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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 L623
MAY 25 2023

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

**COMMUNITY PROPERTY AFFIDAVIT
OF SURVIVING SPOUSE**

Document Title: Community Property Affidavit of Surviving Spouse

Grantor: David Bruce Thompson

Grantee: Jane Christina Thompson

Assessor Parcel No: P99521 (350329-1-006-0300)

Abbreviated Legal: TR 3 S/P 83-90 AF#9102070002 BEING PTN S1/2
SE1/4 NE1/4, SECTION 29, TOWNSHIP 35 NORTH,
RANGE 3 EAST, W.M.

Reference Number: 9210140042, 8504110076

STATE OF WASHINGTON)
) ss:
COUNTY OF SNOHOMISH)

Jane C. Thompson, being first duly sworn, on oath deposes and says:

1. Surviving Spouse

I am a resident of Skagit County, Washington, and I am the surviving spouse of David B. Thompson, deceased, who died on October 29, 2022, in Skagit County, Washington. A certified copy of David B. Thompson's Certificate of Death is attached hereto as Exhibit A.

2. Community Property Agreement

On April 4, 1985, 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 was recorded under Skagit County AFN 8504110076.

3. Purpose of this Affidavit

The statements set forth in this affidavit are representations of facts that may be relied upon by all parties dealing with the real property located in Skagit County, Washington, more fully described below, as well as any personal property or financial assets owned by David B. Thompson at the time of his death.

4. Real Property

Decedent and I acquired the real property described below by Statutory Warranty Deed, dated October 5, 1992, and recorded pursuant to Skagit County AFN 9210140042.

Tract 3 of Short Plat No. 90-83, located in the South 1/2 of the Southeast 1/4 of the Northeast 1/4 of Section 29, Township 35 North, Range 3 East, W.M., approved February 6, 1991, and recorded in Volume 9 of Short Plats, page 311 and 312, under Auditor's File No. 9102070002, records of Skagit County Washington.

5. Community Property Subject to the Agreement

All of the community property is subject to the Community Property Agreement, more fully described above, the disposition of all such property is controlled by the Agreement, and all of the community property passed to Jane C. Thompson upon Decedent's death.

6. Probate

No proceedings have occurred or are anticipated to have a Will of Decedent admitted to probate, to have a Personal Representative appointed for Decedent, or to set aside, cancel, or revoke the Community Property Agreement.

7. Decedent's Debts, Expenses, Taxes

All debts and expenses of Decedent, and any liabilities or obligations of the marital community have been paid in full, and no estate taxes are due.

Signed in Stanwood, Washington, this 26th day of April, 2023.

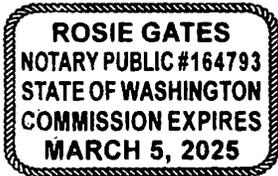


JANE C. THOMPSON

STATE OF WASHINGTON)
) ss.
COUNTY OF SNOHOMISH)

I certify that I know or have satisfactory evidence that Jane C. Thompson is the person who appeared before me, and she acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 26th day of April, 2023.





ROSIE GATES
Notary Public
In and for the State of Washington
My appointment expires: 03-05-2025

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-056503

DATE ISSUED: 11/10/2022
FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): DAVID BRUCE
LAST NAME(S): THOMPSON

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: OCTOBER 29, 2022
HOUR OF DEATH: 11:56 PM
SEX: MALE AGE: 72 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: BELLINGHAM, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: JANE CHRISTINA ROSMOLEN

OCCUPATION: MAINTENANCE FOREMAN
INDUSTRY: PETROLEUM REFINERY
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

INFORMANT: JANE CHRISTINA THOMPSON
RELATIONSHIP: WIFE
ADDRESS: 13959 RECTOR RD, BOW, WA 98232-7221

CAUSE OF DEATH:
A: ST-ELEVATION MYOCARDIAL INFARCTION
INTERVAL: 10 DAYS
B: LEFT ANTERIOR DESCENDING ARTERY OCCLUSION
INTERVAL: 10 DAYS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 13959 RECTOR RD
CITY, STATE, ZIP: BOW, WA 98232-7221
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 28 YEARS

FATHER: GEORGE THOMPSON
MOTHER: [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM

CITY, STATE: BLAINE, WASHINGTON
DISPOSITION DATE: NOVEMBER 09, 2022

FUNERAL FACILITY: JERNS FUNERAL CHAPEL

ADDRESS: 4131 HANNEGAN RD SUITE #106
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225
FUNERAL DIRECTOR: JAKE WAGGONER

MANNER OF DEATH: NATURAL
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: DOUGLAS HAYES, DO
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
DATE SIGNED: NOVEMBER 06, 2022

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

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: NOVEMBER 08, 2022



Affidavit for Correction

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
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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 Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Parent(s)	<input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)
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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 nd parent (if required):
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 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.



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 70.58 RCW, and at the direction of Greg Thompson, Health Officer.

[Signature]

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



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