

ELDER LAW OFFICES OF
MEYERS, NEUBECK & HULFORD, P.S.
2828 Northwest Avenue
Bellingham, WA 98225-2335

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2828 Northwest Ave, Bellingham, WA 98225
T: 360.647.8846 F: 360.647.8854

2. MICHAEL A. HIGHLAND died on July 24, 2023, in Mount Vernon, Skagit County, Washington State, and was at the time of his death a resident of Mount Vernon, Skagit County, Washington State, as evidenced by the Certified Copy of the Death Certificate attached hereto as **Exhibit B**.

3. The parties to the Community Property Agreement entered into no subsequent Wills or Agreements which would have the effect of abrogating or nullifying the above mentioned Community Property Agreement.

4. The decedent left no separate estate.

5. Among other items of community property is the real property commonly known as 1774 Hillcrest Loop, Mount Vernon, Washington, and legally described as follows:

LOT 29, PLAT OF HILLCREST LANDING, AS RECORDED ON APRIL 15, 2013, UNDER AUDITOR'S FILE NO. 201304150001, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

SUBJECT TO **EXHIBIT A** ATTACHED HERETO AND MADE A PART HEREOF.

6. All obligations of the community owing at the date of death of decedent have been paid in full or provided for, and all expenses of last illness and for funeral and burial services have been paid or provided for.

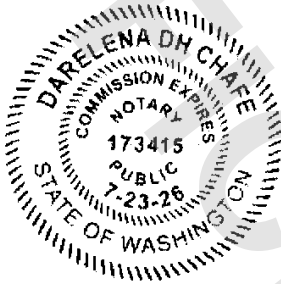
7. The decedent is survived by his spouse, CAROLYN A. HIGHLAND, who resides at 1774 Hillcrest Loop, Mount Vernon, Washington.

8. No inheritance tax or estate tax is due to either the State of Washington or to the United States.

Dated this 27th day of February, 2024.

Carolyn A. Highland
CAROLYN A. HIGHLAND

Subscribed and sworn before me on this 27th day of February, 2024 by CAROLYN A. HIGHLAND.



Darelena Dh Chafe
DARELENA DH CHAFE
Notary Public in and for the
State of Washington
Residing in Burlington
My commission expires: 07/23/2026

EXHIBIT A

1. Easement(s) for the purpose(s) shown below and rights incidental thereto, as granted in a document:

Granted to: Puget Sound Energy, Inc.
 Purpose: Electric transmission and/or distribution line, together with necessary appurtenances
 Recording Date: September 29, 2008
 Recording No.: 200809290084

2. Covenants, conditions and restrictions, recitals, reservations, easements, easement provisions, dedications, building setback lines, notes and statements, if any, but omitting any covenants or restrictions, if any, including but not limited to those based upon race, color, religion, sex, sexual orientation, familial status, marital status, disability, handicap, national origin, ancestry, source of income, as set forth in applicable state or federal laws, except to the extent that said covenant or restriction is permitted by applicable law, as set forth on PLAT OF HILLCREST LANDING.

Recording No. 201304150001

3. Covenants, conditions and restrictions but omitting any covenants or restrictions, if any, including but not limited to those based upon race, color, religion, sex, sexual orientation, familial status, marital status, disability, handicap, national origin, ancestry, source of income, gender, gender identity, gender expression, medical condition or genetic information, as set forth in applicable state or federal laws, except to the extent that said covenant or restriction is permitted by applicable law, as set forth in the document.

Recording Date: April 15, 2013
 Recording No.: 201304150002

4. Terms and conditions of the Limited Liability Company under which titled is vested
5. Assessments, if any, levied by City of Mount Vernon
6. Assessments, if any, levied by Hillcrest Landing Homeowner's Association.

SKAGIT COUNTY RIGHT TO FARM

If your real property is adjacent to property used for agricultural operations, or included within an area zoned for agricultural purposes, you may be subject to inconvenience or discomfort arising from such operations, including but not limited to, noise, odors, flies, fumes, dust, smoke, the operation of machinery, of any kind during a twenty-four (24) hour period (including aircraft) the storage and disposal of manure, and the application by spraying or otherwise of chemical fertilizers, soil amendments, herbicides, and pesticides, Skagit County has determined that the use of real property for agricultural operations is a high priority and favored use to the county and will not consider to be a nuisance those inconveniences or discomforts arising from agriculture operations, if such operations are consistent with commonly accepted good management practices and comply with local, State and Federal laws.

AFFIDAVIT IN SUPPORT OF
 COMMUNITY PROPERTY AGREEMENT
 Exhibit A

ELDERLAW
 MEYERS, NEUBICK & HULFORD

2828 Northwest Ave, Bellingham, WA 98225
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STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-035844

DATE ISSUED: 07/26/2023
FEE NUMBER:

FIRST AND MIDDLE NAME(S): MICHAEL A
LAST NAME(S): HIGHLAND

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JULY 24, 2023
HOUR OF DEATH: 10:14 AM
SEX: MALE AGE: 75 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: WILLISTON, ND

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: CAROLYN CHESEBRO

OCCUPATION: PRODUCT MANAGER
INDUSTRY: SEAFOOD PROCESSING
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: CAROLYN HIGHLAND
RELATIONSHIP: WIFE
ADDRESS: 1774 HILLCREST LOOP MOUNT VERNON, WA 98274

CAUSE OF DEATH:
A: PARKINSON'S DISEASE
INTERVAL: YEARS

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CLOSTRIDIUM DIFFICILE
COLITIS, CORONARY ARTERY DISEASE, SICK SINUS SYNDROME

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: DECEDENT'S HOME
FACILITY OR ADDRESS: 1774 HILLCREST LOOP
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 1774 HILLCREST LOOP
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 9 YEARS

FATHER: WARREN E HIGHLAND
MOTHER: AGNUS VIOLA [REDACTED]

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

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JULY 25, 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: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: JULY 25, 2023

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

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: JULY 25, 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: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution (Divorce)

1. Name on Record: _____ 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) _____
 First Middle Last/Maiden First Middle Last/Maiden

6. Name of Person Requesting Correction: _____ Relationship to ☐ Self ☐ Guardian ☐ Informant ☐ Hospital
 Person on Record: ☐ Parent(s) ☐ Funeral Director ☐ Other (specify) _____

7. Return Mailing Address: _____
 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 nd parent (if required): _____ Printed name: _____ Date: _____
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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

- 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.

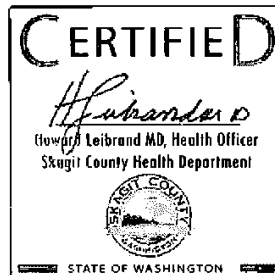
Death Certificates

- 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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