

202403130083

03/13/2024 04:01 PM Pages: 1 of 6 Fees: \$308.50
Skagit County Auditor

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

WHEN RECORDED RETURN TO:

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

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2024-98
MAR 13 2024

Amount Paid \$ 100.00
 Skagit Co. Treasurer
 By [Signature] Deputy

AFFIDAVIT IN SUPPORT OF COMMUNITY PROPERTY AGREEMENT

GRANTOR: JOHN G. KAMB, SR.
GRANTEE: WILHELMINA "WILMA" CROGSTAD KAMB
PARCEL NUMBER: P54171
P52183
LEGAL DESCRIPTION: LTS 3 & 4, BLK 5, RIVERSIDE ADDITION TO THE TOWN OF MOUNT
VERNON
PTN LT 5, BLK 2, "MAP OF GATES THIRD ADDITION TO MT. VERNON"
(Full legals found on page 2)
REFERENCE NUMBERS: 704088 (Previous Deed)
757940 (Previous Deed)
(CPA)

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

WILHELMINA “WILMA” CROGSTAD KAMB (“Affiant”), being first duly sworn on oath, deposes and says:

1. The Community Property Agreement, recorded under the Skagit County Auditor's recording number referenced above, was executed by JOHN G. KAMB, SR. ("Decedent") and WILHELMINA "WILMA" CROGSTAD KAMB ("spouse"), dated December 30, 1961. The Community Property Agreement and this Affidavit have been recorded for the estate of the Decedent. It is intended that the statements set forth herein shall be considered representations of fact which may be relied upon by all parties.

AFFIDAVIT IN SUPPORT OF
COMMUNITY PROPERTY AGREEMENT – Page 1

ELDERLAW
MEYERS, NEUBECK & HULFORD

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

2. The Decedent died on December 28, 2022, in Mount Vernon, Skagit County, Washington, and was at the time of their death a resident of Mount Vernon, Skagit County, Washington, as evidenced by the Death Certificate attached hereto as **Exhibit A**.

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 905 South 3rd Street, Mount Vernon, and 702 South Main Street, Mount Vernon, Skagit County, Washington, which is legally described as follows:

P54171

LOTS 3 AND 4 IN BLOCK 5 OF RIVERSIDE ADDITION TO THE TOWN OF MOUNT VERNON, AS PER PLAT RECORDED IN VOLUME 2 OF PLATS, PAGE 78, AND IN VOLUME 3 OF PLATS, PAGE 24 RECORDS OF SKAGIT COUNTY.

P52183

THAT PORTION OF LOT 5 IN BLOCK 2, "MAP OF GATES THIRD ADDITION TO MT. VERNON", ACCORDING TO THE PLAT RECORDED IN VOLUME 2 OF PLATS, PAGE 86, RECORDS OF SKAGIT COUNTY, WASHINGTON, LYING NORTH OF A LINE PARALLEL WITH AND 46 FEET DISTANT SOUTH FROM THE NORTH LINE OF SAID LOT 5; EXCEPT ANY PORTION OF SAID LOT LYING WITHIN DIKE RIGHT OF WAY OF DIKE DISTRICT NO. 3.

SUBJECT TO PARTY WALL AGREEMENT BETWEEN PARTIES LILLIAN HENDERSON AND CARROL H. GERRISH, ET AL DATED AND RECORDED NOVEMBER 15, 1941, UNDER SKAGIT COUNTY AUDITOR'S NO. 346506.

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

7. The Decedent is survived by their spouse, WILHELMINA "WILMA" CROGSTAD KAMB, who resides at 905 South 3rd Street, Mount Vernon, Skagit County, Washington.

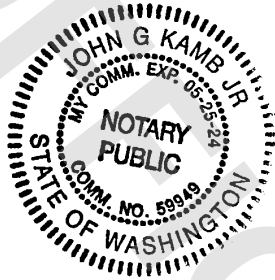
8. No inheritance tax or estate tax is due to either the State of Washington or to the United States of America as a result of the Decedent's death.

9. This affidavit is made, in part, to induce a title company to issue its policies of title insurance on real property passing to the spouse in reliance upon the representations set forth above. Affiant agrees to indemnify and hold the title company harmless from loss or damage which may be suffered as a result of said reliance. The transfer of real property by this affidavit is made pursuant to WAC 458-61A-202(6)(a).

Dated on 03/13/24.


WILHELMINA "WILMA" CROGSTAD KAMB

Subscribed and sworn before me on 03/13/2024, by WILHELMINA
"WILMA" CROGSTAD KAMB.



John G Kamb Jr
(Signature)

John G Kamb Jr
(Printed Name)

Notary Public in and for the
State of Washington

Residing in Mount Vernon

My commission expires: 5/25/2024

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-067366

DATE ISSUED: 01/03/2023

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOHN G

LAST NAME(S): KAMB

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: DECEMBER 28, 2022

HOUR OF DEATH: 06:15 PM

SEX: MALE AGE: 93 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: WILMA CROGSTAD

OCCUPATION: ATTORNEY/JUDGE

INDUSTRY: LAW

EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE

US ARMED FORCES: YES

INFORMANT: WILMA KAMB

RELATIONSHIP: WIFE

ADDRESS: 905 S 3RD, MOUNT VERNON, WA 98273

CAUSE OF DEATH:

A: FAILURE TO THRIVE

INTERVAL: WEEKS

B: GROUND LEVEL FALL

INTERVAL: 3 WEEKS

C: DEMENTIA, VASCULAR

INTERVAL: YEARS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION, DIABETES MELLITUS, CORONARY ARTERY DISEASE, PAROXYSMAL ATRIAL FIBRILLATION

DATE OF INJURY: DECEMBER 02, 2022

HOUR OF INJURY: 09:00 PM PRESUMED

INJURY AT WORK: NO

PLACE OF INJURY: DECEDENT'S HOME

LOCATION OF INJURY: 905 SOUTH 3RD STREET

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

COUNTY: SKAGIT

DESCRIBE HOW INJURY OCCURRED: UNWITNESSED GROUND-LEVEL FALL AT HOME.

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY

FACILITY OR ADDRESS: MIRA VISTA CARE CENTER

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 905 S 3RD

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 54 YEARS

FATHER: OSCAR FLOYD KAMB

MOTHER: HARRIET GRAHAM

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: PLEASANT RIDGE CEMETERY

CITY, STATE: LA CONNER, WASHINGTON

DISPOSITION DATE: JANUARY 05, 2023

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: KIRK S. DUFFY

MANNER OF DEATH: ACCIDENT

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: HAYLEY THOMPSON

TITLE: CORONER/ME

CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: JANUARY 01, 2023

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: 230101-618

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: JANUARY 03, 2023

Affidavit for Correction

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 Health Statistics
 P.O. Box 47814
 Olympia, WA 98504-7814
 360-236-4300

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
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:
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
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:				
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 2 nd parent (if required):
Printed name:	Printed name:
Date:	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

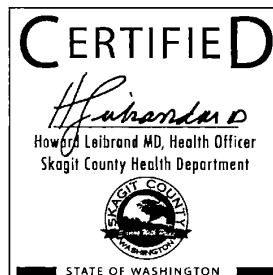
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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