



202310300062

10/30/2023 12:04 PM Pages: 1 of 4 Fees: \$206.50  
Skagit County Auditor

When recorded return to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2023 8580

OCT 30 2023

Amount Paid \$   
Skagit Co. Treasurer  
By UT Deputy

COVER SHEET

Document Title: Community Property Agreement

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

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

1. Donald A. Leach

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

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

1. Ardelle E. Leach

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

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

LT 15, Vedere Terrace

\_\_\_\_\_

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

70156

21011

\_\_\_\_\_

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, dated the 10<sup>th</sup> day of Sept, 1987, between DONALD A. LEACH and ARDELLE E. LEACH, husband and wife, is executed pursuant to 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 Superior 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 hereto have executed this agreement.

Donald A. Leach  
DONALD A. LEACH

Ardelle E. Leach  
ARDELLE E. LEACH

STATE OF WASHINGTON )  
                                  ) ss.  
COUNTY OF SKAGIT )

On this 10 day of SEPT., 1987, personally appeared before me, DONALD A. LEACH and ARDELLE E. LEACH, 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.

Notary Public  
Notary Public in and for the State of Washington, residing at Mt. Vernon.  
My commission expires: 12 - 12 - 87.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-050335

DATE ISSUED: 10/18/2023  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DONALD ALFRED  
LAST NAME(S): LEACH

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: OCTOBER 15, 2023  
HOUR OF DEATH: 01:30 AM  
SEX: MALE AGE: 93 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

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

RESIDENCE STREET: 400 GILKEY ROAD  
CITY, STATE, ZIP: BURLINGTON, WA 98233  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 6 MONTHS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SEATTLE, WA

FATHER: SHIRLEY W LEACH  
MOTHER: GRACE E [REDACTED]

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: ARDELLE E NELSON

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

OCCUPATION: TEACHER  
INDUSTRY: SCHOOL DISTRICT  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: YES

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: OCTOBER 17, 2023

INFORMANT: ERIN WALKER  
RELATIONSHIP: DAUGHTER  
ADDRESS: 17004 MARLEE DRIVE, BURLINGTON, WA, 98233

FUNERAL FACILITY: HULBUSH FUNERAL HOME AND CREMATION SERVICES  
ADDRESS: 281 S BURLINGTON BLVD  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233  
FUNERAL DIRECTOR: THOMAS CUFLEY

CAUSE OF DEATH:  
A: SENILE DEGENERATION OF THE BRAIN  
INTERVAL: YEARS  
B:  
INTERVAL:  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ANKYLOSING SPONDYLITIS

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

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

CERTIFIER NAME: ERIKA POPE, DO  
TITLE: DO  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: OCTOBER 16, 2023

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN G. STECHER  
DATE RECEIVED: OCTOBER 17, 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 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:		2. Date of Event:		3. Place of Event:
First	Middle	Last	MM/DD/YYYY	(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)	
First	Middle	Last/Maiden	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:**

<b>The record currently shows:</b>		<b>The true fact is:</b>	
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:	Date:	Printed name:	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**

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.
- \*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.

**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.

**Death Certificates**

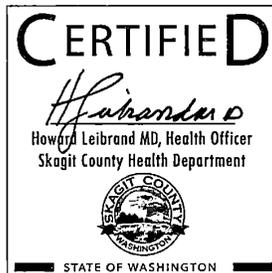
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



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



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