



202312260073

12/26/2023 03:15 PM Pages: 1 of 9 Fees: \$211.50  
Skagit County Auditor

When Recorded Please Return To:  
LAWRENCE A. PIRKLE  
P.O. Box 1788  
Mount Vernon, WA 98273

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 12.26.23

DOCUMENT TITLE(S):

AFFIDAVIT IN SUPPORT OF  
COMMUNITY PROPERTY  
AGREEMENT

REFERENCE NUMBER(S):

GRANTOR:

STEVEN C. OLSON,  
SURVIVING SPOUSE OF  
LEIGH A. OLSON (DECEASED)

GRANTEE:

STEVEN C. OLSON

ASSESSOR'S PARCEL NUMBER:

P21854 (340314-0-015-0004)

ABBREVIATED LEGAL DESCRIPTION:

Portion of the Southeast Quarter  
of the Northeast Quarter of  
Section 14, Township 34 North,  
Range 3 East of the Willamette  
Meridian.

Situated in Skagit County,  
Washington.



4. The Decedent left no separate property.

5. All obligations of the community composed of the Decedent and the affiant owing at the date of the Decedent's death have been paid in full, and all expenses of last illness and for funeral and burial services of the Decedent have been paid.

6. The Decedent was survived by the following persons:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
STEVEN C. OLSON 16751 Donnelly Road Mount Vernon, WA 98273	Spouse	Legal
TESSA L. FLOWERS 601 12th Street Davenport, WA 99122	Daughter	Legal
SADIE R. LAWLESS 1271 SW Hayter Street Dallas, OR 97338	Daughter	Legal
RACHEL A. OLSON 510 Central Street Sedro Woolley, WA 98284	Daughter	Legal

8. I, STEVEN C. OLSON, affirm that I am the sole and rightful heir to the property legally described above.

9. That the transfer of this property is exempted from the real estate excise tax pursuant to WAC 458-61A-202(6)(a).

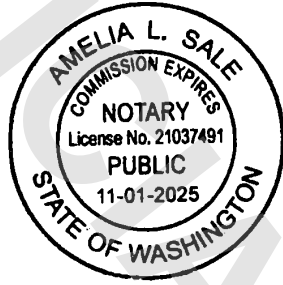
[Signature Page Follows]

DATED this 20 day of Dec, 2023.

  
\_\_\_\_\_  
STEVEN C. OLSON

SIGNED AND SWORN to before me this 20<sup>th</sup> day of December, 2023.

AMELIA L. SALE  
\_\_\_\_\_



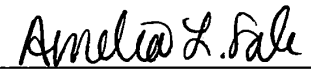
  
\_\_\_\_\_  
NOTARY PUBLIC in and for the  
State of Washington,  
Residing at Mount Vernon  
My Commission Expires: 11/1/25

EXHIBIT "A"



201204050019  
Skagit County Auditor

4/5/2012 Page 1 of 3 11:36AM

After Recording Return To:

Steve and Leigh Olson  
16751 Donnelly Road  
Mt. Vernon, WA 98273

### COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made this 30 day of March, 2012, by STEVE C. OLSON ("Husband") and LEIGH A. OLSON ("Wife"), both of whom are domiciled in the State of Washington, residing in Skagit County. In consideration of their mutual agreements set forth below, the parties agree as follows:

1. **Property Covered:** This Agreement shall apply to all community and separate property now owned or hereafter acquired by Husband and Wife or either of them (except for assets for which a separate beneficiary designation has been or is hereafter made by Husband and Wife and approved by the other spouse) even though some items 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. All such property is declared to be community property of Husband and Wife and is referred to in this Agreement as the "described community property".
2. **Vesting at Death of Spouse:** If Husband dies and Wife survives him by thirty (30) days, all of the described community property shall vest in Wife as of the moment of the Husband's death. Otherwise, the said community property shall be distributed pursuant to Husband's Last Will and Testament. If Wife dies and Husband survives her by thirty (30) days, all of the described community property shall vest in Husband as of the moment of the Wife's death. Otherwise, the said community property shall be distributed pursuant to Wife's Last Will and Testament.

3. **Disclaimer:** 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 assets thereof, in which event the interest disclaimed shall pass as if the provisions of Paragraph 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.

4. **Automatic Revocation:** The provisions of Paragraph 2 shall be automatically revoked:

(a) Upon the establishment of a domicile out of the State of Washington by either party; or

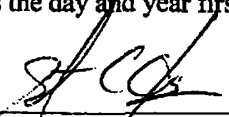
(b) Upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce; or

(c) Immediately prior to death, if the order of death cannot be ascertained; or

(d) If the parties have applied for federal or state benefits for the benefit of a disabled spouse and the non-disabled spouse dies first.

5. **Optional Revocation by One Party:** If either party becomes disabled, the other party shall have the power to terminate the provisions of Paragraph 2 and each party designates the other as Attorney-in-Fact, solely with regards to this Community Property Agreement, to become effective upon disability thereof to the disabled spouse and to the guardian(s), if any, of the person and of the estate of the disabled person. For the purposes of this paragraph, a spouse shall be deemed disabled if: (a) a physician who has treated the spouse for at least two (2) years certifies that the spouse is unable to manage his or her own affairs; or (b) two (2) independent physicians so certify.

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands and seals the day and year first above written.

  
\_\_\_\_\_  
Steve C. Olson

  
\_\_\_\_\_  
Leigh A. Olson

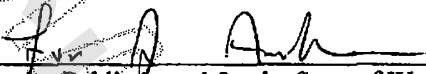


201204050019  
Skagit County Auditor

STATE OF WASHINGTON )  
 ) ss.  
County of Skagit )

This is to certify that on this 30<sup>th</sup> day of March, 2012, before me, a duly commissioned Notary Public in and for the State of Washington, personally appeared Steve C. Olson and Leigh A. Olson, to me personally known to be the individuals described herein and who executed the foregoing instrument, and acknowledged to me that they executed the same as their free and voluntary act for the uses and purposes therein mentioned.

WITNESS my hand and official seal the day and year in the certificate first above written.

  
\_\_\_\_\_  
Notary Public in and for the State of Washington  
Residing at: Mt. Vernon, WA  
My commission expires: 7/18/14



**202211150052**

11/15/2022 02:39 PM Pages: 1 of 2 Fees: \$40.00  
Skagit County Auditor

EXHIBIT "B"

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2022 4616  
NOV 15 2022

Amount Paid \$  
Skagit Co. Treasurer  
By Deputy

Document Title:  
DEATH CERTIFICATE

Reference Number:

Grantor(s):

additional grantor names on page \_\_\_

1. LEIGH ANN OLSON

2.

Grantee(s):

additional grantee names on page \_\_\_

1.

2.

Abbreviated legal description:

full legal on page(s) \_\_\_

THAT PORTION OF THE SE1/4 NE1/4 OF SEC 14, TWP 34, RNG 3 DESCRIBED AS  
FOLLOWS; BEGINNING AT A POINT 20 FEET NORTH OF THE SOUTHWEST CORNER OF  
SAID SUBDIVISION; THENCE EAST ALONG THE NORTH LINE OF THE COUNTY ROAD  
69.81 FEET; THENCE NORTH PARALLEL WITH THE WEST LINE OF SAID SUBDIVISION  
311.89 FEET, MORE OR LESS, TO THE NORTH LINE OF THE SOUTH HALF OF THE

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page \_\_\_

P21854

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

CASE FILE NO. 4281236

2022011040
STATE FILE NUMBER

Form with fields for DECEASED-NAME (Leigh Ann OLSON), DATE OF DEATH (April 30, 2022), COUNTY OF DEATH (Clark), and other vital statistics details.

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

STATE REGISTRAR

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA."

DATE ISSUED: MAY 05 2022

Registrar of Vital Statistics

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar. SOUTHERN NEVADA HEALTH DISTRICT - P.O. Box 3902 - Las Vegas, NV 89127 - 702-759-1010 - Tax ID # 88-0151753



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE