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05/16/2024 03:57 PM 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 0635
MAY 16 2024

Amount Paid \$ 0
By  Skagit Co. Treasurer
Deputy

DOCUMENT TITLE: **AFFIDAVIT REGARDING COMMUNITY PROPERTY**

GRANTOR: **WILLIAM C. WESTLAKE; ANITA L. WESTLAKE, deceased**

GRANTEE: **THE PUBLIC**

ASSESSOR'S PARCEL/TAX NUMBERS: **P117567; 4768-000-025-0000**

LOT 25, "CEDAR SPRINGS PUD" AS PER PLAT RECORDED ON NOVEMBER 8, 2000, UNDER AUDITOR'S FILE NO. 200011080023, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN SKAGIT COUNTY, WASHINGTON.

AFFIDAVIT

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

William C. Westlake, being first duly sworn, upon oath, deposes and says:

That I am the surviving spouse of Anita Lucille Westlake (the Decedent), who died March 16, 2024, in Seattle, King County, Washington. At that time, the Decedent and I were both residents of Anacortes, Skagit County, Washington.

That this Affidavit is for the purpose of supplying information pertaining to the Estate of Anita L. Westlake, 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 Anita L. Westlake, there was in full force and effect a Community Property Agreement, executed by myself, William C. Westlake and Anita L. Westlake, on March 19, 2019. 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 is designated as 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 vest in the surviving spouse.

That 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 25, "CEDAR SPRINGS PUD" AS PER PLAT RECORDED ON NOVEMBER 8, 2000, UNDER AUDITOR'S FILE NO. 200011080023, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN SKAGIT COUNTY, WASHINGTON.

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

Dated this 16 day of May, 2024.

William C. Westlake
William C. Westlake, surviving spouse

SUBSCRIBED AND SWORN to before me this 16th day of May, 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

William C. Westlake ("Husband") and **Anita L. Westlake** ("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) days, all Community Property shall vest in the surviving spouse as of the moment of death of the first spouse to die.


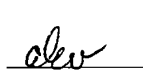
3. Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this agreement in whole or in part, or with reference to specific parts, shares or property. The interest disclaimed shall pass as if the provisions of Section 2 above had been revoked as to such interest 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
William C. Westlake & Anita L. Westlake,
Husband and Wife
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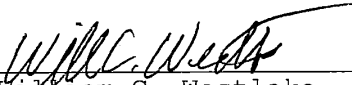
 

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6. If either party becomes incapacitated, the other party shall have the power to terminate the provisions of Section 2 above. The termination shall be effective upon the delivery of written notice thereof to the incapacitated spouse and to the guardians, 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 19th day of March, 2019.


William C. Westlake



Anita L. Westlake

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

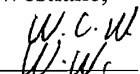

I certify that I know or have satisfactory evidence that William C. Westlake and Anita L. Westlake, Husband and wife, are the persons who appeared before me, and said persons acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 19th day of March, 2019.




STEPHANIE M. GONZALES
Notary Public in and for the State of
Washington, residing at La Conner.
My appointment expires 11/19/2022

Community Property Agreement of
William C. Westlake & Anita L. Westlake,
Husband and Wife
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Anacortes, Washington 98221
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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DATE ISSUED: 03/20/2024
FEE NUMBER:

CERTIFICATE NUMBER: 2024-013257

FIRST AND MIDDLE NAME(S): ANITA LUCILLE
LAST NAME(S): WESTLAKECOUNTY OF DEATH: KING
DATE OF DEATH: MARCH 16, 2024
HOUR OF DEATH: 10:57 PM
SEX: FEMALE AGE: 74 YEARS
SOCIAL SECURITY NUMBER: [REDACTED] 6HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: WALLA WALLA, WAMARITAL STATUS: MARRIED
SURVIVING SPOUSE: WILLIAM CURTIS WESTLAKEOCCUPATION: ACCOUNTANT/AUDITOR
INDUSTRY: POWER COMPANY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NOINFORMANT: WILLIAM CURTIS WESTLAKE
RELATIONSHIP: HUSBAND
ADDRESS: 1804 39TH COURTCAUSE OF DEATH:
A: HEPATOBIILIARY MALIGNANCY
INTERVAL: 2 WEEKS
B:
INTERVAL:
C:
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: VIRGINIA MASON HOSPITAL
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98101-0900RESIDENCE STREET: 1804 39TH CT
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 7 YEARSFATHER: BENJAMIN CROSSLAND LANGTON
MOTHER: ANITA BLAIR [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORYCITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: MARCH 21, 2024

FUNERAL FACILITY: EVANS FUNERAL CHAPEL AND CREMATORY INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: COLE B. ERIKSONMANNER 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 APPLICABLECERTIFIER NAME: ASHWIN GOPALAN, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1100 9TH AVENUE
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98101
DATE SIGNED: MARCH 17, 2024CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: DARIN WISE
DATE RECEIVED: MARCH 19, 2024



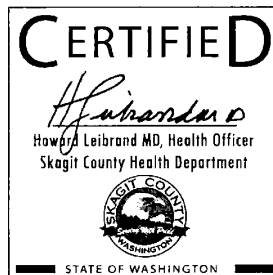
Affidavit for Correction

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
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/Mother		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Mother	
	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 2 nd parent (if required):		
Printed name:		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:				
<ul style="list-style-type: none"> • 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				
<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 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)				
<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. 				
*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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