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03/07/2024 10:44 AM Pages: 1 of 6 Fees: \$308.50
Skagit County Auditor

After recording return to:

Alan R. Souders
Souders Law Group
913 Seventh Street
Anacortes, WA 98221

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2024 9809
MAR 07 2024

Amount Paid \$ 0
Skagit Co. Treasurer
By *GT* Deputy

DOCUMENT TITLE: AFFIDAVIT REGARDING COMMUNITY PROPERTY

GRANTOR: STEVEN DAVID HOGLUND a/k/a STEVE D. HOGLUND; FELISA
LYND HOGLUND, deceased

GRANTEE: THE PUBLIC

ASSESSOR'S PARCEL/TAX NUMBERS: P110583; 3772-223-015-0100

PARCEL 47 OF SURVEY #9612230056; AKA THE NORTH 70 FEET OF LOTS 11
THROUGH 15, BLOCK 223, MAP OF THE CITY OF ANACORTES, ACCORDING
TO THE PLAT THEREOF RECORDED IN VOLUME 2 OF PLATS, PAGES 4
THROUGH 7, RECORDS OF SKAGIT COUNTY, WASHINGTON, T&G NORTH HALF
OF VACATED 27TH STREET ABUTTING THE ABOVE DESCRIBED PROPERTY.

AFFIDAVIT

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

Steven David Hoglund, being first duly sworn, upon oath, deposes
and says:

That I am the surviving spouse of Felisa Lynd Hoglund (the
Decedent), who died December 15, 2023, in Mount Vernon, Skagit
County, Washington. At that time, the Decedent and I were both
residents of Anacortes, Skagit County, Washington.

This Affidavit is for the purpose of supplying information
pertaining to the Estate of Felisa Lynd Hoglund, and it is
intended that the statements set forth herein shall be
considered representations of fact, which may be relied upon by
all persons dealing with the real property described herein and
with any other community property.

That at the time of the death of Felisa Lynd Hoglund, there was
in full force and effect, a Community Property Agreement,
executed by myself, Steven David Hoglund and Felisa Lynd
Hoglund, on January 16, 2018. The original Agreement is attached
hereto. The Agreement specifies that all property of myself, and
my late wife, whenever acquired from any source and including
all property to be acquired after the date of the Agreement
shall be considered to be community property. The Agreement
further provided that in the event of the death of either

spouse, all community property, whether real or otherwise, would immediately become the sole property of the survivor spouse.

The Decedent also executed a Last Will and Testament, but no probate is planned, in view of this Community Property Affidavit.

That all expenses of the Decedent's last illness, funeral and costs of administration have been paid and I know of no unpaid creditors of the Decedent or of our former marital community.

That among the property that the Decedent and I held as community property was the following described real estate:

LOT 47 OF SURVEY RECORDED DECEMBER 23, 1996, IN VOLUME 19 OF SURVEYS, PAGES 31 THROUGH 35, INCLUSIVE, UNDER AUDITOR'S FILE NUMBER 9612230056, RECORDS OF SKAGIT COUNTY, WASHINGTON; BEING A PORTION OF BLOCK 223, "MAP OF THE CITY OF ANACORTES, SKAGIT COUNTY, WASHINGTON," AS PER PLAT RECORDED IN VOLUME 2 OF PLATS, PAGE 4, RECORDS OF SKAGIT COUNTY, WASHINGTON.

TOGETHER WITH THE NORTH HALF OF VACATED 27TH STREET ABUTTING THE ABOVE DESCRIBED PROPERTY.

Situate in the City of Anacortes, County of Skagit, State of Washington.

The Decedent's estate is not subject to estate tax for the federal government or the State of Washington, as the surviving spouse is a citizen of the United States, with an unlimited marital deduction.

Dated this 29 day of FEBRUARY 2024.

Steven David Hoglund
Steven David Hoglund, surviving spouse

SUBSCRIBED AND SWORN to before me this 29th day of February 2024.



Claudia Ridgway
Claudia Ridgway
NOTARY PUBLIC in and for the State of
Washington, residing in Anacortes.
My commission expires 01/17/2026.

COMMUNITY PROPERTY AGREEMENT

Steven David Hoglund ("Husband") and **Felisa Lynd Hoglund** ("Wife"), husband and wife, acting pursuant to the provisions of Revised Code of Washington 26.16.120, providing for agreements between husband and wife for fixing of the status and disposition of community property, **HEREBY AGREE AS FOLLOWS:**

1. All property now owned or hereafter acquired by either Husband or Wife is designated as Community Property, unless, after the date of this Agreement, the parties shall agree otherwise by making a separate property designation signed by both of them. This designation of Community Property applies even though some items of property 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.

2. If one spouse dies and the other spouse survives by ten (10) or more days, all Community Property shall vest in the surviving spouse as of the moment of death of the first spouse to die.

3. 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 property. The interest disclaimed shall pass as if the provisions of Section 2 above had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition applicable to the disclaimed interest.

4. Property held by the parties in joint tenancy, and any transfer or attempted transfer of Community Property into joint tenancy form, shall not change its status as Community Property. Holding of such property in joint tenancy, or any transfer or attempted transfer, shall be deemed to be for the convenience of the parties only and such property shall be Community Property and ownership and title shall vest as provided in Section 2 above.

5. The provisions of Section 2 above shall be automatically revoked:

- a. Upon the filing by either party of a petition, complaint, or other pleading for separation, dissolution or divorce, or
- b. Immediately prior to death if neither party survives the other by ten days.

Community Property Agreement of
Steven David Hoglund & Felisa Lynd Hoglund,
Husband and Wife
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6. If either party becomes incapacitated, the other party shall have the power to terminate the provisions of Section 2 above. The termination shall be effective upon the delivery of written notice thereof to the incapacitated spouse and to the guardians, if any, of the person and of the estate of the incapacitated spouse. Each party designates the other party as attorney-in-fact to become effective upon incapacity to agree to the termination. For the purposes of this section, a spouse shall be deemed incapacitated if a person duly licensed to practice medicine in the state of Washington signs a statement declaring that the named spouse is unable to manage his or her own affairs.

7. To the extent this agreement is inconsistent with the provisions of any Community Property Agreement, Will or other arrangement previously made by either or both of the parties that affect community property, the terms of this agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

IN WITNESS WHEREOF, we have hereunto set our hands this 16th day of January, 2018.

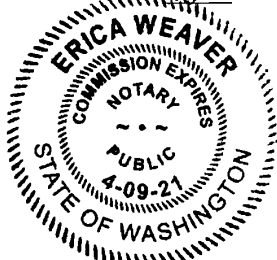
Steven David Hoglund
Steven David Hoglund

Felisa Lynd Hoglund
Felisa Lynd Hoglund

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that Steven David Hoglund and Felisa Lynd Hoglund, Husband and wife, are the persons who appeared before me, and said persons acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 16th day of January, 2018.



Erica Weaver
Erica Weaver
Notary Public in and for the State of
Washington, residing at Oak Harbor
My appointment expires 4/09/2021

Community Property Agreement of
Steven David Hoglund & Felisa Lynd Hoglund,
Husband and Wife
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SDH FLH

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-062024

DATE ISSUED: 12/20/2023

FEE NUMBER:

FIRST AND MIDDLE NAME(S): FELISA LYND
LAST NAME(S): HOGGLUNDCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 15, 2023
HOUR OF DEATH: 05:35 PM
SEX: FEMALE AGE: 55 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: TACOMA, WAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: STEVEN DAVID HOGGLUNDOCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NOINFORMANT: STEVE HOGGLUND
RELATIONSHIP: HUSBAND
ADDRESS: 2611 - B AVENUE, ANACORTES, WA 98221CAUSE OF DEATH:
A: RESPIRATORY FAILURE
INTERVAL: 2 DAYS
B: METASTATIC STAGE 4 RECTAL CANCER WITH METASTATIC LUNG DISEASE
INTERVAL: 1 MONTHC:
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: MOUNT VERNON, WASHINGTON 98274RESIDENCE STREET: 2611 - B AVENUE
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 14 YEARSFATHER: DAVID ALTON HAMITER
MOTHER: LINDA [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORYCITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: DECEMBER 20, 2023

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: LEONARD J. WILLIAMSMANNER 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: NOT PREGNANT WITHIN THE PAST YEARCERTIFIER NAME: DOUGLAS HAYES, DO
TITLE: DO
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: DECEMBER 20, 2023CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NAOMI HOYLE, PHYSICIANLOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: DECEMBER 20, 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 <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:

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 2nd parent (if required):	
Printed name:	Date:	Printed name:	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

- 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

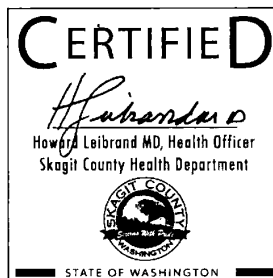
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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