



202405060048

05/06/2024 02:17 PM Pages: 1 of 5 Fees: \$307.50
Skagit County Auditor

**Real Estate Excise Tax
Exempt**
Skagit County Treasurer
By [Signature]
Date 5/16/24

Document Title:
Community Property Agreement

Reference Number: P

Grantor(s): additional grantor names on page ____
1. Jodey Noel Jennings, Surviving Spouse of John A Jennings Estate
2.

Grantee(s): additional grantee names on page ____
1. Jodey Noel Jennings
2.

Abbreviated legal description: full legal on page(s) ____
Lot 1, plat of Woodridge according to the plat hereof
Recorded in Volume 13 plats, page 17, records of Skagit
County Washington

Assessor Parcel / Tax ID Number: additional tax parcel number(s) on page ____
P82061

UNOFFICIAL DOCUMENT

After recording, return to:
Adelstein, Sharpe & Serka
400 N. Commercial Street
Bellingham, WA 98225

COMMUNITY PROPERTY AGREEMENT

Husband:	John Albert Jennings
Wife:	Jody Noel Jennings
Legal Desc.:	n/a
Tax Parcel ID#:	n/a
Reference No.:	n/a

THIS AGREEMENT made and entered into this 19th day of October, 2009, by and between John Albert Jennings and Jody Noel Jennings, husband and wife, of Mount Vernon, Skagit County, Washington. In consideration of the mutual agreements set forth below, the parties agree as follows:

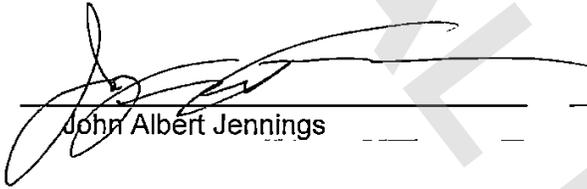
1. All property of whatsoever nature or description, whether real, personal, or mixed now owned or hereafter acquired by said parties or either of them, shall be considered and construed and is hereby declared to be community property.

2. In the event of the death of one of the parties, while the other survives, the whole of said community property, real or personal, shall immediately vest in the survivor of them.

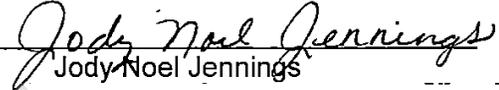
3. The provisions of this agreement shall be automatically revoked upon the filing of either party of a petition, complaint or other pleading for separation, dissolution or divorce.

4. If either party becomes disabled or incompetent, the other party shall have the power to terminate and revoke this agreement and each party designates the other as their attorney-in-fact for the purpose of exercising this power. The termination shall be effective upon the delivery of written notice thereof to the disabled or incompetent spouse and to the guardian, if any, of the person and of the estate of the disabled or incompetent spouse. For purposes of this paragraph, a spouse shall be deemed disabled or incompetent if a person duly licensed to practice medicine in the State of Washington signs a statement declaring that the named person is unable to manage his or her own affairs.

5. All prior written community property agreements between the parties, if any, are hereby rescinded.



John Albert Jennings



Jody Noel Jennings

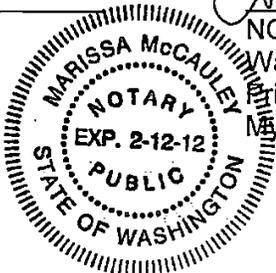
STATE OF WASHINGTON)
)ss.
COUNTY OF WHATCOM)

I certify that I know or have satisfactory evidence that John Albert Jennings and Jody Noel Jennings 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: 10-19-09



NOTARY PUBLIC, in and for the State of
Washington, residing at: Lynden
Printed name: MARISSA MCCAULEY
My appointment expires: 2-12-12



c:\jennings, john and jody\estate planning\cps

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-017051

DATE ISSUED: 04/23/2024
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOHN ALBERT
LAST NAME(S): JENNINGS

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 25, 2024
HOUR OF DEATH: 08:14 PM
SEX: MALE AGE: 74 YEARS
SOCIAL SECURITY NUMBER: 454-88-9477

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273-4190

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

RESIDENCE STREET: 2302 WOODRIDGE AVENUE
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 16 YEARS

BIRTH DATE: OCTOBER 18, 1949
BIRTHPLACE: DENVER, CO

FATHER: KENNETH CHARLES JENNINGS
MOTHER: OLIVE SPENCER

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: JODY NORENE NOEL

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

OCCUPATION: ELECTRICIAN
INDUSTRY: AVIATION
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YES

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: APRIL 13, 2024

INFORMANT: JODY NOEL JENNINGS
RELATIONSHIP: SPOUSE
ADDRESS: 2302 WOODRIDGE AVEUNE MOUNT VERNON, WA 98273

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD
ADDRESS: 4320 196TH ST SW - STE. C
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036
FUNERAL DIRECTOR: LORI B. BANES

CAUSE OF DEATH:
A: END STAGE RENAL DISEASE
INTERVAL: 10 YEARS
B: HYPERTENSION
INTERVAL: 25 YEARS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE
PULMONARY DISEASE, DEPRESSION

MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY-STATUS IF FEMALE: NOT APPLICABLE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: DOUGLAS HAYES, DO
TITLE: DO
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: APRIL 09, 2024

LOCATION OF INJURY:
CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER
DATE RECEIVED: APRIL 10, 2024



Affidavit for Correction

05/06/2024 02:17 PM Page 5 of 5
Mailing: 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	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 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: 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 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

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).

<p>Child under 18</p> <ul style="list-style-type: none"> • If legal guardian(s), include certified court order proving guardianship. • Up to age one or up to one year following the filing of an Acknowledgement 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. 	<p>Adult (18 years or older)</p> <ul style="list-style-type: none"> • 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.
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*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

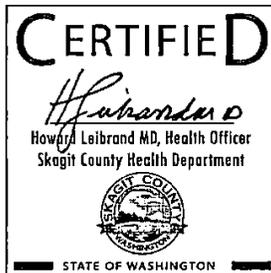
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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