

After Recording Return To:

Chuckanut Law Group
300 N. Commercial Street, Suite 2
Bellingham, WA 98225

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2024 0379
APR 25 2024

Amount Paid \$ 0
Skagit Co. Treasurer
By LT Deputy

DOCUMENT TITLE:

AFFIDAVIT IN SUPPORT OF
COMMUNITY PROPERTY AGREEMENT

GRANTOR:

DENNIS D. HOWSON, husband
(deceased), and LINDA R. HOWSON,
wife

GRANTEE:

LINDA R. HOWSON

ABBREVIATED LEGAL DESCRIPTION:

LOT 34, BLOCK 1, LAKE CAVANAUGH
SUBDIV, DIV 3

ADDITIONAL LEGAL DESCRIPTION ON PAGE(S):

3

ASSESSOR'S TAX PARCEL NUMBER:

P66809, XrefID 3939-001-034-
0008

**AFFIDAVIT IN SUPPORT OF
COMMUNITY PROPERTY AGREEMENT**

DENNIS D. HOWSON, DECEASED

STATE OF WASHINGTON)
) ss.
COUNTY OF WHATCOM)

LINDA R. HOWSON, after being first duly sworn upon oath, deposes and says:

1. Agreement as to Status of Community Property. This Affidavit is for the
purpose of supplying information for record regarding the Community Property

Agreement executed by DENNIS D. HOWSON and LINDA R. HOWSON, husband and wife, on February 3, 2011 (copy attached hereto as Exhibit A).

2. Decedent. DENNIS D. HOWSON, one of the parties to said Agreement, died on May 2, 2023, in Bellingham, Whatcom County, Washington. Attached as Exhibit B is a certified copy of his death certificate.

3. No Subsequent Agreements. 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. The above-mentioned Community Property Agreement was in full force and effect at the time of Decedent's death.

4. Community Property. Among other items of community property was the following described real estate and personal property:

a) Residential condominium located at 5070 Festival Blvd. #2D, Bellingham, Whatcom County, Washington, legally described as follows:

Unit 2D, Building E, of Village at Cordata, Festival Square Condominium Phase 5, according to the declaration thereof, recorded under Whatcom County Auditor's File Number 930421044 and any amendments thereto, in Volume 14 of Condominiums, Page 70, records of Whatcom County, Washington.

Situate in Whatcom County, Washington.

SUBJECT TO easements, restrictions, reservations, and declarations of record.

Whatcom County Tax Parcel No. 380212 198443 0008, PID45380

b) Lake Cavanaugh real property located at 32963 South Shore Drive, Mount Vernon, Washington, legally described as follows:

Lot 34 of Lake Cavanaugh, Subdivision 3, Block 1 as shown on a plat recorded under auditor's File No. 420716 of the Records of Skagit County, Washington.

Skagit County Tax Parcel No. 3939-001-034-008, P66809

Situate in Skagit County, Washington.

SUBJECT TO easements, restrictions, reservations, and declarations of record.

- c) All Checking, Savings, Investment, and Retirement and Annuity Accounts.
- d) All Motor Vehicles.
- e) All Household Furniture, Furnishings, Jewelry, Clothing, and Other Items of Personal Property.
- f) WorldMark by Wyndham Timeshare, Contract Number 000031203276, member Number 00003008640.

5. Separate Property. The Decedent left no separate estate.

6. Debts. All obligations of the community owing at the date of death of Decedent have been paid in full, and all expenses of last illness and for funeral and burial services have been paid. The decedent did not receive any medical assistance paid for or provided by the Washington State Department of Social and Health Services (DSHS), including nursing facility services, home or community-based services, hospital, prescription drugs, or any other services.

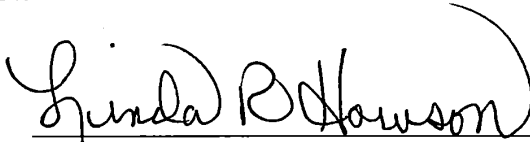
7. Estate Tax Return. No federal or state estate tax return was required to be filed.

9. Heirs. Decedent was survived by the following persons:

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
LINDA R. HOWSON	Surviving Spouse	5070 Festival Blvd. #2D Bellingham, WA 98226

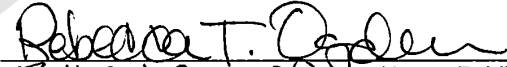
10. Reliance. It is intended that the statements set forth herein shall be considered representations of fact which may be relied upon by all parties dealing with the real estate and other assets described herein.

DATED this 10th day of April, 2024.


LINDA R. HOWSON

SUBSCRIBED AND SWORN TO before me this 10th day of April, 2024.

(SEAL)


Bellingham, WA Notary Public
My Commission Expires: 12/18/2026

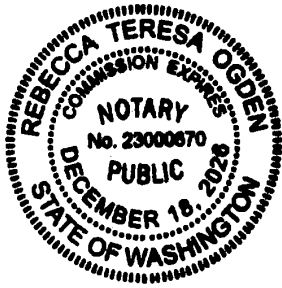


EXHIBIT A

COMMUNITY PROPERTY AGREEMENT

UNOFFICIAL DOCUMENT

ORIGINAL

After Recording Return To:

K. T. Esp, Attorney at Law
301 Prospect Street
Bellingham, WA 98225

DOCUMENT TITLE: COMMUNITY PROPERTY AGREEMENT

REFERENCE NUMBER OF RELATED DOCUMENT: NOT RECORDED

GRANTORS: DENNIS D. HOWSON & LINDA R. HOWSON

GRANTEES: DENNIS D. HOWSON & LINDA R. HOWSON

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT is made this 3 day of February, 2011,
between DENNIS D. HOWSON ("Husband") and LINDA R. HOWSON ("Wife"), husband
and wife, both of whom are domiciled in Washington State. In consideration of their mutual
agreements set forth below, the parties agree as follows:

1. **Property Affected.** This agreement shall apply to all property now owned by
either Husband or Wife and all property acquired after the signing of this agreement by
either Husband or Wife, even though some items may have been or may be purchased or
acquired by one or the other or both. All of this property is referred to in this agreement as
the "described community property."

1.1 **Automatic Revocation.** The provisions of paragraph 1 shall not
affect the character of property acquired after either party files a petition, complaint or other
pleadings for separation, dissolution or divorce, or upon the parties living separate and apart
from one another for more than one year.

2. **Vesting at Death of a Spouse.** If Husband dies and Wife survives him, all of
the described community property shall vest in Wife as of the moment of Husband's death.
If Wife dies and Husband survives her, all of the described community property shall vest in
Husband as of the moment of Wife's death.

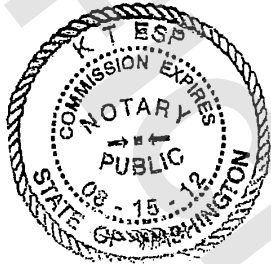
2.1 **Automatic Revocation.** The provisions of paragraph 2 shall be
automatically revoked:

STATE OF WASHINGTON)
) ss:
COUNTY OF WHATCOM)

I certify that I know or have satisfactory evidence that **DENNIS D. HOWSON** and **LINDA R. HOWSON** are the persons who appeared before me, and said persons acknowledged that they signed this **COMMUNITY PROPERTY AGREEMENT**, and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

(SEAL/STAMP)

Dated: February 3, 2011.



K T Esp
NOTARY PUBLIC
Printed Name: K. T. Esp
My Commission Expires: August 15, 2012

EXHIBIT B

COPY OF DEATH CERTIFICATE OF DENNIS DEAN HOWSON

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-022531

DATE ISSUED: 05/09/2023
FEE NUMBER:FIRST AND MIDDLE NAME(S): DENNIS DEAN
LAST NAME(S): HOWSONCOUNTY OF DEATH: WHATCOM
DATE OF DEATH: MAY 02, 2023
HOUR OF DEATH: 09:20 AM
SEX: MALE AGE: 73 YEARS
SOCIAL SECURITY NUMBER: 534-52-4048HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: AUGUST 31, 1949
BIRTHPLACE: SPOKANE, WAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: LINDA LOU ROBEROCCUPATION: FIREFIGHTER
INDUSTRY: CITY GOVERNMENT
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NOINFORMANT: LINDA L HOWSON
RELATIONSHIP: SPOUSE
ADDRESS: 5070 FESTIVAL BLVD., #2-D, BELLINGHAM, WASHINGTONCAUSE OF DEATH:
A: CEREBRAL AMYLOID ANGIOPATHY
INTERVAL: 7 YEARSB:
INTERVAL:C:
INTERVAL:D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: VASCULAR DEMENTIA

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: 5070 FESTIVAL BLVD., #2-D
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226RESIDENCE STREET: 5070 FESTIVAL BLVD., #2-D
CITY, STATE, ZIP: BELLINGHAM, WA 98226
INSIDE CITY LIMITS: YES COUNTY: WHATCOM
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 16 YEARSFATHER: HAROLD LARRY HOWSON
MOTHER: JOYCE MARIE HILBYMETHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: MAY 09, 2023

FUNERAL FACILITY: SIG'S FUNERAL SERVICES

ADDRESS: 809 W. ORCHARD DRIVE, SUITE 2
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225
FUNERAL DIRECTOR: JUSTIN M. AASEMANNER 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 RESPONSECERTIFIER NAME: KACI OSENGA, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2800 & 2806 DOUGLAS
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225
DATE SIGNED: MAY 04, 2023CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: TREVER A. MULLINS
DATE RECEIVED: MAY 09, 2023

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED



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: 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 foregoing is true and correct.

14a. Signature:	14b. Signature of 2nd 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

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

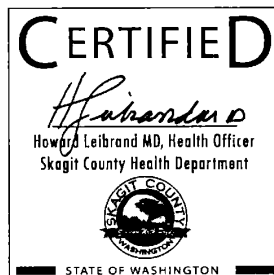
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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