

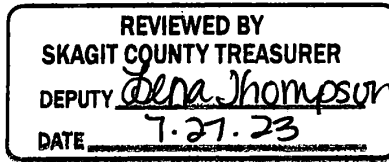


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07/27/2023 01:12 PM Pages: 1 of 6 Fees: \$208.50  
Skagit County Auditor

When recorded return to:

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COVER SHEET

Document Title: COMMUNITY PROPERTY AGREEMENT

Reference Number: \_\_\_\_\_

Grantor(s): \_\_\_\_\_ ( ) additional grantor names on page \_\_\_\_\_

1. Stephen C. Schuh, surviving spouse of Susan M. Schuh, deceased

2. \_\_\_\_\_

Grantee(s): \_\_\_\_\_ ( ) additional grantee names on page \_\_\_\_\_

1. Stephen C. Schuh, a single person and sole tenant

2. \_\_\_\_\_

Abbreviated legal description: \_\_\_\_\_ ( X ) full legal on page 2

PTN SW NW in 15-34-3 etal

\_\_\_\_\_

Parcel/Tax ID Number: \_\_\_\_\_ ( ) additional tax parcel number(s) on page \_\_\_\_\_

128136, 21365, 22005, 22014, 22017, 22018, 22021, 22022, 22025, 22066, 22067, 22069, 22070, 22071

## EXHIBIT "A"

**LEGAL DESCRIPTION: P128136:**

(9.7000 ac) CU F&A #347 AF#751177 1973 DR19 DK12 S1/2 SW1/4 NW1/4, SECTION 15, TOWNSHIP 34 NORTH, RANGE 3 EAST, W.M., EXCEPT THE WEST 670.50 FEET AS MEASURED PERPENDICULAR TO THE WEST LINE.

**LEGAL DESCRIPTION: P21365:**

Tract "A" of Skagit County Short Plat No. 8-86, approved April 3, 1986, and recorded April 3, 1986, as Auditor's File No. 8604030003, in Volume 7 of Short Plats, page 79, records of Skagit County, Washington: being a portion of the Southwest 1/4 of the Southeast 1/4 of Section 10, Township 34 North, Range 3 East W.M.

SUBJECT TO: An easement in favor of the City of Anacortes, recorded June 6, 1958, under Skagit County Auditor's File No. 566229, said easement affects the South 5 feet of said described property, the purpose of which is for water pipeline.

**LEGAL DESCRIPTION: P22005:**

(39.4000 ac) CU F&A #238 AF#760471 1973 TRNSF AF#807142: DR 19: DK 12: THE WEST HALF OF THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER IN SECTION 15, TOWNSHIP 34 NORTH, RANGE 3 EAST OF THE W.M.; EXCEPT DITCH RIGHTS OF WAY; AND EXCEPT ANY PORTION THEREOF LYING EAST OF A LINE WHICH BEGINS AT A POINT ON THE NORTH LINE OF SAID NORTHWEST QUARTER OF THE NORTHEAST QUARTER 660 FEET EAST OF THE NORTHWEST CORNER THEREOF AND RUNS SOUTH TO THE SOUTH LINE OF SAID SUBDIVISION; AND ALSO EXCEPT THE NORTH 30 FEET THEREOF CONVEYED TO SKAGIT COUNTY FOR ROAD PURPOSES BY DEED DATED AUGUST 11, 1894 AND RECORDED AUGUST 15, 1894, IN VOLUME 29 OF DEEDS, PAGE 653. TOGETHER WITH THE EAST HALF OF THE NORTHEAST QUARTER OF THE NORTHWEST QUARTER IN SECTION 15, TOWNSHIP 34 NORTH, RANGE 3 EAST OF THE W.M.; EXCEPT DITCH RIGHTS OF WAY; AND EXCEPT THE NORTH 30 FEET THEREOF CONVEYED TO SKAGIT COUNTY FOR ROAD PURPOSES, BY DEED DATED OCTOBER 15, 1894 AND RECORDED NOVEMBER 1, 1894. IN VOLUME 30 OF DEEDS, PAGE 199.

**LEGAL DESCRIPTION: P22014:**

(19.1700 ac) CU F&A #26 AF#751393 1973 TRNSF AF#808268: DR 19: DK 12: N1/2 SW1/4 NW1/4, SECTION 15, TOWNSHIP 34 NORTH, RANGE 3 EAST, W.M., LESS N 100FT OF W 250F T& RD

**LEGAL DESCRIPTION: P22017:**

(20.0000 ac) CU F&A #26 AF#751393 1973 TRNSF AF#808268: DR 19: DK 12: N1/2 OF SE1/4 OF NW1/4, SECTION 15, TOWNSHIP 34 NORTH, RANGE 3 EAST, W.M.

**LEGAL DESCRIPTION: P22018:**

(20.0000 ac) CU F&A #347 AF#751177 1973 TRNSF AF#805411: DR 19: DK 12: EAST 1/2 OF THE SOUTH 1/2 OF THE SOUTH 1/2 OF THE NORTHWEST 1/4 OF SECTION 15, TOWNSHIP 34 NORTH, RANGE 3 EAST, W.M., EXCEPT ROADS.

**LEGAL DESCRIPTION: P22021:**

(20.0000 ac) CU F&A #46 AF#853706 1978: DK 12: DR 19: N1/2 NE1/4 SW1/4, SECTION 15, TOWNSHIP 34 NORTH, RANGE 3 EAST, W.M.

**LEGAL DESCRIPTION P22022:**

(15.0000 ac) CU F&A #46 AF#853706 1978: DR 19: DK 12: S1/2 NE1/4 SW1/4, SECTION 15, TOWNSHIP 34 NORTH, RANGE 3 EAST, W.M., LESS RT#4-001

**LEGAL DESCRIPTION: P22025:**

(0.6100 ac) DK 12: DR 15: 1/4 INT IN N 20FT OF SW1/4 SW1/4 & N 20FT OF W 20FT OF SE1/4 SW1/4, SECTION 15, TOWNSHIP 34 NORTH, RANGE 3 EAST, W.M.

**LEGAL DESCRIPTION: P22066:**

(0.4300 ac) CU F&A #62 AF#760377 1973 TRNSF AF#808881: DR 19 DK 12 N 125FT OF E 180FT OF NE1/4 SE1/4, SECTION 16, TOWNSHIP 34 NORTH, RANGE 3 EAST, W.M., EXC RD

**LEGAL DESCRIPTION: P22067:**

(19.2700 ac) CU F&A #62 AF#760377 1973 TRNSF AF#808881: DR 19 DK 12 N1/2 NE1/4 SE1/4, SECTION 16, TOWNSHIP 34 NORTH, RANGE 3 EAST, W.M., LESS RD & TR

**LEGAL DESCRIPTION: P22069:**

(19.7000 ac) CU F&A #62 AF#760377 1973 TRNSF AF#808881: DR 19 DK 12 S1/2 NE1/4 SE1/4, SECTION 16, TOWNSHIP 34 NORTH, RANGE 3 EAST, W.M., LESS RD

**LEGAL DESCRIPTION: P22070:**

(20.0000 ac) CU F&A #62 AF#760377 1973 TRNSF AF#808881: DR 19 DK 12 N1/2 OF NW1/4 OF SE1/4, SECTION 16, TOWNSHIP 34 NORTH, RANGE 3 EAST, W.M.

**LEGAL DESCRIPTION: P22071:**

(20.0000 ac) CU F&A #62 AF#760377 1973 TRNSF AF#808881: DR 19 DK 12 S1/2 OF NW1/4 OF SE1/4, SECTION 16, TOWNSHIP 34 NORTH, RANGE 3 EAST, W.M.

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this day by and between  
STEPHEN C. SCHUH, hereinafter referred to as the  
HUSBAND, and SUSAN M. SCHUH, hereinafter referred  
to as the WIFE, both of Skagit County, Washington;

WITNESSETH: That whereas the parties hereto have agreed and  
do hereby agree that all property, real, personal and mixed, now owned or  
held by both or either of them, of whatsoever kind or character, and  
wheresoever situated, together with all such property hereafter acquired  
by them, or either of them, either by inheritance, gift or purchase, or  
whether with the proceeds of separate or community property, except  
for property now legally registered or hereafter acquired as joint tenants  
with right of survivorship, now is and shall hereafter be owned, held,  
used and disposed of as the community property of the parties hereto;  
and the parties hereto are desirous that all of their community property  
shall pass without delay or expense, in case of the death of either, to  
the survivor;

NOW, THEREFORE, and in consideration of the love and affection  
that each of the parties hereto has for the other, IT IS MUTUALLY  
AGREED between them that upon the death of the HUSBAND, while  
the WIFE survives, the whole of the community property of the parties  
hereto, whether the title thereto stands in the name of the HUSBAND  
or in the name of the WIFE, or in the names of both, of whatsoever  
kind or character, or wheresoever situated, and whether now owned by  
them or hereafter acquired, shall at once pass to and vest in the WIFE,  
in fee simple.

AND that upon the death of the said WIFE, while the said  
HUSBAND survives, the whole of the community property of the parties

hereto, whether the title thereto stands in the name of the WIFE or in the name of the HUSBAND, or in the names of both, of whatsoever kind or character, or wheresoever situated, and whether now owned by them or hereafter acquired, shall at once pass to and vest in the HUSBAND, in fee simple.

IN WITNESS WHEREOF, the parties hereto have hereunto affixed their signatures and seals, in duplicate, this 9th day of October, 1968.

Signed, sealed and delivered in the presence of:

Stephen C. Schuh (SEAL)  
Stephen C. Schuh

Susan M. Schuh (SEAL)  
Susan M. Schuh

Dorothy C. Smith  
Residing at: Mount Vernon, Wash.

Q. Schuh

Residing at: Mount Vernon, Wash.

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

On this day personally appeared before me STEPHEN C. SCHUH and SUSAN M. SCHUH, husband and wife, to me known to be the individuals described in and who executed the within and 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, 1968.

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

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH



### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-017239

DATE ISSUED: 05/15/2023

FEE NUMBER:

FIRST AND MIDDLE NAME(S): SUSAN MAE

LAST NAME(S): SCHUH

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: APRIL 07, 2023

HOUR OF DEATH: 07:19 AM

SEX: FEMALE

AGE: 83 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: STEPHEN SCHUH

OCCUPATION: FARMER

INDUSTRY: AGRICULTURE

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: NO

INFORMANT: STEPHEN SCHUH

RELATIONSHIP: HUSBAND

ADDRESS: 15565 STATE ROUTE 536 MOUNT VERNON, WA 98273

CAUSE OF DEATH:

A. RESPIRATORY FAILURE

INTERVAL: HOURS

B. POSSIBLE ASPIRATION PNEUMONIA

INTERVAL: DAYS

C. SEIZURES

INTERVAL: 1 MONTH

D. REMOTE CEREBRO VASCULAR ACCIDENT

INTERVAL: YEAR

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: 15565 STATE ROUTE 536

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 21 YEARS

FATHER: POWELL L EVERETT

MOTHER: ARLINE D [REDACTED]

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: MOUNT VERNON CEMETERY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: APRIL 14, 2023

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: THOMAS CUFLEY

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: JINESH PATEL, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 E. KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: APRIL 07, 2023

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: APRIL 10, 2023



# 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"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <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: Printed name: Date:		14b. Signature of 2 <sup>nd</sup> parent (if required): Printed name: Date:	
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## 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

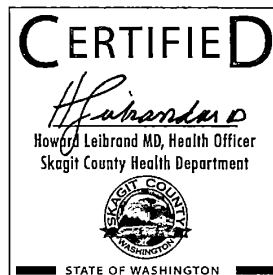
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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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