOT 22, HILLTOP HAVEN DIVISION
NO. IV, AS PER PLAT RECORDED IN VOLUME 14 OF PLATS, PAGES 154
AND 155, RECORDS OF SKAGIT COUNTY, WASHINGTON.**

AFFIDAVIT

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

Marija Anderson, being first duly sworn, upon oath, deposes and says:

That I am the surviving spouse of Edwin Criss Anderson (the Decedent), who died February 3, 2023, at Seattle, King County, Washington. At that time, the Decedent and I were both residents of Mount Vernon, Skagit County, Washington.

This Affidavit is for the purpose of supplying information pertaining to the Estate of Edwin Criss Anderson and it is intended that the statements set forth herein shall be considered representations of fact, which may be relied upon by all persons dealing with the real property described herein and with any other community property.

That at the time of the death of Edwin Criss Anderson, there was in full force and effect, a Community Property Agreement, executed by myself, Marija Anderson and Edwin Criss Anderson, on April 5, 2018. The original Agreement is attached hereto. The Agreement specifies that all property of myself, and my late husband, whenever acquired from any source and including all property to be acquired after the date of the Agreement shall be considered to be community property. The Agreement further provided that in the event of the death of either spouse, all community property, whether real or otherwise, would immediately become the sole property of the survivor spouse.

The Decedent also executed a Last Will and Testament, but no probate is planned, in view of this Community Property Affidavit.

That all expenses of the Decedent's last illness, funeral and costs of administration have been paid and I know of no unpaid creditors of the Decedent or of our former marital community.

That among the property that the Decedent and I held as community property was the following described real estate:

LOT 22, HILLTOP HAVEN DIVISION NO. IV, AS PER PLAT RECORDED IN VOLUME 14 OF PLATS, PAGES 154 AND 155, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE CITY OF MOUNT VERNON, COUNTY OF SKAGIT, STATE OF WASHINGTON.

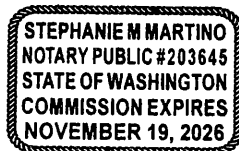
Including easements, restrictions, rights, reservations, zoning, conditions and/or covenants of record. Including but not limited to those encumbrances on face of plat or filed under recording numbers: 9005070086, 9011080064.

The Decedent's estate is not subject to estate tax for the federal government or the State of Washington, as the surviving spouse is a citizen of the United States, with an unlimited marital deduction.

Dated this 10th day of May, 2023.

Marija Anderson
Marija Anderson, surviving spouse

SUBSCRIBED AND SWORN to before me this 10th day of May, 2023.



Stephanie M. Martino
Stephanie M. Martino
NOTARY PUBLIC in and for the State of
Washington, residing in Anacortes.
My commission expires 11/19/2026.

COMMUNITY PROPERTY AGREEMENT

Edwin Criss Anderson ("Husband") and **Marija Anderson** ("Wife"), husband and wife, acting pursuant to the provisions of Revised Code of Washington 26.16.120, providing for agreements between husband and wife for fixing of the status and disposition of community property, **HEREBY AGREE AS FOLLOWS:**

1. All property now owned or hereafter acquired by either Husband or Wife is designated as Community Property, unless, after the date of this Agreement, the parties shall agree otherwise by making a separate property designation signed by both of them. This designation of Community Property applies even though some items of property may have been or may be purchased or acquired by one or the other or both, or may have been or may be registered in the name of one or the other or both.

2. If one spouse dies and the other spouse survives by ten (10) days, all Community Property shall vest in the surviving spouse as of the moment of death of the first spouse to die.

3. Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this agreement in whole or in part, or with reference to specific parts, shares or property. The interest disclaimed shall pass as if the provisions of Section 2 above had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition applicable to the disclaimed interest.

4. Property held by the parties in joint tenancy, and any transfer or attempted transfer of Community Property into joint tenancy form, shall not change its status as Community Property. Holding of such property in joint tenancy, or any transfer or attempted transfer, shall be deemed to be for the convenience of the parties only and such property shall be Community Property and ownership and title shall vest as provided in Section 2 above.

5. The provisions of Section 2 above shall be automatically revoked:

- a. Upon the filing by either party of a petition, complaint, or other pleading for separation, dissolution or divorce, or
- b. Immediately prior to death if neither party survives the other by ten days.

Community Property Agreement of
Edwin Criss Anderson & Marija
Anderson, Husband and Wife
Page 1 of 2

CCA MA

Souders Law Group
913 Seventh Street
Anacortes, Washington 98221
(360) 299-3060

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-005992

DATE ISSUED: 02/07/2023

FEE NUMBER:

FIRST AND MIDDLE NAME(S): EDWIN CRISS

LAST NAME(S): ANDERSON

COUNTY OF DEATH: KING

DATE OF DEATH: FEBRUARY 03, 2023

HOUR OF DEATH: 11:00 AM

SEX: MALE AGE: 76 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: MOUNT VERNON, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: MARIJA DAMJANOVIC

OCCUPATION: DEPUTY SHERIFF

INDUSTRY: LAW ENFORCEMENT

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: MARIJA ANDERSON

RELATIONSHIP: WIFE

ADDRESS: 307 LILAC DRIVE MOUNT VERNON, WA 98273

CAUSE OF DEATH:

A. ACUTE RESPIRATORY DISTRESS SYNDROME

INTERVAL: DAYS

B. PULMONARY EDEMA REQUIRING INTUBATION AND MECHANICAL VENTILATION

INTERVAL: DAYS

C. SPINAL FRACTURE REQUIRING SURGICAL REPAIR

INTERVAL: DAYS

D. BLUNT FORCE INJURY OF NECK

INTERVAL: DAYS

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FIBRILLATION ON PRADAXA, AORTIC VALVE INSUFFICIENCY STATUS POST REPLACEMENT, SEIZURE DISORDER

DATE OF INJURY: JANUARY 26, 2023

HOUR OF INJURY: 10:30 PM

INJURY AT WORK: NO

PLACE OF INJURY: DECEDENT'S HOME

LOCATION OF INJURY: 307 LILAC DR

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

COUNTY: SKAGIT

DESCRIBE HOW INJURY OCCURRED: GROUND LEVEL FALL: TRIPPED AND FELL WHILE WALKING TO THE SINK.

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: HARBORVIEW MEDICAL CENTER

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98104

RESIDENCE STREET: 307 LILAC DRIVE

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 25 YEARS

FATHER: RUTHEREORD ANDERSON

MOTHER: ERMA [REDACTED]

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: FEBRUARY 21, 2023

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: THOMAS CUFLEY

MANNER OF DEATH: ACCIDENT

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: RICHARD C. HARRUFF, MD, PHD

TITLE: CORONER/ME

CERTIFIER ADDRESS: 325 9TH AVENUE #359792 MEDICAL EXAMINER

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98104

DATE SIGNED: FEBRUARY 07, 2023

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: 23-00396

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DIANE BOGAN

DATE RECEIVED: FEBRUARY 07, 2023



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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 information must match current information on record

Record Type: Birth Death Marriage 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)
5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
6. Name of Person Requesting Correction: Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director 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:

Table with 2 columns: The record currently shows: (8, 10, 12) and The true fact is: (9, 11, 13)

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

14a. Signature: Printed name: Date:
14b. Signature of 2nd parent (if required): 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:
• 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 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

- 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.



CERTIFIED

FEB 07 2023

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



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